INTRODUCTION
Clinical research nursing is a specialty nursing practice focused on the care of research subjects and implementation of clinical research. Clinical nurse specialists are expected to contribute to the development of new nursing knowledge through research activities. Competing demands which require constant juggling of time, priorities and activities, such as research, often do not receive the attention they deserve. Research requires specific skills and knowledge and significant time expenditure.

ROLES AND RESPONSIBILITIES OF NURSES IN CLINICAL RESEARCH

a. Clinical Nurse Caregiver and Research

As the caregiver, the nurse is the first to recognize adverse events, communicate and distinguish such adverse events from natural disease progression or lack of adherence with study requirements. This prompts those clinical nurses caring for research participants the need for accurate and up-to-date information about the disease under study as well as the particular objectives, interventions, procedures, and ongoing findings of the clinical trials that involve their patients.

b. Clinical Trials Nurses/Study Coordinators

Many nurses function as study coordinators, research coordinators, or clinical trial nurses (CTNs). While each study has specific requirements that must be adhered to in order for the results to be valid and interpretable; the CTN ensures that the study requirements are met consistently, while balancing the safety and rights of research participants, study coordination, data management, managing subject recruitment and enrollment, screening for eligibility, provide education and counseling regarding informed consent, accurate collection of specimens, monitoring of subjects throughout the study, study drug accountability, and integrity of data, as well as compliance with regulatory requirements and reporting, among other things.
c. Nurse as Principal Investigator

Nurses as principal investigators (PIs) are responsible for designing, implementing, and analyzing researches with the goal of expanding the science base for care. Similar to any clinical researcher, the nurse PI has many ethical obligations with respect to clinical research, including asking a clinically or scientifically useful question, designing the study methods and procedures in a rigorous and feasible manner, identify appropriate research participants to be invited into the research, minimizing the research risks and maximizing potential benefits, send the proposal to the appropriate levels of independent review, obtain the informed and voluntary consent of participants, carefully monitor and respect participants’ rights and welfare throughout the study. 


d. Nurse as an advocate

A recurrent challenge is balancing the various advocacies that stem from the role or roles that the nurse plays in research like advocacy for the individual as patient, advocacy for the individual as research subject, and advocacy for the research itself.

i. Patient advocacy

Since nurses generally spend more time with patients, they primarily assess and evaluate whether research participation is or continues to be consistent with a patient’s best interests, values, and preferences hence advocate for a reconsideration of the patient’s participation in a research study based on changes in the patient’s condition or the patient’s choices, even though such advocacy could conflict with the expectations of the research team.

ii. Research subject advocacy

The nurse advocates for the research participant by ensuring that the participant understands the study requirements, the information needed to make informed decisions before the study and throughout its duration.
iii. Research advocacy

Whether the nurse is primarily a caregiver, a CTN or an investigator, the nurse advocates for and supports the goals of research and contributes responsibly to the validity and integrity of the study.

Each of these advocacies is important and requires the nurse to balance them emphasizing the appropriate priority at any given time. Unsurprisingly, the primacy of each of these advocacies shifts depending not only on the nurse’s role, but also depending on the specifics of the situation at hand and requires informed and careful judgment.

CLINICAL NURSING RESEARCH IN AFRICA

Resources like facilities and finances for nursing research in Africa are scanty. There are virtually no nursing research centers apart from individual researches carried out by nurse researchers.⁷

In Kenya, there is no documented evidence on the role of a clinical research nurse despite several researches undertaken in the country more specifically in the hospital where I work (Kenyatta National Hospital), a 2000 bed capacity hospital and the largest national referral hospital in East and Central Africa.

Personally, I have participated in a number of clinical researches conducted in the hospital where senior clinicians are principal investigators (PIs) and I can confidently attest that to the fact that more often than not nurses are hardly actively involved as part of the investigating team. In fact, the nurse comes into the research as a by the way when approached by one the PIs “to help” in recruitment exercise, monitor study participants, escort them to the laboratory and back, take vital signs and report to the clinician among other activities free of charge.
SUPPORT NURSES NEED FOR GREATER INVOLVEMENT IN CLINICAL RESEARCH

I. Traditional ‘Invisible Nurse’ Change

Nurses have pretty always been invisible; but in every clinical care environment - hospitals, nursing homes, ambulatory care centers, nurses are closer to patients. They are the front-line in monitoring and meeting patient needs, are the information conduit from patient to physician and are the dogged- patient advocate who lobbies for both patient and family. As team-based care replaces the traditional physician-dominated approach, nurses should be encouraged to take a more active and vocal role.

II. Skills nurses need

To fulfill their roles, nurses need additional skills in many areas - from technology to evidence-based research. Enhanced education will be the foundation of it all as a higher level of education will expose more nurses to one of the most important aspects of health care reform.

III. Hospital preparations

Health care has a long-standing perception of nurses as implementers of physician orders and have little impact on a patient's well-being. For system-wide reform to succeed, this perception must change firstly towards broader nurse activities and ensure that the facilities’ executive committee on board with the idea.
REFERENCES:


