

What could work better and in what context in Clinical Research Nursing?

A Realist Review to explore the factors influencing Multiprofessional perceptions of the CRN role

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Introduction & Background

The importance of clinical research in improving health outcomes is widely acknowledged.

The Clinical Research Nurse (CRN) role is a fundamental aspect of this agenda, yet the role remains broadly misunderstood outside of clinical research. Increasingly, evidence highlights the challenges faced by CRNs in practicing within their roles. The Realist Synthesis described here is the first part in a Royal College of Nursing (RCN) Strategic Research Alliance PhD Scholarship.

Methods

A realist synthesis was undertaken to explore what insights there are into causal mechanisms that influence how Clinical Research Delivery is perceived by healthcare professionals. The synthesis also explored how the resulting outcomes impacted on the experiences of Clinical Research Nurses, their practice and broader capacity to ensure successful patient recruitment to research in the NHS.

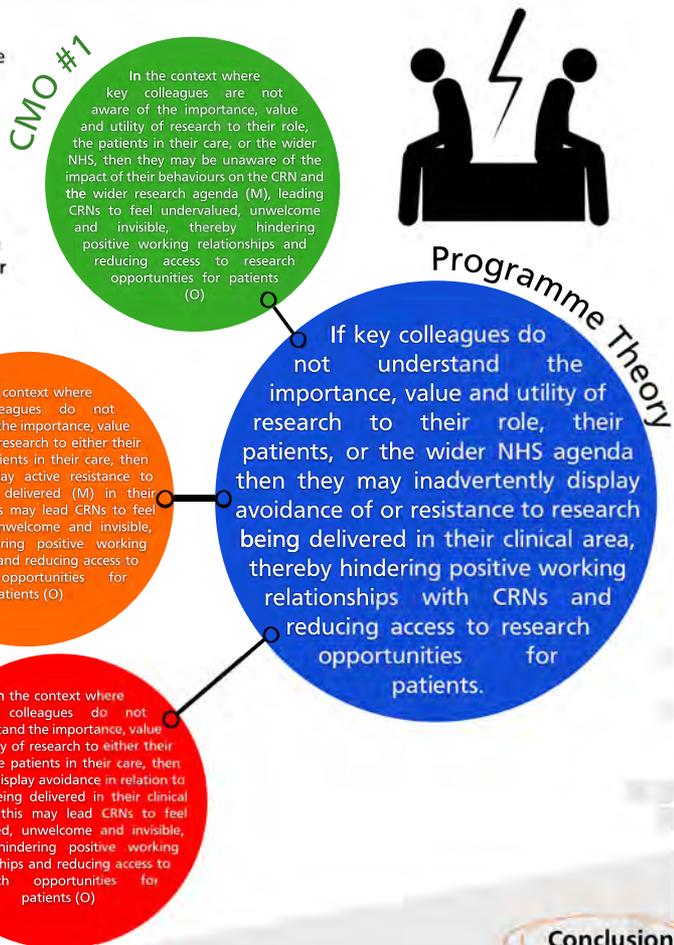
Evidence was searched for surrounding an initial middle range programme theory:

If there are social barriers present in the wider clinical environment, then this may impact on the ability of key colleagues to enable, support and promote research in their clinical area. This may negatively impact on working relationships at the interface between the CRN and key colleagues out with the research team, damaging the morale and job satisfaction of CRNs and reducing capacity to deliver research and provide opportunities to patients as part of their clinical pathway.

Initial scoping searches included the Cochrane Library of Systematic Reviews (n=1), BNI/CINAHL/HMIC (n=21) grey literature including The King's Fund (n=3) The Health Foundation (n=2) and theses (n=4), with iterative snowball searching continuing as appropriate to the realist methodology.

Results

Through a process of retrodution, published and unpublished evidence on the range of causal mechanisms impacting on Multiprofessional individual, team and organisational perceptions of research, were used to refine the initial middle range programme theory. The example programme theory presented provides insight into what could work better (and what doesn't work), in what context in relation to the CRN role. Evidence related to perceived social barriers and the perceptions of Multiprofessional colleagues including the resulting behaviours at the interface between CRNs and their colleagues, demonstrates how a lack of visibility, awareness, interest and understanding of research at individual, team and organisational level can affect organisational culture in relation to research. Each element, has the potential to impact on CRN experiences, affecting morale and job satisfaction, affecting their ability to successfully deliver research.



Conclusion

Realist synthesis is a useful method to explore the challenges perceived in this professional group. Insight is provided into the various complexities and resulting behaviours associated with levels of Multiprofessional visibility, awareness, understanding and interest in clinical research in the NHS. The synthesis facilitates additional understanding of important contextual factors and causal mechanisms to be further considered and tested in the resulting realist evaluation.

References

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