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**Background**
Research with patients in the clinical setting has increased exponentially in recent years. The role of the Clinical Research Nurse (CRN) has gained importance and many NHS organisations now have a highly developed network of CRNs. However, research is often viewed as separate to ‘routine’ clinical care with lack of understanding for CRN contribution (Coulson and Grange 2012). This presents results from phase 2 of a larger study which was carried out between December 2015 and March 2016. Four case studies were purposively selected from a national survey of the CRN workforce (sample size = 111). Selection was based on CRN workforce size and a previous workforce review.

**Aim and Methods**
To explore the experience of CRNs working within acute NHS Trusts and understand the reception they receive within the clinical environment. 14 semi-structured Interviews with Lead CRNs, Principal Investigators and R and D Directors and 4 focus groups with CRNs were carried out. Questions were structured using a quality framework, which has identified the 6 challenges of achieving and maintaining Quality Improvement as Structure, Education, Culture, Emotional, Political and Physical/Technology as illustrated (Bate et al 2008). Data was analysed using NVIVO 10 & thematic analysis to identify key themes.

**Results**
Staff reported numerous challenges as illustrated in the examples below but efforts were being made to facilitate integration.

**ISOLATION:**
- This was related to the CRN workforce and not individual post holders.
- Related to feelings that they are not linked in with the wider workforce and are “hidden” from clinical colleagues.
- Some CRNs were managed by a clinical nurse which at times left them feeling “isolated” within the organisation due to minimal interaction.

**LACK OF UNDERSTANDING:**
- Related to a lack of understanding around the research process and the CRN role.
- Comments included "people don’t understand research and they are not aware. Even one of our Executives didn’t know research is a core principle of the NHS”.
- CRNs described ward nurses as perceiving the role as a “cushy number” and “not even proper nurses”.

**LACK OF SUPPORT:**
- Related to lack of support from clinical colleagues which often led to difficulties in having dedicated space within the clinical environment to see research patients.
- Staff may recognise the importance of research but struggle to support it due to an ever increasing clinical workload.

**STRATEGIES TO HELP FACILITATE RESEARCH INTEGRATION:**
- CRNs acknowledged the importance of developing relationships with their clinical colleagues, and some likened this to a sense of “family” and having a sense of “mutual benefit” between each other. At times the CRNs would “muck in” with the workload as this helped “open up lines of dialogue” which may assist in the future with aspects around research.

**LACK OF TIME & COMPETING PRIORITIES:**
- There was a strong feeling that front line NHS staff are currently so busy that there is no time for research.
- CRNs felt that the clinical nurses “can see all the benefits” of research but it is viewed as an additional task that can be left undone in the context of an increasing heavy clinical workload.

**Discussion**
Staff often struggle to view research as part of clinical care. Strategies are required to integrate research into clinical care and support the National Institute Health Research (NIHR) aim of an integrated clinical research system driving research from bench to bedside for patient benefit.

**Conclusion**
Clinical Research forms an integral part of most NHS strategy documents but the reality of often fraught with challenge and compromise. CRNs constantly negotiate with front line staff at capacity within busy healthcare systems in order to work towards a more integrated system that supports research delivery within clinical care and the patient pathway. However, further integration is needed in order to facilitate a more seamless system.

**References**