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Research, innovation, and entrepreneurship (a powerful combination of forces)

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Many believe that entrepreneurship and research do not go together. I disagree. In fact there are some similarities in what the scientist and the entrepreneur does to gain support for their work. A researcher will “pitch” their innovations in grant format where an entrepreneur may “pitch” their innovation in a business plan. Researchers are the chief executive officers of their studies and the chief financial officers of their grant budgets. While many would argue that the integrity of research differs from that of business, this may not be a fair statement. The products created by businesses are the products that are sold to our patients and that we as nurses use to care for our patients. Companies develop innovations that we use in our research and professional practice. Often however, the missing piece not addressed in our peer-reviewed articles are the methods for the interventions that do not work. Therefore, products offered by companies may not fully address the needs of our patients. Thus, clinicians use many workarounds. I believe that these workarounds occur because the dynamic nurse scientists and multidisciplinary researchers closest to the science are not creating the products, and clinicians are often not involved in the development. Healthcare costs continue to rise because of iterative devices similarly intended to solve a problem, but continuously missing the mark for nurses to use and patients to achieve optimal outcomes.

Through experience, I often find the inquisitive, dynamic nurse scientists that contribute their career-long work to a much needed area of science publish their work unaware that once they share their work in the public domain, they can no longer protect their findings. Intellectual property rights does not mean that you have to sell a product, but it protects your scientific contributions from misuse or from being free to others who may profit financially from your work. Furthermore, as researchers how often do we think about moving our body of work into a product deliverable to our healthcare system? One might think, “I have worked on refining my instruments”, and I ask “how do you know your instruments are not the algorithm for a patient-centered technology saving the world?” The assumption is that if individual interventions work, we can aggregate our work and amplify our science.

My career in research has been dedicated to clinical translational research as the summative objective of discovery. An example is my dedication to patient hand hygiene research. Throughout my experiences as a clinical nurse at the bedside, PhD student, and now as a post-doctoral fellow, I continue to collaborate with my engineering colleagues, and learn engineering methodology and entrepreneurship. This continued learning enhances my depth of innovation, collaboration and impact as a researcher working on a medical device to improve patients’ self-management in acute care.

Nurse scientists are on the frontiers of patient-centered research. It is important to think of innovative ways to leverage our science and intellectual property just as this has been successfully and ethically modeled among other professions committed to scientific contributions. Such initiatives have the potential to create non-traditional funding streams for our research. These initiatives also will assist us in confirming our contributions to science and an ever-changing healthcare system.

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