

NURSES AND DERMATOLOGY RESEARCH: A NATIONAL SURVEY

Fiona Cowdell and Kathy Radley

A working group was convened between the British Dermatological Nursing group (BDNG) and the UK Dermatology Clinical Trials Network (UK DCTN) to identify involvement, understanding and training requirements of dermatology nurses. A survey was constructed and electronically distributed to members of the BDNG. This article summarises the results of the survey and identifies first steps in developing resources to address the highlighted needs.

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KEY WORDS

- ▶ Nursing
- ▶ Research
- ▶ Data
- ▶ Skills

Introduction

Dermatology nursing is a well-established speciality. Nurses lead the provision of care for many people living with skin conditions. Nursing roles include delivery of education, support for self-management, administration of day treatments and phototherapy, prescribing medications, undertaking surgical procedures and providing holistic care for patients with complex needs.¹ Dermatology nursing is both an art and a science.² It takes many years to hone the knowledge, skills and confidence to become an expert practitioner and

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recently published role descriptors identify scope of practice and possible development strategies towards expert practice.³ The value of dermatology nurses is summarised in Box 1.

In common with all healthcare practitioners, dermatology nurses are committed to providing evidence-based care. In a seminal paper, Sackett defines evidence-based medicine

BOX 1.

The roles and value of dermatology nurses^{1,4-9}

- ▶▶ Providing expert knowledge
- ▶▶ Providing patient education
- ▶▶ Increasing understanding of medication regimens
- ▶▶ Supporting greater concordance
- ▶▶ Developing patient knowledge, skills and confidence to self-manage
- ▶▶ Offering quicker access to skilled care
- ▶▶ Taking a holistic approach to care
- ▶▶ Offering caring and continuity in consultations
- ▶▶ Patients more involved in treatment decisions
- ▶▶ Key members of the multidisciplinary team
- ▶▶ Leadership of teams and clinical services

as “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients”.¹⁰ This definition is equally applicable to the work of dermatology nurses. There is a national drive to get nurses involved in research, for example through the National Institute for Health Research (NIHR) Associate Principal Investigator Scheme,¹¹ however, at present, this does not extend to dermatology. The Health Education England (HEE)/NIHR Integrated Clinical Academic Programme offers an opportunity to develop research skills and experience skills, but again, this is rarely accessed by nurses.¹²

Nurses lead the provision of care for many people living with skin conditions

Survey

To better understand dermatology nurses' current roles, their understanding of, and their development needs in relation to research, the British Dermatological Nursing Group (BDNG) and the UK Dermatology Clinical Trials Network (UK DCTN) convened a working group to identify how we can best support the research development needs of the dermatology nursing community. Our first action was to

develop, administer and analyse a survey, as reported below.

Aim: To better understand dermatology nurses' current roles in, understanding of, and development needs in relation to research.

Method: Through a process of consensus the working group (n = 8) of dermatology specialist nurses and academics, developed a survey investigating who is involved in research, current roles and responsibilities in research, barriers to engaging in research and learning and development needs. The survey was distributed electronically to the membership of the BDNG (n = 2,420).

Results: In total 99 responses were received (4.1% of total membership, a return rate of 4.1%). As expected, most respondents were registered nurses with the highest percentage being Band 7 specialist nurses (33%). Registered nurse respondents had been qualified for between 1-42 years (mean n = 26 years, median n = 27), indicating that more experienced nurses completed the survey.

Of the 96 who gave their location, the majority were based in England (n = 82). Other responses were from Scotland (n = 9), Northern Ireland (n = 3), Australia (n = 1) and Jersey (n = 1). No responses were received from colleagues in Wales. Most respondents were based in secondary care (n = 67),

with others based in primary care (n = 18), other (n = 7), or tertiary care (n = 4) (Figure 1).

Of 94 respondents, 51% reported that their department was research active, but only 23% were involved themselves. Dedicated dermatology nurses were present in 52% of cases and generic research nurses in 57%. Nurse-led research occurred in 26% of departments, but only 10% had nurse principal investigators. Only nine responses were given on request for an outline of this research, with three specifically mentioning data collection for BADBIR, two identified general skin research and one a specific pilot study, with the others indicating they were unsure. Just 16 respondents answered the question, "In which elements of research are you involved?" Nurses are predominantly engaged in recruitment and data collection, both with n = 12.

Of 65 respondents, 82% wanted the opportunity to work in research in their department. The question, "In which elements of research would you like to be involved?" was answered by 45 nurses. In rank order, their preference for activity were: data collection (n = 41), recruitment (n = 32), dissemination (n = 23), data analysis (n = 21), development of research questions (n = 20), completion of feasibility forms (n = 14), ethics applications (n = 10) and funding applications (n = 8). Reported barriers to engagement included for

example, lack of time, workload, no encouragement, insufficient staffing and funding, lack of confidence and research being the preserve of medicine.

Research training was somewhat limited, although most (53/69) reported no barriers to access. Of 69 nurses only 37 had received any training, most commonly identifying Good Clinical Practice training (n = 26), research modules or short courses (n = 18) and study specific training (n = 12). Confidence in some research essentials was lacking, for example 20/69 respondents had little or no confidence in finding up to date research literature and 15/69 had little or no confidence in understanding research literature. Clinical practice was reasonably or highly informed by research in 52/69 of cases, and 35/69 felt quite or highly confident to change practice based on the findings of published research. Most respondents (67/69) agreed that research education would increase confidence applying research findings and improving clinical practice. Preferred modes of delivery included in rank order; online critical appraisal training, educational articles, online interactive sessions, a wider programme of training (e.g., peer-training via UKDCTN) and face-to-face short sessions (e.g., at the BDNG conference).

Discussion

This survey suggests that, whilst some dermatology nurses are engaged in research, there is a group who want to get involved but need the knowledge, skills, confidence, support and opportunities to make this happen. Our survey is limited; it was circulated to members of the BDNG and completed by 4.1% of members. Many respondents are our most experienced colleagues (based on the mean time since qualification being 26 years), and some of these are also the most research active. Respondents are therefore not representative of dermatology nursing as a whole. There is a sense that research is the preserve of medicine and that nurses have limited roles, specifically recruitment and data collection.

Table 1.

Demographic details of respondents

Agenda for change band ¹³	Number	% of total
Clinical assistant Band 2	1	1.01
Clinical assistant Band 3	1	1.01
Clinical assistant Band 4	1	1.01
Registered nurse Band 5	28	28.28
Registered nurse Band 6	26	26.26
Registered nurse Band 7	33	33.33
Registered nurse Band 8	8	8.08
Other	1	1.01

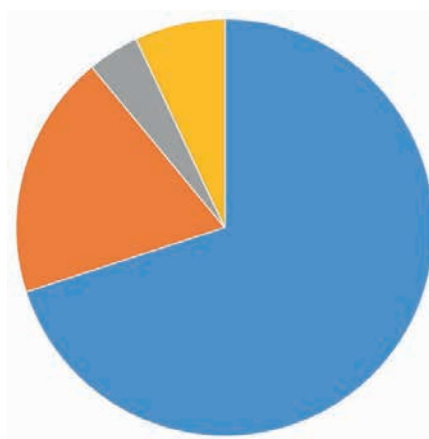


Figure 1.

As nurses we need to have the knowledge, skills, and confidence to deliver evidence-based care and to engage with research. Over the coming years we will lose the knowledge and wisdom of some of our most experienced colleagues and we need to develop the next generation of dermatology nurse researchers. To this end, the working group is now developing resources to enhance colleagues research skills based on identified need.

There is a sense that research is the preserve of medicine and that nurses have limited roles

The working group are planning a series of articles based on need highlighted in the survey to help BDNG members gain a greater understanding of types of research and the results, as well as skills in appraising studies and applying research in clinical practice.

If you would like to discuss the results of the survey and future plans further, please join the live and interactive online discussion forum on Wednesday 14th April at 19:00. Do add the date to your diary and watch the BDNG email alerts for details of how to join and the link. Members of the working group will lead the discussion and the session will be facilitated by the BDNG. [DN](#)

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BDNG and UK DCTN dermatology nursing research development

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