“Research nurses have a crucial role in delivering patient care”

The Shape of Caring Review is about to radically change how clinical research nurses (CRN) are seen and valued. The report is based on two principles: to celebrate existing good practice; and to generate a research culture, with a major theme of supporting and enabling research, innovation and evidence-based practice.

Since the inception of the National Institute of Health Research, the role of CRNs has grown considerably. It simply would not be possible to deliver the NIHR portfolio of research without them. Yet the role has been relatively neglected by nurse leaders. CRNs are seldom mentioned despite a large number working in the NHS, universities and private research companies. The roles vary from relatively newly qualified nurses to advanced practitioners and nurse consultants in the full range of healthcare settings. Many are employed as part of a large team to deliver NIHR or research council-funded studies but others work on locally or charity-funded studies in relative isolation.

Russell Hamilton, director of research and development at the Department of Health, said he was “inspired by the energy, enthusiasm, and excellence of everyone I met” at a meeting celebrating the role of the clinical research nurse. At this meeting he launched Our Voices, a collection of case studies about the role of CRNs which highlights the amazing diversity of the role, the adaptability of the individuals and their commitment to delivering better care.

Work has included improving patient experience by expanding opportunities to participate in research including the “OK to ask” campaign, and expanding the horizons of student nurses via placements to make them more research aware and to see research as a career option. In addition, clinical research education specialists are being employed to ensure that the team are educationally developed.

Research nurses have a crucial role in delivering high-quality patient care. The Royal College of Nursing has developed a competency framework for CRNs but it is unclear whether this is being widely adopted. Certainly, in some instances, opportunities for career development are limited or even non-existent, and fixed-term contracts have been a real barrier to attracting and retaining research nurses.

The Shape of Caring Review calls for investment into the expansion of both clinical academic training and clinical academic roles, including commissioning arrangements to enable registered nurses to undertake masters, PhD or post-doctoral programmes. CRNs are in a prime position to lead on this, and on creating the research culture envisaged for the future NHS. They are already involved in research, have extensive research skills and understanding.

Nurse academics have traditionally seen CRNs as simply gathering data for medical colleagues’ research rather than having research skills of their own. The Shape of Caring Review is the opportunity to change that view, to recognise the value CRNs can contribute to creating the research culture needed for the profession of the future.

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Epidural analgesia is highly effective for many surgical and trauma patients. However, epidurals have a high failure rate. This can leave patients in pain for long periods as they wait for a member of the anaesthetic team to attend.

Our innovation (p21) reports on an initiative in which ward nurses were trained to administer top-up bolus doses of diamorphine, giving patients quicker pain relief. It is another example of advanced nursing skills making an improvement to patients’ experiences of healthcare, and demonstrates why we need a highly educated and technically competent nursing workforce.

I wonder whether those who think nurses don’t need degree-level education would prefer to wait in pain or have their epidural topped up by nurses with no theoretical knowledge to underpin their clinical skills.

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