

Combining a PhD with a clinical job and being a mum: the challenge of the day

By Eva Pape

Before starting my PhD, I worked as a clinical nurse specialist, supporting and counselling patients with rectal cancer. After several years of experience with these patients, I noticed, and literature confirms, that patients have a tremendous fear of a permanent stoma [1]. However, after sphincter-saving treatment, patients are confronted with bowel problems, sometimes severe [2]. This can cause great struggle with little support from healthcare professionals. **Patients' need for support does not stop at the end of treatment** [3]. Luckily, there is an increasing focus on survivorship care nowadays. The team of physicians were interested and excited to support me in the design of the study to improve patient care, and in 2015 joint cooperation was set up with a nursing professor of our University (Ghent) to refine the design. The search for funding could start! After one and a half years of writing project proposals, funding from Kom op Tegen Kanker was available and in 2017 the project started.

I have always **combined my PhD with my job as a clinical nurse specialist**. This has been of great added value for me because the topic of my PhD was closely related to my clinical work. In my opinion, it is ideal to combine a clinical job with research. However, a few additional **challenges** can arise.

The first challenge is the fact that you have to try to prioritise several roles. The clinic always shouts the loudest, which is of course logical since you are the coach of many patients in their rectal cancer trajectory. However, it is important to realise that your research will improve your clinic so it is crucial to take time for your research as well. I was fortunate to have colleagues who could help support me in my clinical task. A second challenge is the fact that being a clinical researcher could bias the quality of your research: the so-called reflexivity in qualitative research. The purpose of reflexivity is to examine the effects and thereby increase the study's accuracy and the credibility of the findings by taking into account the researchers' beliefs, knowledge, and biases [4]. Reflexivity is a continuum during all phases of the research process: pre-research stage, data collection, data analysis and conclusion [4, 5]. To increase reflexivity, I outlined my frame of reference beforehand to be more conscious of possible subjectivity.

When I started my research, I only had minimal experience of counselling patients with LARS. My role had primarily been focused on patients within their treatment trajectory, not once treatment had been completed.

During **data collection**, additional challenges arose. For example, the fact that participants are looking for health information during their interview [6]. As a nurse-researcher, it is important to reflect on how to react to a call for information from the participant. When this issue arose, participants were told that they could come back to this at the end of the interview. The researcher needs to be conscious of the impact providing information and interventions can have on the patient's answers to the study questions. Some say that it threatens the validity and objectivity of the research but others indicate that refusing to answer can also have a negative effect on the interview [6]. Applying the strategies of our studies seemed like a good approach. It is a challenge to hear and feel the suffering of the participants during the interviews. I would have found it difficult as a nurse not to address participants' informational needs after the interview. However, during the interview itself, I remained aware of the fact that collecting data was the primary objective, not providing information. There are no correct answers, but it is just important to reflect on it as a researcher and be aware of the possible impact of your intervention [5, 6]. Additionally, interviewing participants with whom you have a treatment relationship can also add complexity and risk bias. These participants feel compelled to participate for fear that refusal will jeopardise their care or the treatment relationship with the healthcare professional [6]. In our research, we decided to employ a colleague without a treatment relationship to conduct these interviews. The participants needed to be honest and critical about their unmet needs concerning current care. Only in this way is it possible to optimise care after the study. During data analysis and conclusion using reflexivity is also imperative. A challenge as a nurse-researcher is not to draw premature conclusions based on daily practice experience. Investigators' triangulation was used to ensure the trustworthiness of the results.

On top of the challenge of combining clinical work with research as a nurse, I also had another challenge: **being a nurse researcher and also being a mum of young children**. Children, of course, need and are entitled to their mothers' attention when growing up. I won't hide the fact that managing a household and children in combination was difficult in the beginning. You often feel that you are caught between two fires and that you might fail from time to time as a mum or as an employee. The priorities between work and family shifted during the process. At times, I had tight deadlines and the children might get less attention from their mum, but at other times I tried to focus completely on the children. In my opinion, it is certainly ok to be an ambitious mother but during the time you have with the children you must be able to give them your full attention.

To conclude, I would like to say that doing a PhD was a great opportunity from which I have learned so much, and grown. The combination of clinical work and research can sometimes be a challenge but it is such a great asset. Being an ambitious mum is perfectly ok as long as you can give enough priority to your children because they are entitled to it. Soon the final phase will start, namely defending my PhD. Let's do this! And afterwards, it may calm down a bit. Or maybe not...!

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