

Nurses & Clinical Trials

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Nurses want to provide the best quality care they can, but what this means is not always clear. Deciding about quality requires judgment and finding the research evidence to underpin such a judgment can be difficult. Evidence from the medical literature shows that the judgment of experts about how to summarize up to date research evidence can be seriously flawed. Nor is there consensus about how best to assess the effectiveness of nursing care. When clinical practice raises questions about the impact of a form of care on patients or clients, then a randomized controlled trial (RCT) is a very useful way of providing robust answers. Randomised controlled trials (RCTs) answer questions about the effectiveness of different care options: 'what effect does using treatment A or treatment B have on outcomes?' RCTs are important to nursing as they are the best study design for answering the question 'should I do this or that?'; nurses ask effectiveness questions frequently. Researchers refer to one treatment being tested as the 'intervention' (I) and another treatment (eg, one that would otherwise be used) as the 'comparator' (or control) **(Andrea Nelson, 2011)**¹.

Some nurses, however, feel uncomfortable with the whole idea of RCTs in nursing. They argue that such an approach reduces the experience of health care into little bits which do not adequately represent the whole, and that this method is not appropriate in evaluating nursing care. In a ground breaking study, by **Cullum, 1997**² clearly showed that nursing, both asks questions about the effectiveness of different forms of care and answers them with RCTs. However, nursing has not till now had the profile it deserves in the Cochrane Library. Although many of the reviews and trials may be relevant to nursing, a search for all words starting with "nurs-" in version 3.0 uncovers only 21 of the 141 complete reviews; the proportion of

controlled trials with this term is even smaller (about 1%). In the future, this should change, as Cullum's work encourages other nurses to identify trials, to undertake systematic reviews of these or of other study designs, and to feed them into the Collaboration.

Though, the search for evidence is time consuming but this need not be a cause of despair. Three things are needed. Firstly, nurses need ready access to evidence in their places of work. Secondly, they need to develop skills in searching for evidence and appraising what they find. Thirdly, they need organizational and individual support to help them act on research findings, for even those most committed to this approach will find barriers along the way. These barriers can be overcome, but it will take time. One way forward may be through audit, which can use and help develop evidence based clinical guidelines. Clinical research is a broad endeavor that involves investigators from a wide range of disciplines working with human subjects to characterize health and illness and invent, test and evaluate treatments. Nurses have always been integral to the conduct of clinical research at every level, including providing care to participants, coordinating and implementing studies, and designing and implementing programs of research as principal investigators **(Green L, 2011)**³. As finances tighten in all sectors of clinical research it has become important to describe and document the roles and contributions of nurses providing care to research subjects in various clinical settings. In contrast to traditional nursing roles, the specific clinical activities, competencies and educational requirements for nurses implementing and managing patient care in a research setting are not well delineated **(Bell J, 2009)**⁴ **(Nagel K, Gender J, Bonner A, 2010)**⁵. Furthermore, there is a lack of formalized role descriptions that link nursing job titles to specific knowledge and skills essential