




From Bedside to Businesslike & Back Again.....

Clinical Research Nurses, on Professional Identity, and the Caring-Recruiting Dichotomy

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- Background
 - The Caring-Recruiting Dichotomy
 - The Research Project
 - Results & Implications

Background

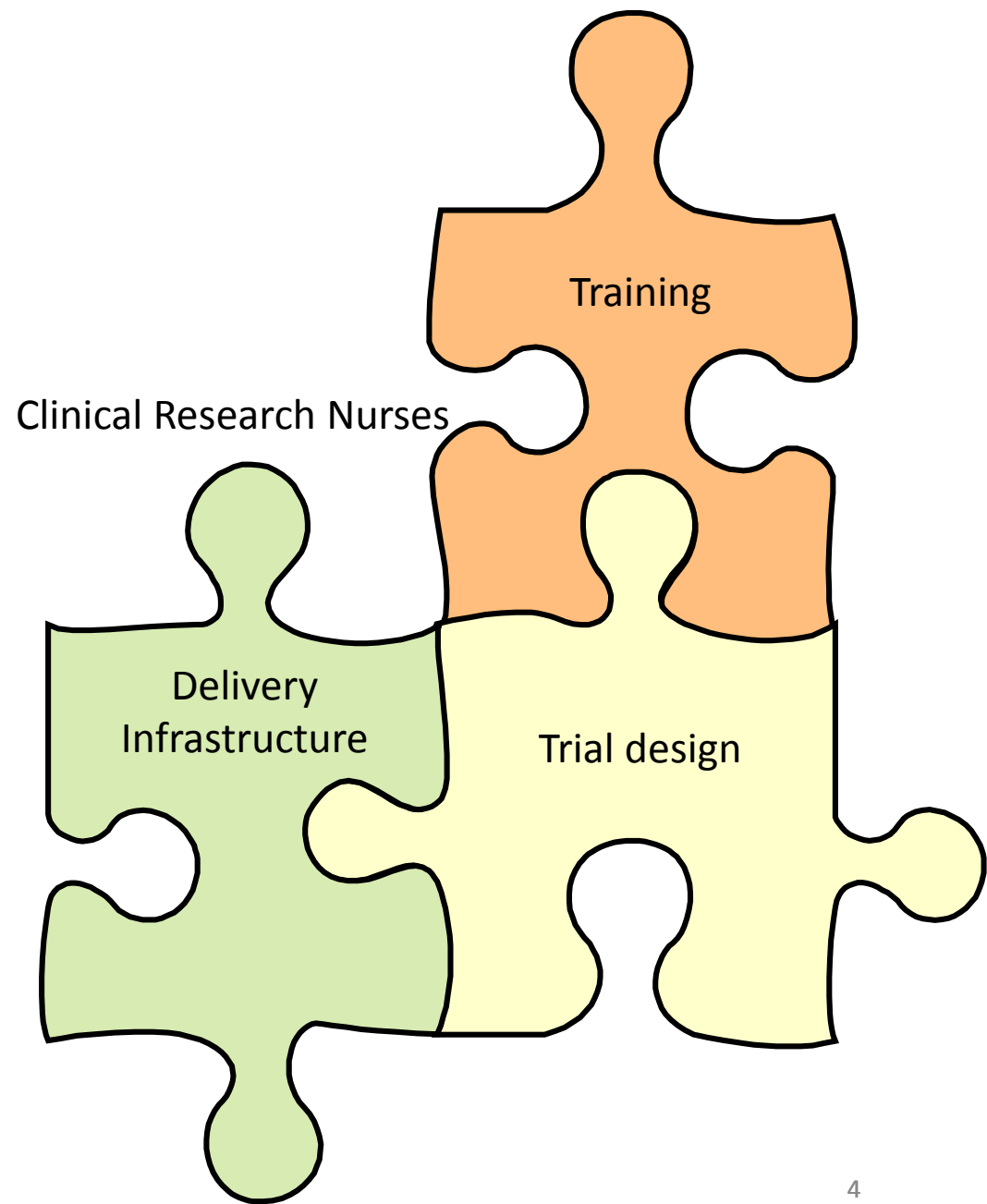
- History of NHS Research delivery
- Unprecedented growth
- Evolution of Research Nurse Role
- Recruitment & Retention

Clear obstacles and hidden challenges: understanding recruiter perspectives in six pragmatic randomised controlled trials

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Recruitment to randomised trials: strategies for trial enrolment and participation study. The STEPS study

MK Campbell, C Snowdon, D Francis,
D Elbourne, AM McDonald, R Knight,
V Entwistle, J Garcia, I Roberts and A Grant
(the STEPS group)



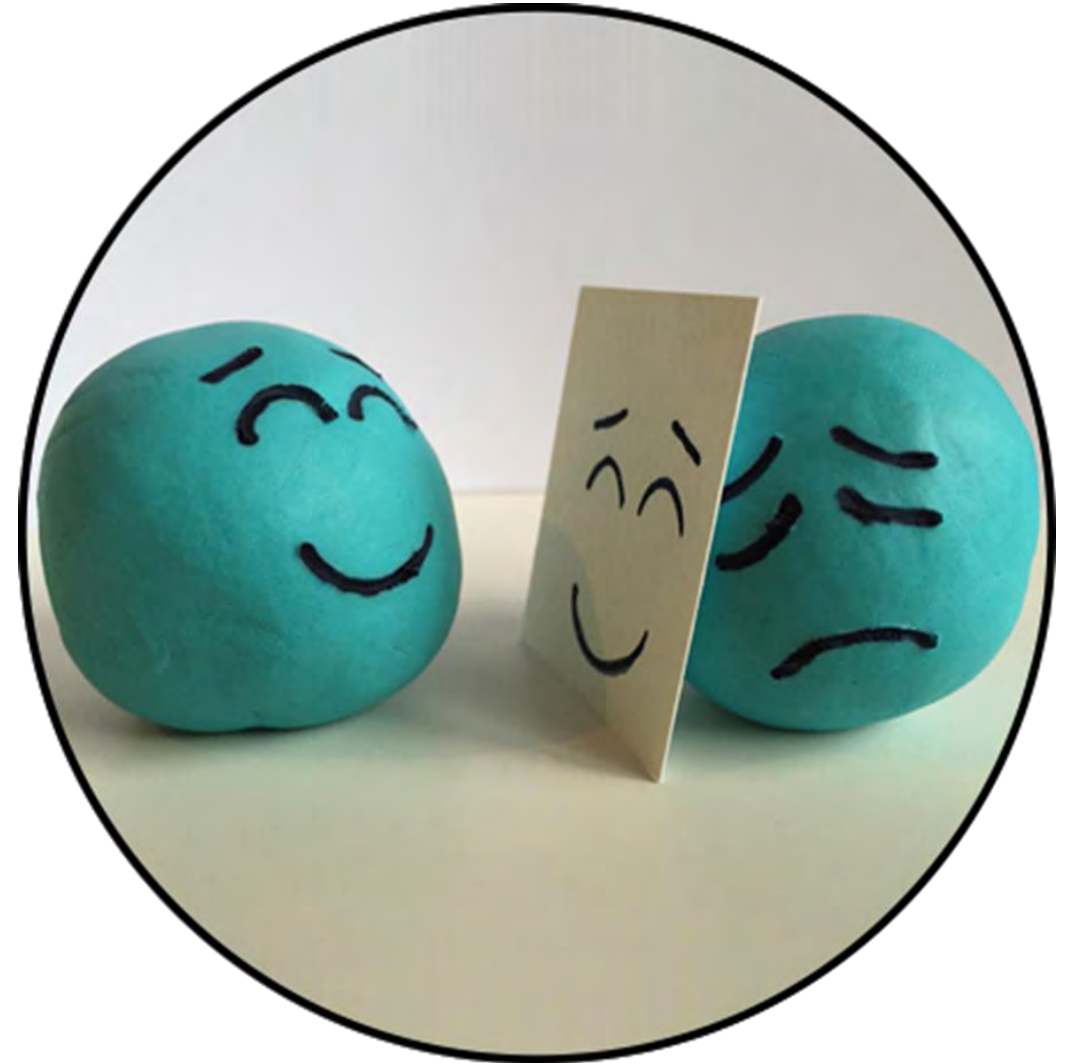
The Caring - Recruiting Dichotomy

- Ethical dilemma of the conflict between accountability and responsibility to patients and obligations to the research studies causes anxiety.

(Donovan et al 2014; Tomlin et al 2012; Choo et al 2012)

- Gaining Informed Consent in clinical trials is a complex process

(Creswell & Gilmour 2014)



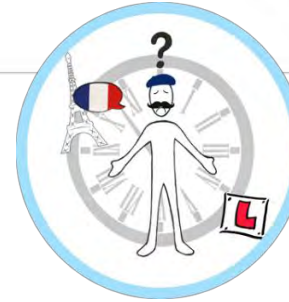
Methods

- Qualitative methodology
- Focus Groups
- Purposive Sampling
- Conduct
- Data analysis



“The Role & Ethical Perceptions of Clinical Research Nurses...”

Four Themes



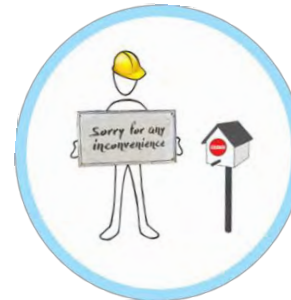
1. Time is a great healer



2. Burden or benefit, on interactions and informed consent



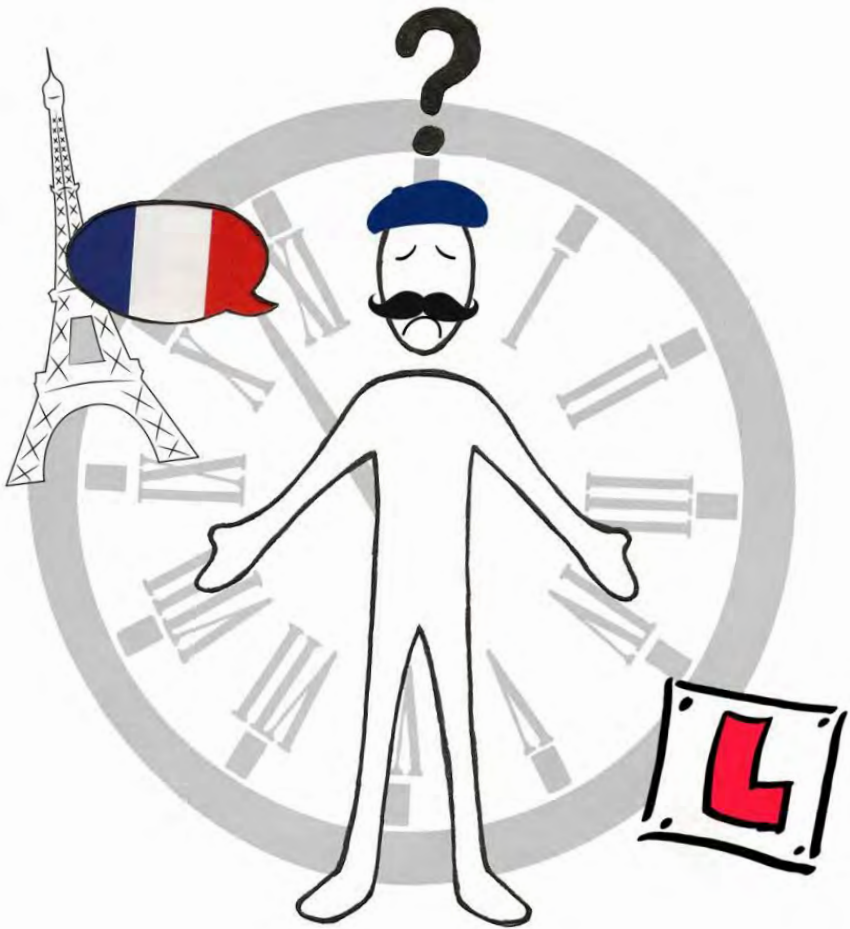
3. There's no place like the ward



4. Cuckoo in the nest or inconvenience at best



Time is a Great Healer



- **Grieving cycle?**
- Role Transition
- Novice-Like for too long
- Terminology
- Industry studies
 - Complex
 - Business-like

[P4 FG4] “I didn’t think it would be so hard to adapt, because normally when you go, I’m very used to changing jobs, there’s always the basics that you take with you, and I’ve found the first couple of weeks were fine because you expect to be a fish out of water don’t you, but like week 3 woo hoo, still a fish out of water. Week 6.....” [P3] “6 months” [P4] “ok I’m still, and that’s what I think, I was surprised, I’ve thought about it quite a bit, erm because I think, when you go into another nursing role and you change specialties, I think 60% of the job is still the same, and then you’ve got a learning curve, whereas with this, no it isn’t, it isn’t”



[P4 FG4] “you learn your trade when you first come in and you think oh I’m starting to get to grips with this and then somebody throws in a different kind of study, like a CTIMP or an industry study, and you’re suddenly that fish out of water all over again, and it’s almost like it happens for every study, and then if you’ve got 2 or 3 on the go and you’re having to jump from, put your different heads on and it is a challenge...”



[P3 FG3] “And there’s a kind of ease comes later on, when you know exactly where you are but you’re so terrified of making a wrong move in the early days, it took up a lot of, a lot more time.....whereas now, you know what you’re doing.”

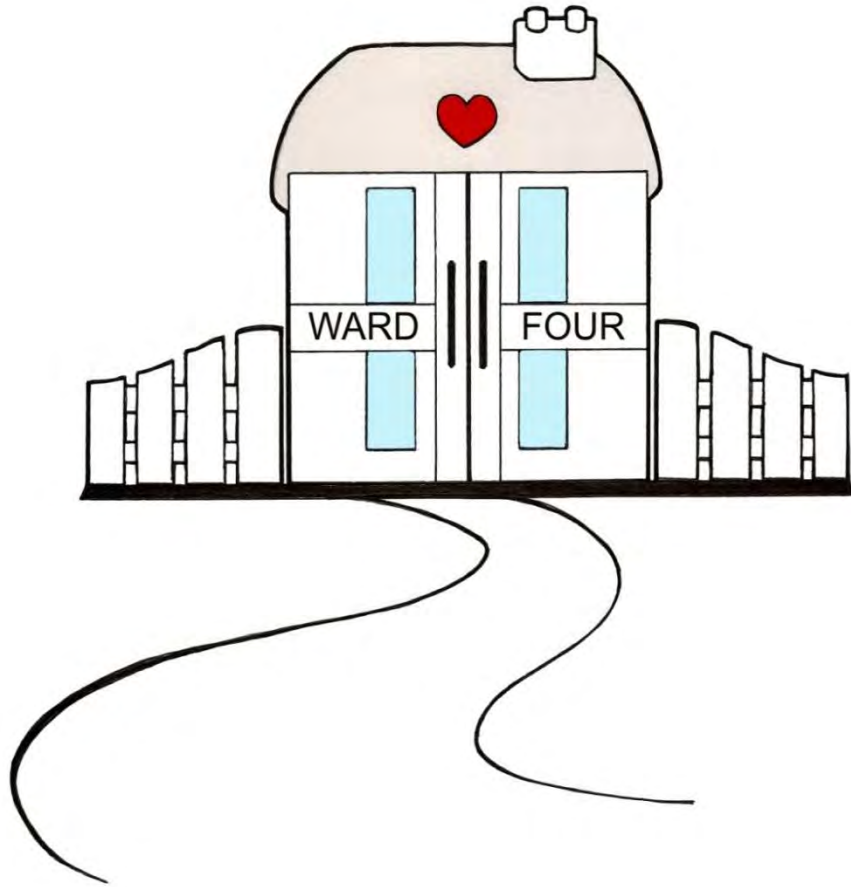
[P3 FG1] “And it was such a strain because I’m not a seller by nature, and I was just pulling on Jeans that I haven’t got, so you know I’d be alright for the first half hour then you know I’d gradually start to weigh down. I think it was something about the quality of the interaction was not the nurse patient relationship that I was used to and I couldn’t relate to it and erm you got turned down a lot, cos you’re not used to being turned down as a nurse because you’re used to being in a supportive role”

[P1 FG3] “Definitely, definitely, there’s one in particular, a new one and we haven’t recruited yet, possibly because of how I feel.”

[P3] “yeah that must come across cos I think if you feel that way, it’s going to come across right.”



There's no place like the Ward.....



- Belonging
- Shared responsibility
- Structure & Routine
- Validation of Clinical Identity
- Loss

[P1 FG2] “you go in most jobs and there is a sort of routine and structure there is....”

[P3] “a set routine, you’re right, yeah,”

[M] “And in research it doesn’t, it feels different?” [P1] “yeah that’s the big thing I found when I started, I thought ooh I, you know,” [M] “Routine?” [P1] “yeah,”
(Collective agreement)

[P3] “Its out the window, really”
(laughs)



Cuckoo in the Nest or Inconvenience at Best?

- Altered peer relationships
- Role perceptions (others)
- Value
- Emotional Labour
- Isolation



[P1 FG3] “We don’t help them in their role by doing research, I don’t think”

[P3] “that’s another thing” [P1] “no, no we are adding work, that’s what I think. But I’m constantly, I constantly remember what it felt like to be them, and I even remember being approached by a research nurse, and I remember how I felt. So I’m constantly aware”

[M] “How did you feel?” [P1] “I thought it was interesting, and she put up her inclusion and exclusion criteria, and I thought ooooh, yeah, we’ll look out for them, I never did anything about it (laughs) never, no, I just forgot about it, it was even stuck on the wall where we did our drugs, no I did not, I just, just too busy. So I remember that”



[P5 FG1] “It’s a shame that you, that you don’t, that you never seem to become a part of the PI and the frontline clinical staff, and I never ever in 17 years I’ve been” [P1] “Right” [P5] “and I, it seems as though that continues” [P7] “yeah” [P5] “as well you, your research staff as a team but you’re not part of the clinical team” [P7] “Yeah you sort of you, say oh I’m part of the research team at x but you’re not cos you’re on your own and it’s quite isolating....”



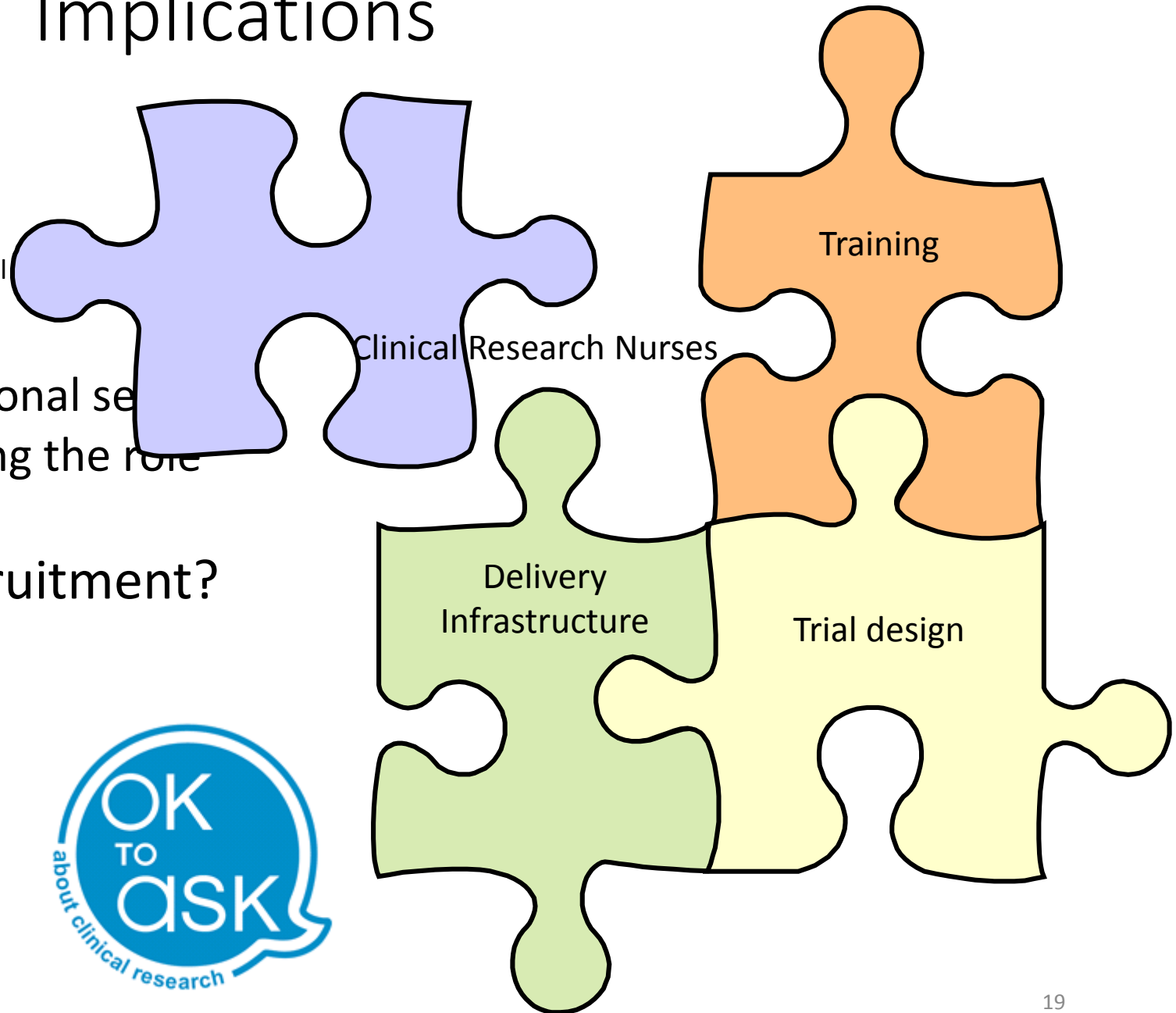
Implications

- **Professional Identity** (Johnson et al)

Professional Isolation

Striving for a new “professional se

Fundamental to approaching the role



- Does this contribute to Recruitment?
- Job satisfaction
- Intention to remain in post
- Team Morale
- **Patient Impact**



Summary



- Success of the NIHR
- 12,000 strong CRN workforce
- Caring – Recruiting dichotomy
- Recruitment challenges
- Professional identity
- Further work....

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Thank you...



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Please feel free to get in touch...

