Clinician-researcher dual role

Once a clinician, always a clinician: A systematic review to develop a typology of clinician-researcher dual-role experiences in health research with patient-participants.
Hay-Smith EJC, Brown M, Anderson L, Treharne GJ. BMC Medical Research Methodology, 2016, 16: 95. http://dx.doi.org/10.1186/s12874-016-0203-6

Rehabilitation, Otago

jean.hay-smith@otago.ac.nz @jeanhaysmith

www.otago.ac.nz/wellington @RTRU_Otago

UNIVERSITY of OTAGO
SAPERE AUDE
Te Whare Wānanga o Otāgo
NEW ZEALAND

Working together for world leading rehabilitation research, teaching and practice

Or, this.....

I was left alone in a room with six ventilated neonates. One of the neonates was very unstable and I was forced into the nurse's role. I was ethically obligated to act when a neonate dramatically desalinated… [a life threatening situation]... When the nurses returned to the room they were quite happy with the fact I had had to intervene. However, since then, I make it quite clear that I am not legally covered to take on the nurse role *(Beale & Wilkes. Collegian 2001, 8(4):p37)*

Systematic review methods

https://www.flickr.com/photos/rykneethling/
licence: CC by 2.0

https://www.flickr.com/photos/msittig/; licence: CC by 2.0

Results: Studies in brief (n=36)

- 28 first person
  - 20 by nurse researchers
  - 26 reflected on conducting qualitative research
  - 2 reflected on research roles in randomised clinical trials
- 8 primary investigations
  - 7 recruited nurse researchers
  - All used qualitative methods to investigate dual role
  - 1 trustworthy, 3 reasonably, 4 uncertain

Results: Overarching themes

- Clinical patterns
  - Acts as clinical resource in research setting for benefit of patient-participant
  - 5 themes

https://www.flickr.com/photos/barty/
licence: CC by 2.0

- Connection
  - 5 themes

Clinical patterns: Clinical queries

I had held a very fixed image of a nurse researcher as being someone who followed rigid rules of an imagined research persona. As I searched for answers to my role conflict, it became apparent that self-disclosure or intervention did not equate to high treason and that it need not invalidate the study. Thus, if participants asked me treatment-related questions I could offer answers… and provide details of agencies that might prove helpful *(Colbourne & Sque. J Res Nurs 2004, 9(4), p302)*

Clinical patterns: Perceived agenda

Patient-participant agenda

Vera is challenging the rules for being certified for sick leave, and as physicians we had objections. In the margin of the transcript we had noted, "She can't be sick-listed because she manages to work full-time! … How come she asks me such a bold question? (Hamberg & Johansson. Qual Health Res 1999, 9(4) p461)

Clinical patterns: Perceived agenda

Third party agenda

The difficulty is when they give you the names and then they say "Let me know if there are any problems". Well that can be a bit difficult because by saying "No, unfortunately I'm not able to do that" then they might stop referring so many patients *(Johnson & Clarke. Qual Health Res 2003, 13(3) p426)*

Clinical patterns: Helping hands

I was left alone in a room with six ventilated neonates. One of the neonates was very unstable and I was forced into the nurse's role. I was ethically obligated to act when a neonate dramatically desalinated… [a life threatening situation]... When the nurses returned to the room they were quite happy with the fact I had had to intervene. However, since then, I make it quite clear that I am not legally covered to take on the nurse role *(Beale & Wilkes. Collegian 2001, 8(4):p37)*

Clinical patterns: Research or therapy

I was never really sure how they really felt… sometimes they said it was the first time they'd been able to talk about it … but I'm not sure …I mean for some of them … the cancer was all behind them and then we come along and open it all up again … one or two were really quite upset by the experience … it really worries me *(Johnson & Clarke. Qual Health Res 2003, 13(3): p430)*

Clinical patterns: Uninvited expert

Incidental clinical findings in research

Was I a spy? What should I have told the nursing home managers about what I saw? - - - What should I do when I observed a staff member being short-tempered with a resident, or failing to provide professional care? *(Bland. Contemp Nurse 2002, 12(1): p45)*

Uninvited expert continued

Research-related decisions

It's usually a judgmental issue which in your own clinical experience you may feel is detrimental to the care of the patient or in some case; it may be because you think something is not warranted to be done that is dictated by the protocol - - - and so you may question whether doing those investigations is required *(Czoli et al. Philos Ethics Humanit Med 2011, 6(1): p5)*

Results: Overarching themes

- Clinical patterns
  - Acts as clinical resource in research setting for benefit of patient-participant
  - 5 themes

https://www.flickr.com/photos/barty/
licence: CC by 2.0

- Connection
  - While primary relationship is researcher-participant, shared clinical ground generates a clinician-patient type bond
  - 5 themes

Connection: Clinical assumptions

As participants indicated their discomfort with this different approach, at times the nurse felt they had to work hard to keep then engaged in the process: …I did find sometimes … it was like trying to teach them to suck eggs - - - they'd look at me as if to say "Are you honestly asking me this? *(Boase et al. J Adv Nurs 2012, 68(3): p594)*

Connection: Suspicion and holding back

I was relieved that some of them felt able to criticize the services of the hospice. In this respect, I made a particular effort to remain neutral. I resisted all instincts to defend the hospice or any other health and social services - - - or indeed to confirmed their criticisms. I was left, however, with feelings of discomfort and disappointment *(Newbury. Nurse Res 2011, 19(1): p35)*

Connection: Revelations

I became distressed. I felt the participant needed to have immediate psychological assistance and that he had trusted me, almost appealing to me to help him - - - I decided to tell the nurse in the centre that in my professional opinion I felt this person should see a psychologist immediately… I left wondering what was the eventual outcome for this person, I still reflect my feelings of despair *(Beale & Wilkes. Collegian 2001, 8(4):p37)*

Connection: Over-identification

Over-identification with patient-participant

I did not know if I caused distress when these areas were discussed. For some individuals the implications of their impairments did not appear to cause distress when discussed, and therefore I felt that I must be wary of projecting my own feelings onto them - - - No one could help feeling a great deal of compassion in this situation, but it was again important to convey the responses and experiences of the respondents, and identify and acknowledge my own for what they were *(Conneeley. Br J Occup Ther 2002, 65(4):p189)*

Over-identification continued

Over-identification with the clinical self

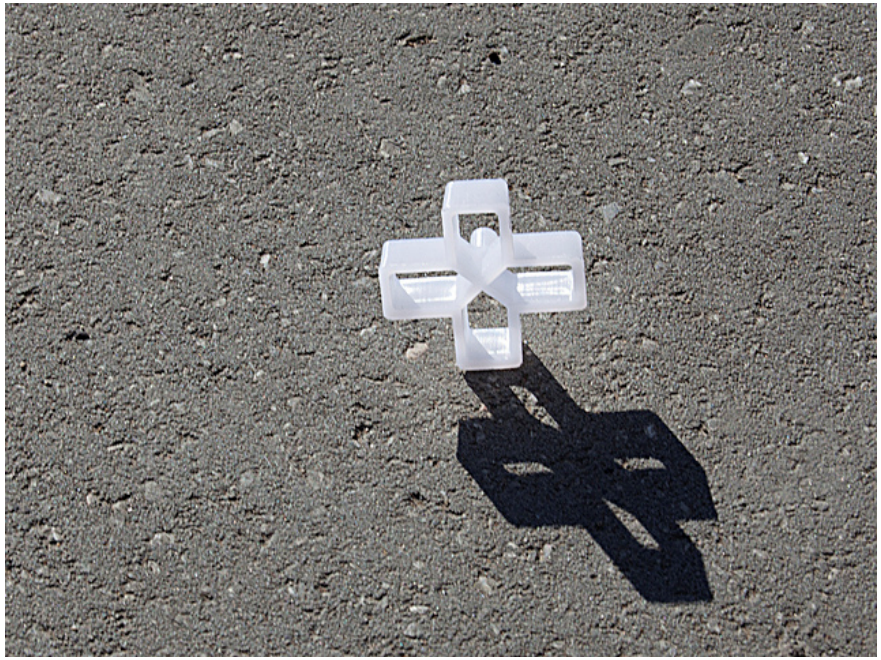
Was I analysing participant narrative through the eyes of a researcher or through the eyes of a nurse with a different knowledge base of the healthcare system? I was now aware that my professional socialisation could be getting in the way. I went back to the original data and found that although I was analysing the data from the study participants, I was also slanting them from my perspective as a nurse - - - I realised I was being more critical of the service experienced by participants than the participants were themselves *(Colbourne & Sque. J Res Nurs 2004, 9(4), p302)*

Connection: Manipulation

Although some carers may have revealed more than they had anticipated about their experience and emotions, I do not think that I manipulated them into disclosure by being too intimate or faking friendship *(Newbury. Nurse Res 2011, 19(1): p34)*

Discussion: Glasses, hats, or …..

Discussion continued



https://www.flickr.com/photos/zeevveez/
licence: CC by 2.0

- Inevitable?
- Unsurprising
- Not good or bad
- Not specific to qualitative or quantitative research

Want to follow up?

If you liked the 'flavour' and 'style' of my teaching and research, and you are thinking of postgraduate study or research, then you are welcome to contact me to talk more about this. I am always interested in hearing from prospective masters thesis or PhD candidates.

I work for Rehabilitation @ Otago University. We offer postgraduate distance learning papers as well as research supervision. Here's a taster of what we offer:

- PGCertHealSc (Clinical Rehabilitation) for free – almost!
  - HealthWorkForceNZ subsidised programme, 2 papers, 2 semesters

Or, do a single paper to support your clinical work, such as:

- Interprofessional teamwork – led by Jean (HASC701)
- Psychological factors in rehabilitation – led by Elliot Bell, clinical psychologist (REHB714)
- Goal setting – led by William Levack, internationally recognised expert on the topic (REHB713)

Find out more at

http://www.otago.ac.nz/wellington/departments/medicine/postgraduate/rehabilitation/study/