The nature of cancer care has seen massive changes thanks to substantial advances in research. The EONS Research Working Group has been unique in providing a European perspective on cancer nursing research leadership. Here, Theresa Wiseman, the UK representative in the group and Lead for Health Service Research at London’s Royal Marsden, gives an overview of the key issues in cancer nursing research.

Report by: Theresa Wiseman

Nursing societies worldwide believe that patients and the public have a right to expect their care to be based on the best available research evidence. Within cancer care, this is more pertinent today than ever before. Advances in research, technology and treatments have led to a change in the nature of cancer care. Demographics have shown an upward trend in people getting cancer but improvements in diagnostics and treatment modalities have led to more people surviving cancer. As a result, the trajectory of cancer has transformed into a chronic disease which includes acute phases and periods of chronic disease management. Many cancer patients will complete their primary treatment and return, more or less, to the same level of health and wellbeing that they enjoyed before their diagnosis. But a significant proportion will experience a wide
Research Excellence – a must for evidence-based care
to build cancer nursing research and research capacity. At a local level, in my role as Strategic Lead for Health Service Research at London’s Royal Marsden NHS Foundation Trust, I devised a research strategy to encompass the healthcare research we were planning/conducting, so that it gave people a framework in which to situate their research and connect with others. The programme comprises four key work streams:

● Reframing life and wellbeing for people affected by cancer;
● Enhancing psychological adjustment and promoting emotional resilience;
● Improving assessment and management of the consequences of cancer and treatment; and
● Patient safety, quality and acute/critical illness in cancer.

Our goal is that service is driven by research excellence, and research is driven by service development requirements. We see patient and public involvement in research as crucial, and have a Patient/Carer Research Advisory Group, which advises researchers on projects.

At a national level, the UK National Cancer Survivorship Initiative (NCSI) joined with Macmillan Cancer Support to fund a collaborative programme of work (Consequences of cancer and treatment collaborative, CCAT) involving 12 clinical academics in cancer care (nurses and allied health professionals), who would influence

range of distressing long-term problems, such as bowel or urinary incontinence, crippling fatigue or sexual difficulties\(^2\). As the consequences of cancer and its treatment can affect a person’s physical or psychological wellbeing, it is imperative that research focuses not just on diagnosis and treatment but on the whole of the cancer pathway. Cancer nurses’ frontline role puts them in a unique position to be able to reflect the needs of patients, carers and families. Cancer nursing research tends to focus on the impact of the disease and its treatment on patients and families, and developing interventions and services to address unmet needs.

The growth of Advanced Nurse Practice roles and nurse-led cancer care, coupled with increased numbers of nurses with Masters and PhDs, have raised capacity for research. The importance of research to cancer nursing practice seems obvious. Yet for research to be fully integrated and applied, ownership and identification needs to come from people in practice. In the current climate of reduced resources, increased patient numbers, more demands on staff and recruitment and retention problems, it is important to have strong leadership and support for cancer nursing research in practice. Developing research capacity and a clinical academic interface in cancer nursing helps attract and retain interested, innovative people, which is fundamental to tackling health challenges in the future.

**LEADERSHIP**

Strong leadership is required, both clinical and academic, to support research and development opportunities for nurses and midwives in practice.\(^3,4\) The barriers to research in practice are numerous (see Table 1, p15) so it is important to focus on drivers to gather momentum. Key drivers include structured organisational support systems and strong nurse leadership which is needed at local, national and international levels to advance the cancer nursing research and development agenda. The number of strategic nurse research roles is increasing throughout Europe. There is recognition that a structured organisational approach is needed
policy, practice, and champion research and service re-design for people living with and beyond cancer. Three members of that group work at the Royal Marsden NHS Foundation Trust (Natalie Doyle, Isabel White, and myself), while two members are EONS Board Members (Mary Wells, Sara Faithful), thus providing a European perspective on cancer nursing research leadership.

I also sit on the EONS Research Working Group, which provides leadership and support to encourage research activity and collaboration amongst EONS members, national societies, external supporters and patient groups. The Research Working Group has representation from most member countries and our role is to share expertise and develop opportunities for EONS to enhance its profile as an organisation that supports evidence-based cancer nursing through the development and implementation of research into practice.

BUILDING CAPACITY AND TRAINING
In order to provide support within the research process and to foster interest, practitioners need an infrastructure for support. At the Royal Marsden, we have a system whereby clinicians who want advice/input on health service research, mixed methods or qualitative methods contact members of the research team for advice and collaborative working. There are a number of multiprofessional studies already being conducted in the Trust. Nursing and allied health professional researchers, novice researchers, or those conducting MSc

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Clinical Academic Pathways

The Royal Marsden has nursing and allied health professional staff at each stage of the clinical academic career pathway. This includes 15 at post-doctoral level, eight at doctoral level, numerous at post-graduate/post MSc level and some enthusiastic nurses at graduate level, just beginning their career in oncology, who would be suitable for the Research Masters (MRes) pathway. The Trust would like to consider the creation of some jointly funded clinical academic posts for senior research active clinicians, as well as establishing a development scheme to offer a framework for more junior colleagues to build an academic career. The Trust is developing a career development structure whereby academic progression can be achieved alongside clinical advancement. Joint appointments (between university and Trust) may be one way of achieving this, so that individuals are facilitated to integrate senior clinical and research activities within their posts as evaluated via integrated clinical academic post metrics agreed by both organisations. These posts are being developed throughout Europe, so it is hoped that this will contribute to maintaining cancer nursing research in practice.

Details of the references cited in this article can be accessed at www.cancernurse.eu/magazine

Perceived Barriers to Nurses’ Use of Research

Characteristics of the organisation (setting)
- Insufficient time to implement new ideas
- Lack of authority to change
- No time to read research
- Inadequate facilities for implementation
- Physician non-co-operation
- Lack of staff support
- Results not generalisable to own setting

Characteristics of communication (of the research)
- Statistical analysis cannot be deciphered
- Research reports/articles not readily available
- Implications for practice unclear
- Research not reported clearly

Characteristics of the adopter (nurse)
- Unaware of research
- Isolated from knowledgeable colleagues to discuss research
- Does not see the value of research for practice
- Unable to evaluate the quality of the research

Characteristics of the innovation (research)

The research has not been replicated (as appropriate)