Endoscopy Associates Group Symposium

'Research is not just for academics': highlight report from the annual meeting of the BSG, Liverpool 2010

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The audience numbers were very low (14–22) for most of the sessions in this symposium, this may be a reflection of how nurses prioritise research in their profession or simply the alternative symposiums were of more interest.

The first session in this morning of presentations was by Maggie Vance (London) and was titled 'Undertaking a PhD: pitfalls and myths'. Maggie explained what a PhD is and what was involved in gaining a 'doctorate'. The reason for accessing and achieving her doctorate was presented in this statement: "I seek to further my knowledge and contribute to the advancement of science in my chosen field". The choice of academic study was between a 3 year full time course and a 4 year part time course. The part time course was relatively new in design and had components of taught modules and a written dissertation. Both routes require self-determination and minimal distractions. So, how did Maggie get started? Firstly, have an idea or project that you love with a passion, identify time for study, obtain funding (backfill) and enrol at a university or a postgraduate study programme. Having set out the plan, the first 'pitfalls' appear in the form of no study leave granted. Our medical colleagues have the opportunity to apply for research posts or research fellows positions; this is not the case for nurses studying or practising research. Other essential requirements include qualifications in either a bachelor or masters degree. Getting started required an idea, a reason, two named supervisors (who can give constructive criticism and critique with a nursing background at professorship level), time, a good support network (you need to be selfish and

tough, which also has an impact on your partner and family) and 'a burning desire to do it'. The process from enrolment is to write your research proposal, obtain ethics approval, do the research, write up the findings, transfer to a PhD programme with Viva, continue research, write your thesis and when completed present with Viva. It is important that your chosen subject is embedded in your work and the methodology chosen reflects this. Maggie is involved in many projects and had at least five studies to choose from which she eventually narrowed down to: (1) feasibility of a flexible sigmoidoscopy for bowel cancer screening programme by nurse endoscopists and (2) National Nurse Endoscopy Project (349 nurses). These studies had been through a pilot series.

Despite the enthusiasm from Maggie, the 'pitfalls' were presented honestly and with a realistic theme. The message was clear: that it is not easy; it is not enjoyable all of the time; expect to go mad; if you do enjoy it all of the time you are already mad; and if you do find that you hate it, then the best solution is to drop it. The end result is that you have contributed to nursing knowledge and research for the benefits of patients, you become older and wiser, you understand your chosen subject matter inside out (expert), career options are widened and overall you have an massive achievement. Finally, you must publish your research for all to view and share the expert knowledge gained.

The next speaker was Rosemary Duane-Moore who is a screening practitioner from Portsmouth. The title for this presentation was 'The degree minefield: a personal account'.

This was a realistic, honest discussion about the difficulties of achieving a BSc (Hons) degree. From the onset, you need work and family commitment, especially from your line manager. There is definitely an impact on your home life, and do not underestimate the energy required to juggle between the two. Personal organisation is essential, and getting the work/study balance right needs agreement from your manager to allow time for study. Create home space to work if possible, know your own learning styles and communicate with your tutor when problems occur. Try not to compare yourself with others, avoid a build up of stress and learn to recognise your own limitations. You need self-belief and remind yourself how far you have come, convince yourself that you are good enough, make sure you complete each task in time and on time and do not underestimate the computer skills (IT) required. In conclusion: “believe in your dream and yourself, all of your academic credits are formed into one—your BSc (Hons)—and when you graduate it brings a new confidence all on its own, and enjoy getting back to having a life”.

The next presentation was from Dr Colin Rees (South Tyneside) and titled ‘Taking the mystery out of research’. Is it for boffins and labs? Certainly, the application forms for research can be off-putting, being 50 pages plus. However, getting involved in research is easier than we think and is only a short step from audits, evaluations, nursing research roles and clinical trials. The nurse consultant role was designed with research as a major component. The National Institute for Health Research (NIHR) will fund studies which are allocated by a peer review process. The NIHR bodies include research networks which make it possible for all patients and health professionals across England to participate in relevant clinical trials. The aims of the NIHR Clinical Research Network is to ensure patients and healthcare professionals from all parts of the country are able to participate in and benefit from clinical research, integrate health research and patient care, improve the quality, speed and coordination of clinical research, increase collaboration with industry partners and ensure that the NHS can meet the health research needs of industry.

A number of networks coordinate clinical trials for specific conditions, which include cancer, stroke, mental health, diabetes, medicines for children, and dementias and neurodegenerative diseases. There are also 25 Comprehensive Local Research Networks which are easier for medical colleagues to access and will fund backfill and running costs. Additionally, we have access to research collaboration groups, one of which is the Northern Region Endoscopy Group (NREG); this group helps with ‘quick starts’ for audits, patient studies and local services. Other research opportunities will be available from the British Society of Gastroenterology (BSG) following the recent BSG research agenda which

includes the BSG research strategy (see BSG website) and a research design service to help design studies. A success story from the NREG is a local SSP (Gayle) who has presented numerous audits and has now written 10 abstracts and has made a smooth transition into research.

Ethics committees and ethics approval are often a stumbling block for nurses wanting to do research. Paula McGee (Birmingham), who is a nurse researcher and ethics committee member, presented ‘Identifying ethical issues’. The theme here was preparing applications for research, how the research governance framework (2003) works and how there is a major philosophical shift from research with people rather than research on people. The key message is that ‘well being matters most’. Ethical issues must be identified clearly and how they are to be addressed. A valuable resource for ethical information is the National Research Ethics Service website which contains up to date guidance and appropriate application forms. The aim is to minimise harm, and a good framework for this comes from Beauchamp and Childress who used the four principles approach: respect for autonomy, beneficence, non-beneficence and justice. When submitting your proposal to the ethics committee, you must ensure that you are well prepared, read your application, take your application form with you, take your supervisor, especially if you are a student, and answer questions about your proposal.

Following on from ethics came the question ‘Why should I do research’, presented by Andrea Nicholls (Leeds). Research has many applications in nursing which are now more accessible. Nurses adopt evidence based care, critically appraise journal articles, apply critical thinking and take opportunities for innovation. So why do nurses make excuses such as “I look after patients and am interested in people not dry facts and numbers”, “Nurses don’t do research”, “I’m not clever enough” and “I don’t know where to start”. How will we improve if we don’t look at what we do? The end point of research is to help patients; nurses should be research aware and appreciate the value of evidence based care. Get involved by attending journal clubs, presentations and conferences, evaluate research for utilisation in practice, get involved in helping in a research project and collaborate in the development of a research idea. Why get involved? To improve breadth and depth of practice, gain a sense of achievement that you have contributed and enhance your own personal and professional development.

The final presentation was by Clive Stokes (BOSS trail coordinator, Gloucester) ‘Clinical trials: should they become part of the norm in patient treatment options?’ Answer—yes.

Why yes, because everyone will benefit! In 2002, there was only 3–7% accrual into cancer clinical trials, in 2004–2005 it increased to 12% and in some centres was as high as 20%. It can take 10–15 years for a clinical trial. Eighty per cent of patients do not enter

clinical trials. The reasons are patient concerns about randomisation, complex and stringent protocols, placebo or no treatment arms, being unaware of trials and physicians' attitudes towards trials. In summary, clinical research should be an integral part of cancer care.

I would like to thank all of the speakers and I hope I have captured the main themes and messages from everyone. By the small numbers present in the audience, it appears that nursing research is not a big turn on. However, despite some 'pitfalls', the nurses who presented their experiences found the process rewarding which enhanced their personal and professional skills (expert). A strong theme was that of funding and the

difficulties nurses have in back filling their time. Equality for access to research like our medical colleagues is something we should aim for. A similar role to that of 'research fellows' might be an attractive option for nurses.

Competing interests None.

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Useful links

1. British Society of Gastroenterology Research. <http://www.bsg.org.uk>
2. National Institute for Health Research. <http://www.nihr.ac.uk>
3. National Research Ethics Service. <http://www.nres.npsa.nhs.uk>
4. Research Governance Framework for Health and Social Care, 2nd edn. London: Department of Health, 24 April 2005.
5. Beauchamp TL, Childress JF. Principles of biomedical ethics, 5th edn. Oxford: Oxford University Press, 2001.
6. BOSS Trial—Barrett's Oesophagus Surveillance Study. <http://www.bsg.org.uk/research/clinical-trials-updates/boss-barrett-s-oesophagus-surveillance-study.html>.

Take home messages

- Research is rewarding: it may enhance personal and professional skills; results may increase nursing knowledge and benefit patients.
- There are many challenges to overcome: ethics committee approval; funding; finding time and gaining hospital management support.
- To find out more about research, contact the National Institute for Health Research or Comprehensive Local Research Network.