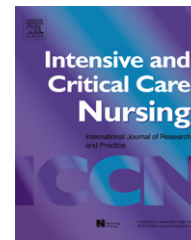




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ORIGINAL ARTICLE

The intensive care research coordinator position in Australia and New Zealand: Self-perception of professional development priorities and “best” and “worst” aspects of the position. A cross-sectional web-based study

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KEYWORDS

Research coordinator;
Intensive care unit;
Skills;
Positive and negative
features

Summary

Background: Many intensive care units (ICU) research coordinators (RCs) work in isolation with limited access to professional development and peer support.

Aims: (1) To map professional development priorities and “best” and “worst” aspects of the ICU RC role. (2) To compare results of “best” and “worst” aspects to a similar 2004 study.

Methods: On-line study conducted from July 2009 to October 2009. Respondents scored 26 individual items related to professional development and described in free text “best” and “worst” aspects.

Results: 56 RCs participated. Maintaining high ethical standards for the research participant was ranked the highest priority. RCs had considerable interest but less confidence in completing own research.

The “best” and “worst” aspects exposed three thematic clusters: work conditions; work environment; work role. Most often recorded notations were Work Conditions for “best” and work environment for “worst” aspects.

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Conclusion: RCs judge adherence to international research guidelines the most important prerequisite for the position and wish involvement in research design and dissemination. With little change from 2004, inadequate peer support and unsatisfactory employment conditions constituted most of the “worst” aspects. Autonomy and working in the ICU team are the “best” aspects of the role in addition to the intellectual stimulation of research.

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Introduction

Research coordinators (RCs) play a key role in implementing rigorous and ethically sound research in many specialities including the intensive care setting. The position requires much more than data collection and administrative support. The RC's role includes but is not limited to education, advocacy for the trial participant and as caregiver/clinician (Hill and MacArthur, 2006; Jellen et al., 2008). This requires a high level of organisation with attention to minute details, excellent communication skills and clinical insight into the implications and adverse effects of the treatment involved in the trial (Fowler and Stack, 2007). In Australia and New Zealand Intensive Care Units (ICU) RCs are usually employed by the department on either permanent tenure or contract basis. They work in a multi-disciplinary environment and often collaborate with researchers from a variety of health and science professions. Typically, the RCs work on multiple concurrent projects including pharmaceutically sponsored clinical trials, multi-centred investigator led trials and departmental-initiated studies. The input into each study may vary from minor administrative or data collection assistance, to significant research design and coordination responsibility. The RCs work closely with the ICU senior medical staff, particularly the designated “Director of Research” (Roberts and Rickard, 2005).

RCs must have a thorough understanding of ethical principles to ensure that all research within their area is conducted according to appropriate protocols, regulations and guidelines of the “International Conference on Harmonisation” and “Good Clinical Research practice” (GCRP) (National Health and Medical Research Council, 2007; World Health Organization, 2002). This is of particular importance as these guidelines relate to informed consent and the rights and safety of the trial participant, but also with regards to protocol adherence and to ensure that data generated from the research are completed in a scientifically rigorous manner (Fowler and Stack, 2007). Anderson (2008) conducted a web-based survey of 55 RCs from the United States (US) involved in gene therapy research and reported that 38% ($n=20$) ranked ethical issues and protection of participants as a top priority and recognised the need for education related to ethics and regulatory reporting.

Similar to experiences from Australia and New Zealand, Chester et al. (2007), describe from a European perspective how commercial research, by its prescriptive nature and need to satisfy rigid regulatory requirements, has been instrumental in RCs developing sound ethical and scientific research skills. They state that the RC must be an expert in his or her particular clinical speciality, a project manager, an expert in methodologies and a skilled communicator. Despite needing these attributes, the RC position remains insecure with a lack of training and prospect for career

advancements and the authors argue that one way of overcoming this shortfall could be the development and expansion of networks either by speciality and/or region (Roberts and Rickard, 2005).

Hill and MacArthur (2006) surveyed research nurses in two studies in Scotland with 72 and 29 respondents respectively, and endorsed many of the concerns raised in the literature above. From their results they recommended clarification of contractual arrangements, support mechanisms be put in place for RCs with provision for relevant and affordable education opportunities and encouragement to develop nurse-led research. They found the experienced RC is skilled in terms of clinical and research expertise, including comprehensive understanding of the complete research process and this should be valued and used to foster nursing research capacity and capability.

Research into the ICU RCs' perceptions of and experience with their role remains limited although the position has now been well-established for nearly twenty years. In 2004, two of the current researchers conducted a study of 49 (71%) of their peers examining “best” and “worst” aspects associated with the ICU RC role within Australia and New Zealand (Rickard et al., 2007; Roberts et al., 2006). This study concluded that RCs were highly qualified and experienced nurses who undertook pharmaceutical trials, multicentre projects, departmental medical and nursing research, audits and data registries. They were satisfied with structural aspects of the position and dissatisfied with their remuneration packages and level of recognition. The worst aspects of the job related to number of hours on call and stress and isolation and the best aspect were autonomy and flexibility of the work structure.

In this paper, we describe the skills that ICU RCs believe are necessary to be able to function in the role and the best and worst aspects associated with the position. We also make comparisons to the above mentioned study performed in 2004.

Methods

Objectives

The primary aim of this study was to:

- Perform a mapping exercise of Research Coordinators employed in ICU research including
 - priorities of professional development and expertise
 - best and “worst” aspects

The secondary aim of the study was to:

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