

In this article...

- Reasons why nurses become research nurses and their experience of transition
- Common challenges and barriers to transition
- How to improve the transition experience

Experiences of nurses transitioning to the role of research nurse

Key points

The role of the research nurse is relatively new and there are common misconceptions about it

Research nurses experience high job satisfaction and an improved work-life balance

There are challenges and barriers for nurses transitioning into this role

Improved collaboration with the research and innovation department contributes to a smoother transition

Support for research nurses has improved, but there is a need for structured induction packages and better defined career paths

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Abstract This article describes a single-centre qualitative study, which explores the challenges and barriers experienced by nurses transitioning to the role of research nurse and makes recommendations on how to smooth the transition. It found there is no single reason why nurses decide to become research nurses, but that the role is associated with increased job satisfaction, a greater sense of worth or value and an improved work-life balance. Barriers include the lack of a structured induction programme, poorly defined career paths and lack of understanding about what the role entails.

Citation Cleaver CJ (2020) Experiences of nurses transitioning to the role of research nurse. *Nursing Times* [online]; 116: 2, 55-58.

The concept of nursing as a research profession is not new and was championed as early as the 1970s (Briggs, 1972). However, more than four decades later, the public perception of nurses still focuses on the provision of day-to-day nursing care rather than a chance to improve patient outcomes through clinical research.

Historically, research nurses have been described as data collectors, who benefit from nine-to-five jobs and weekends off. Now, however, they are the largest staff group in the clinical research facility (McDermott et al, 2014) and are vital members of the clinical research team (Poston and Buescher, 2010). They are considered to have an advanced specialist role in some countries (American Nurses Association, 2010) and are key to realising the benefits of research and innovation (R&I), both for patients and the UK economy, as laid out in NHS England's (2019) *NHS Long Term Plan*.

A strategic goal of the National Institute for Health Research's *Clinical Research Nursing Strategy* is to improve the awareness, understanding, contribution and

impact of the research nurse (Hamer, 2019). The role has evolved organically, which has contributed to challenges and barriers in providing support, opportunity and recognition for nurses who choose to express their care in this way (Fawcett and McCulloch, 2014). This article describes a small-scale study at one NHS trust that aimed to understand more about the experience of registered nurses (RNs) when transitioning to the role of research nurse. After working in the NHS for more than 20 years, I transitioned from a ward-based nurse to clinical research nurse; my experience of this was the basis for my research.

The study objectives were to:

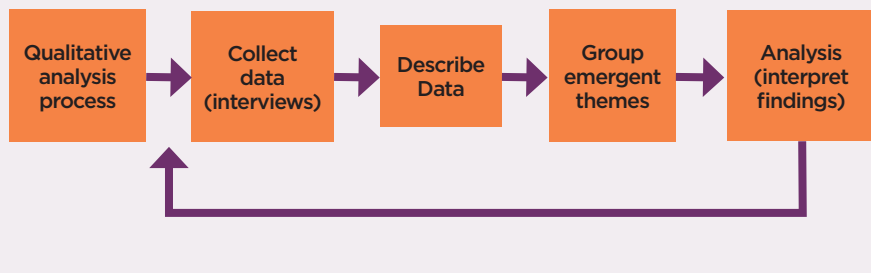
- Identify challenges and barriers to transition;
- Explore the support nurses need in their new role;
- Provide recommendations to improve the transition experience.

Literature review

A literature search found 908 papers on research nurses; 23 of these included the following key search terms:

Clinical Practice Research

Fig 1. Data analysis process



nurse researcher, clinical research, clinical trials, nursing role, role change, clinical research nurse, clinical trial nurse, transition, experience, perspective, viewpoint, perception. A critical appraisal tool from the Centre for Evidence-Based Medicine was used to evaluate whether these were valid, important or applicable, leading to the selection of 15 with four main themes:

- The changing role of the research nurse;
- Challenges and barriers in transitioning to the new role;
- Support needed during transition;
- Post-transition support.

The articles reviewed consisted mainly of literature reviews, opinion papers and surveys. A lack of relevant primary research meant only one qualitative primary research study was reviewed, although this focused on transition from enrolled nurse to RN rather than to research nurse; challenges found during transition were difficulties orientating to a new workplace and role conflict as a result of nurses being unprepared for transition (Cubit and Lopez, 2012).

Only three articles specifically examined the challenges and barriers of transitioning to the role of research nurse: those by Lea (2015), MacArthur et al (2014) and Brinkman-Denney (2013). Other studies looked at role transition but tended to focus on challenges and barriers in transitioning from student to RN. Arrowsmith et al (2016) found groups such as research nurses were largely overlooked in understanding nurses' perceptions and experiences of role transitions at work.

Method

The research consisted of a single-centre qualitative study, using semi-structured interviews of research nurses working across a range of specialties at Buckinghamshire Healthcare NHS Trust. Twenty research nurses worked at the trust and five recruited to the study in May 2018 volunteered to participate in the study after I presented its aims and objectives at a research meeting attended by the clinical research nurses. Participants were not approached directly at the

meeting, but were given recruitment packs including an invitation letter and participants' information sheet and asked to contact me within 24 hours if they decided to participate. The sample size was small because permission to conduct the study was only granted at one site.

Data was collected via face-to-face interviews that used open-ended questions to encourage meaningful responses, as suggested by Patton (1990). The questions were designed to address the study objectives and developed around themes identified from the literature review. Interviews were recorded and manually transcribed.

Oxford Brookes University's Faculty of Health and Life Sciences granted ethical approval and participants' data was anonymised; informed consent was obtained on the day of the interview.

A simple four-step practical approach to thematic analysis (Aronson, 1995) was used to analyse the data (Fig 1), which was given a code and organised into seven categories:

- Motivation for research versus work-life balance;
- Anxiety about training needs, the unknown and being unprepared;
- Difficulties familiarising oneself with a new environment and/or specialty;
- Reported levels of support;
- Misconceptions about the role of the research nurse;
- Reflections on feelings of value and job satisfaction;
- Different interpretations about barriers.

Findings

Four main themes were identified:

- Reasons for transition;
- Reported challenges;
- Overall support;
- Experience of barriers.

Reasons for transition

Participants were asked why they decided to become a research nurse. A number of sub-themes were identified, namely motivation, work-life balance, value/worth, feelings and job satisfaction.

Motivation. Participants described their motivation for taking on the role: "It enabled me to get a band 6." (Participant [P] 1)

"The role was something I wanted to pursue at some point during my career." (P1)

"I was disillusioned with clinical practice." (P2)

"I wasn't happy in the job that I was in." (P5)

Work-life balance. Participants expressed a desire to move away from working unso- ciable hours, in particular night shifts and shift work generally. One nurse said:

"I couldn't cope with the pace anymore". (P5)

Feelings. Participants had mixed feelings following transition. One was:

"...really pleased to have the opportunity". (P1)

Others felt apprehensive because of a lack of knowledge and understanding of the role, or felt out of place:

"You can't contribute because you don't understand what they're talking about." (P1)

"I felt like a fish out of water." (P3)

"I still feel slightly out of place now." (P3)

Value/worth. There was a sense of worth or role value after transitioning. One partici- pant (P2) described there being:

"A feeling of empowerment and a sense of freedom within the role".

Other comments included:

"You'll have time to invest in yourself and your professional development." (P2)

"The patient care that you have...can be very enriching because you have time for your patient." (P1)

"It's a huge supporting role for patients." (P1)

Job satisfaction. This was high among all participants:

"I love the job we do, [I] think it makes a difference." (P1) [*]

"I really enjoy it, it's good fun." (P2)

Clinical Practice Research

No one expressed dissatisfaction or a desire to leave the role. The only reason given for leaving was retirement:

"If I ever thought about leaving, it would be to retire; it certainly wouldn't be for another job because I'm really happy in this one." (P5)

Reported challenges

Challenges encountered included anxiety about the unknown:

"I didn't know what to expect." (P5)

Responders commented that the role was new to the unit and that there was a lack of resources to implement it:

"We didn't have the resources to do it." (P1)

All participants had felt unprepared for transition:

"I didn't know about the Clinical Research Network's [CRN's] NIHR [sic]; I knew none of that." (P2)

"I would have liked an induction." (P5)

There were concerns around the lack of access to training, building confidence through training and the type and/or quality of training. One participant wanted to see:

"More access to formal, official training."

Other comments included:

"There weren't official...GCP [Good Clinical Practice] courses available at that time, there was very little." (P2)

"There was no organised training whatsoever." (P5)

"I'd like to see...training competency booklets in place...and a schedule of courses that you're required to do...because it helps you build your confidence." (P1)

Support differed depending on how long each nurse had been in the role; the length of time each participant had been a research nurse is given in Table 1. Three participants (who had transitioned more than six years before) described a culture of working independently from the R&I team, with little or no support, and two of these mentioned a lack of interaction or communication. However, participants who had transitioned less than a year previously experienced a very supportive research and innovation department, and had a good understanding of the wider CRN and NIHR.

Suggested supportive measures that could be incorporated into the transition

Table 1. Participants' time as a nurse and in the research role

Participant	Time since transition	Time since registered, years	Length of interview, min:sec
P1	6 years, 5 months	35	35:19
P2	7 years	33	16:56
P3	10 months	24	21:00
P4	8 months	8	11:22
P5	9 years	35	21:00

process/an induction included:

"A buddy or a mentor who's maybe already within the team or within the CRN" (P2)

"Spending some time...in the R&I office to appreciate everybody else's role." (P4)

Overall support

This theme focused on support such as induction, general support from colleagues and line managers, and changes participants felt were needed.

Four participants described their orientation in a negative light and all five said they had not received a formal induction package.

All appeared unclear about the existence of a formal induction package within the department or the local CRN:

"There was no such thing as induction." (P5)

"It [induction] was vague." (P1)

"I think it would have been informal regardless." (P3)

"I don't think we had anything formal at the time." (P2)

Some participants struggled with adapting to their new role. Comments included:

"It took me a while to get my head around the difference." (P3)

"I think that more departmental support would be quite nice." (P5)

A number felt support from colleagues, rather than departmental support, was more important for a good experience of transition. Suggestions included:

"Definitely assign a mentor and a co-mentor so they've got two people that they can go to for support." (P5)

"Meeting other people who've done the role and having a mentor system or a buddy system for new members of staff." (P1)

Experience of barriers

This theme focused on barriers and pre-conceptions, and their effect on the experience of transition.

Misconceptions were both personal and professional. Two participants mentioned misconceptions they had held before taking up the role:

"It's not just you do a trial, you finish a trial, you do another trial, you finish a trial." (P1)

"I think I'd probably assumed when I came in that everybody was very open to research." (P3)

Changing to a research nurse role presented some unexpected barriers:

"I found it difficult to get integrated with the team that I needed to be working alongside [...] I felt like I was a nuisance all the time and I was going to create more work for them." (P3)

One participant described feeling frustrated at the lack of leadership in the first few years after transition:

"I don't think we had a lead in the team...it was only when we ran into a problem that they appeared, so the lack of leadership probably made it quite difficult." (P5)

Four participants mentioned lone working, but no one talked about it as a barrier; this could be explained by the fact that three had previous experience of working alone:

"I was used to lone working, because of working in the community." (P1)

"I was quite happy to work on my own...I enjoy it." (P5)

Fixed contracts were recognised as a potential barrier, but participants were more concerned with work-life balance. P1 described it as "a gamble...I prioritised work-life-balance over risks associated with them [fixed contracts]".

Other comments included:
“20 months [on a fixed-term contract] wasn't a barrier.” (P5)

“If I'd been on my own supporting a family... I wouldn't have been able to take the risk [of a fixed-term contract]; that wasn't the case for me.” (P1)

P3 expressed concerns about fixed contracts and job security:

“Will my job be at risk if I don't recruit enough people?”

“It does worry me sometimes... I don't think I probably fully realised that when I went to interview”.

Discussion

There was no single reason why participants chose to transition to the role of research nurse. Attractions of the role included promotion, feeling valued and greater job satisfaction. Research by Fawcett and McCulloch (2014) found high levels of job satisfaction associated with the role. Other reasons for becoming a research nurse included unhappiness in a previous role and a desire to move away from working unsociable hours.

Common narratives around job satisfaction developed after role transition. Support from the wider team was seen as particularly important, most notably among novice research nurses, and a mentorship or buddy system was identified as a key need. Mentors were found by Kaihlanen et al (2013) to increase motivation to learn and the ability to adapt to new situations in the transition from student nurse to RN.

Despite expansion of the research nurse role (McDermott et al, 2014) and responsibilities (Coulson and Grange, 2012), reported challenges were found to be similar to those of earlier studies – such as that by Brown et al (2015) – although research nurses' experience of them depended on how long they had been in post.

Support for research nurses seemed to have increased over time. Participants who transitioned more than six years previously worked on individual studies within their specialty, rather than collaboratively as part of the wider R&I department, and experienced a lack of general support, direction and supervision. This is consistent with the findings of earlier studies, such as that by Coulson and Grange (2012). However, two nurses who transitioned less than a year before the study was undertaken worked more collaboratively with the R&I department; this appeared to have

led to a smoother transition, confirming the results of recent studies by Lea (2015) and Brinkman-Denney (2013).

The issue of lone working was mentioned but not seen as a barrier. This contrasts with previous studies, such as that by Coulson and Grange (2012), which suggested research nurses felt frustrated working in isolation.

Overall, most participants felt improvements in work-life balance outweighed any risks presented by fixed-term contracts; there is no evidence in the literature of fixed-term contracts contributing to recruitment difficulties (Rodrigo, 2013).

Limitations

The study may have benefited from a larger sample size but, given the available cohort of RNs or research nurses ($n = 20$) and the fact that permissions to conduct the study was granted at one site only, the sample, size and method was justified. It is acknowledged however, that a random sample is the most rigorous sample collection method.

I am a research nurse at the trust and have transitioned to the research nurse role; this may have influenced the focus of the study, but the findings resonate with my own experience.

Recommendations

This study supports the case for improving understanding of the research nurse role, (Hamer, 2019), given that most of the reported barriers were due to misconceptions about the role among participants.

Support for research nurses appears to have improved over the last 10 years. For example, 'novice' research nurses reported clearer governance, line management structures and collaborative working, leading to a smoother transition. However, I feel that support from ward-based nurses was lacking; this could partly be due to poor understanding, but could also reflect wider cultural issues around R&I in some hospitals.

Newly qualified nurses should have the opportunity to shadow research nurses or rotational posts should be made available between the ward and the R&I department; these could address commonly held misconceptions about the research nurse role and embed a culture of research in hospitals. A mentor/buddy system could smooth the transition and this has been linked to increased motivation and high levels of job satisfaction post transition – however, more research is required to understand this relationship.

There is a need for clearer communication and guidance around structured induction packages specific to the role of research nurses, despite ongoing work to

address this by Thames Valley CRN. Any future induction package should include a training-based competency booklet and a schedule of courses relevant to the role and experience of the research nurse.

A transparent career pathway starting from a band 4 research practitioner role should be the gold standard for all R&I departments. This would encourage more people to consider research roles and help address any recruitment and retention issues (Rodrigo, 2013).

Following on from this small-scale study, a larger multi-centre study could explore whether the findings can be generalised more widely. In particular, results of this study and Fawcett and McCulloch (2014) indicate that the role of research nurse is associated with high job satisfaction. Research to understand the reasons for this could identify best practice to help other specialties struggling with recruitment and retention. **NT**

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