Clinical research nurses can make a vital contribution to high-quality care. This project explored the issues they face in terms of development and support.

Developing clinical research nurses

In this article...

- Key policy recommendations on the research nurse role
- Findings from a local project on clinical research nurses
- How their training and profile could be improved

**Authors** Claire Coulson is quality and safety research nurse; Angela Grange is lead nurse for research and innovation; both at Bradford Institute for Health Research.


Clinical research nurses have a unique role in developing and contributing to high-quality care. This article discusses key policy recommendations on their support and development, and outlines a local project exploring the issues that research nurses face. It also makes recommendations to improve these nurses’ training and profile.

Clinical research nurse roles have the potential to make significant contributions to the development of nursing and healthcare generally. However, the development of the role has been inconsistent.

This article explores our reflections on the development of the research nurse role, discussing its evolution within a national policy perspective. We describe our own experiences and findings from local work investigating how best to support research nurses in our organisation. We discuss local and regional developments and conclude with a summary of our actions as a result of this work.

**Development and support of research nurses**

The Royal College of Nursing (1998) identified variations in employment practice for nurses working in clinical research. It made recommendations to provide clarity to employers and research nurses about the pay, responsibilities, educational needs and career progression of these practitioners (RCN, 1998).

Many nurses working in research were employed on short-term contracts, working in a series of jobs with a lack of opportunities to maintain their clinical skills. As a result, many nurses moved on to other types of work or returned to clinical roles. Fourteen years on, how much has changed?

In 2006, nurse leaders from across the UK came together to form the Modernising Nursing Careers board, whose aim was to modernise nursing career structures. Its report identified that a movement towards “care based on evidence and critical thinking and assisted by new technology” was the way forward from “care dictated by custom and practice” (Department of Health, 2006a). One of the priorities the report identified was to develop education and research leaders to overcome the separation of clinical and academic careers.

The Finch report, published in 2007, made recommendations on how best to support nurses in developing the knowledge and skills needed to pursue a research career that could combine clinical and academic work (United Kingdom Clinical Research Collaboration, 2007). It defined a research nurse as a nurse who is employed principally to undertake research within the clinical environment (UKCRC, 2007).

The report acknowledged that nurses’ patient-focused role in the provision of NHS services gives them unique insights into the practical issues around research that are necessary to make it truly applied.

The report also highlighted difficulties that nurses encountered working in research, such as temporary posts...
and limited or unclear opportunities for professional and career progression. It identified the impact of these difficulties on the development of the clinical academic qualities needed to enable nurses to lead in research and the nursing profession to respond to the opportunities in health-sector research.

In the ever-competitive research arena with an emphasis on applied research that benefits patients directly (DH, 2006b), it is clear that nurses have key roles to play in the conduct and support of research projects. This may be as nurse researchers who undertake research projects of their own, or as clinical research nurses (CRNs), who are mainly responsible for undertaking the research of others.

The opportunities described in the Finch report focus mainly on the provision of clinical academic training positions to enable nurses to undertake master’s, doctoral and post-doctoral qualifications; and, ultimately, to progress to senior clinical academic fellowships funded to facilitate the development of nurse leaders in research (UKCRC, 2007). The government acknowledged the success of the clinical academic training scheme, and has committed to continue funding to support this (DH, 2011).

UK Clinical Research Networks are distinctively identified in the Finch report to enable preparation for this clinical academic pathway (UKCRC, 2007), with support, mentoring and training opportunities anticipated. Jackson and Butterworth (2007) described the UK Clinical Research Networks as a source of substantial education and training opportunities, which would include training on running clinical trials and support for career development.

The recommendations in the Finch report aim to enable the support of nurses working in research to reflect and recognise the importance of their role in the UK research environment.

Are these recommendations making a difference to nurses working in research? We conducted a study locally to explore some of the issues raised in the Finch report and identify whether they were still pertinent.

District-wide perspective

We decided to identify the issues faced by CRNs locally, and to compare them with those reported previously so we would be able to produce an action plan for change to support the development of our nurses. Through this work, we aimed to identify the number and remit of our CRNs, and to examine their function and role where they worked. We assessed individual line-management arrangements, and investigated the nurses’ support and development needs. We also aimed to identify any frustrations they may have experienced.

We used a mixed-methods approach to study nurses in three NHS organisations – our own trust (Bradford Teaching Hospitals Foundation Trust), the local primary care trust and one other acute trust.

We held discussions with managers in human resources, and with the research and development directorate general manager in our organisation to identify existing and new CRN positions, and to review past and current training provision. We also held discussions with local and national colleagues about workforce development, and used questionnaire surveys, interviews and focus groups with CRNs in the three organisations. We examined the roles, responsibilities and professional development needs of these practitioners.

Key findings

A total of 36 CRNs were identified, working across a variety of clinical directorates. These nurses are supported by a part-time lead research nurse (band 8b) and a part-time lead CRN (band 7).

Line management procedures varied, with most nurses being managed by a specialty-specific matron or consultant nurse, specialty-specific lead research nurse or local research and development manager. A few exceptions were identified, such as local research network manager, specialty-specific consultant and research-programme manager.

The CRNs described a myriad of responsibilities within their role, with each functioning slightly differently. However, many common features were present, including those outlined in Box 1.

Findings from our work are comparable to the issues identified in the Finch report (UKCRC, 2007) and the findings of a recent think-tank (Pidd, 2011).

Common frustrations were expressed, including CRNs often working in isolation. This has resulted in a lack of supervision to support the development of research-specific skills such as project management and leadership skills, and a lack of guidance on governance procedures. This lack of supervision was also identified as a reason for the lack of opportunities for CRNs to develop their own research interests. The impact of the lack of administrative support on the workload of the CRN was evident.

Difficulties were also identified around integrating CRNs into clinical teams; other members of the clinical team often failed to understand the contribution these nurses can make to patient care. Frustrations were also evident for some research nurses around the distance between the clinical and research role. Most CRNs expressed a desire for better integration of the clinical aspect of the research role, and more opportunities to apply their research knowledge and skills to clinical practice.

A need for better support of training and professional development was identified to recognise CRNs’ contribution in their varying roles. We found disparities in the support provided in supervision and line management arrangements to meet the nurses’ professional development needs. While there were uncertainties around opportunities for career progression, CRNs described positive aspirations for the future development of their role.

These included developing and implementing strategies to enable more effective integration into the clinical teams within which they work. They described how this would allow the development of projects that linked practice with research, with CRNs leading research in the organisation and having opportunities to develop their own research projects.

A training element within the trust could be incorporated into the CRN role. Some CRNs envisaged the possibility of running clinics alongside medical consultants, acting as nurse specialists as well as CRNs. The ability to develop links between universities, clinical areas, specialist nurses and other CRNs was also identified.

Action taken

Following our review, a number of recommendations and changes have been made in our organisation.

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<thead>
<tr>
<th>BOX 1. RESEARCH NURSE RESPONSIBILITIES</th>
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<tr>
<td>● Recruiting patients to clinical research studies</td>
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<td>● Coordinating projects</td>
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<td>● Obtaining ethical and local approval</td>
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<td>● Completing site-specific assessments</td>
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<td>● Screening, recruiting and obtaining consent from patients</td>
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<td>● Capturing data</td>
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<td>● Conducting follow-up and review of patients</td>
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<td>● Arranging additional visits, for example for tests and investigations</td>
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<td>● Supporting monitoring visits</td>
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<td>● Dealing with amendments to trial protocol</td>
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Clear lines of responsibility and line-management procedures have been identified and implemented.

All CRNs are now managed by the patient services manager or matron for their clinical area, and are professionally accountable to a senior nurse or lead professional. This gives them access to support from senior staff members, which is particularly important for CRNs working in isolation in the trust and for those who are not part of a clinical research network. Mentorship and buddy schemes within our own research-nurse-led research practice network will also provide support.

Standardised job descriptions and NHS knowledge and skills framework outlines are being developed, with regular training-needs assessment and appraisals to promote progression rather than stagnation. Patient services managers and matrons are now involved in recruiting new CRNs.

Looking forward
The training needs of CRNs require further examination. There is a lack of clarity over their training needs; training opportunities are disjointed and vary greatly outside of protocol-specific and required GCP (Good Clinical Practice) training.

We aim to identify the key skills expected in the role of these nurses. Our early findings show these are likely to include:

- Project management;
- Communications skills;
- Negotiating skills;
- Research-specific finance training;
- Knowledge of research methods and governance procedures.

This will inform the development of coordinated training programmes.

The West Yorkshire Comprehensive Local Research Network recently appointed a senior nurse (band 8a) to support, lead, supervise and coordinate all research nurses/staff allied to the network. We aim to work with this postholder to develop tailored training and education programmes for CRNs in West Yorkshire.

Research facilitator roles are also being explored to lift the burden of research governance and research administration tasks that some CRNs perform.

The profile of CRNs also needs to be raised so that trust staff understand the role and the vital contribution these nurses make in terms of their positive impact on patient care.

More emphasis on integrating research into practice is needed. Examples of best practice and ideas to enable CRNs to work better with clinical teams need to be shared. We intend to promote the role of the CRN across the organisation via the trust intranet, trust magazine, presentations at relevant trust meetings and conferences, as well as the trust open day and through open day events at our clinical research facility.

Our research practice network has been identified as a valuable source of support and education.

Conclusion
Many of the issues identified in the Finch report remain unchanged for us locally five years on. While the Finch report went some way to address issues for nurses wishing to become nurse researchers and leaders (UKCRC, 2007), greater emphasis on the professional development needs of CRNs is needed to support those working day to day on research led by others.

There is a distinct lack of recognition in the Finch report of the needs of CRNs working on clinical research conducted in the NHS, whose unique and pivotal role is fundamental to its success.

Johnson and Stevenson (2010) acknowledged the role of the research nurse, suggesting that providing a career structure and opportunities for development would enable recognition of the valuable contribution that CRNs make to this research. The potential in the UK Clinical Research Networks for developing and supporting clinical research nurses is recognised in the Finch Report (UKCRC, 2007).

While there are isolated pockets of good work to address the development and support of CRNs in our trust, a coordinated and strategic approach is needed locally to build on this. This can only strengthen the value that we place on our CRNs and recognise the unique contribution they make in developing high-quality patient care. NT

References


