





Professional identity revisited; An emerging narrative of Individual, Organisational and National leadership influences impacting on clinical research delivery.

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County Durham and Darlington NHS Foundation Trust

The next fifteen minutes

- Background
- Methods
- Findings
- Implications
- What next?







NHS

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- Qualitative
- Focus Groups

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- 1-1 interviews
- Topic guide



Thematic Analysis alongside NVivo



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Prior knowledge

Role transition

Prior experiences







"I think if you've got somebody who's got research experience, that's key."

"I was going to say, does this hypothetical person have research experience?"

No, so say they are coming from a medical ward and they are being asked to deliver a surgical study.

"Its coming in with 2 hands behind your back."

Patients

Clinical contact

Patient motivations



Time

Approach

Burden & equipoise







"I think that is the main thing that I get from the job, especially the older population, I love just going and chatting to them. Having the time, whereas normally when I'm on the ward you can't because there's either a buzzer or someone wants tablets, there is always something going on...."









"A big difference is for example ward staff who are used to handing over to the next shift. That doesn't happen within research. Largely, unless you are having leave and somebody takes over, your work load, is your workload......"

The Organisation













"It's become a big corporate machine hasn't it?" "Accrual driven" "It's a bit sad really" "And it's a very, yeah it is it's corporate, it's definitely a business......"

"So yes, it has gradually grown into I think machine is the best way of describing it."









"You were just trying to spread yourself too thinly.....you were working with different PI's who wanted to see patients on the same day at the same time and you couldn't......

Facilities









"Its almost like, people say oh well its only research it's not really a priority so we will just put them in this cupboardI don't know sometimes I think people just don't realise what you are doing and why you are doing it." **HLO 1:** Increase the number of participants recruited into NIHR CRN Portfolio studies

HLO2: Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target



HLO4: Reduce the time taken for eligible studies to achieve set up in the NHS

HLO 5: Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies







"We know we are all judged on our recruitment and so when you cut your recruitment, that then gets questioned and then you know that that's going to impact on your future funding as well....."





New treatments

Impact

Improved prevention

Opportunities to find out about & participate in research

Where Next?







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Any questions?



#WhyWeDoResearch #CRNurse

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