QUESTION

How can I change my patients’ treatment decision making by becoming a nurse scientist?

Tamryn F. Gray, RN, MSN, CNL, BMTCN, is a PhD student in the School of Nursing at Johns Hopkins University in Baltimore, MD. The author takes full responsibility for this content and did not receive honoraria or disclose any relevant financial relationships. Gray can be reached at tamryn.gray@gmail.com, with copy to editor at CJONEditor@ons.org.

“What would you do?” I have heard this question numerous times throughout my nursing career by patients and families affected by cancer. As a pediatric blood and marrow transplantation nurse, I have often seen patients and their families wrestle with difficult treatment decisions. I have witnessed parents struggle between beginning end-of-life care for their child, or pursuing a risky but potentially life-saving clinical trial. With science driving advancements in cancer treatments and patients playing more active roles in their care, uncertainty around cancer treatment decisions will only become more complicated. For me, being a good nurse meant helping these patients navigate this uncertainty. I was compelled to pursue research to understand the process patients experience as they make treatment decisions, who they choose to involve in decision making, and what role the unique nurse–patient relationship could play in facilitating patient-centered decisions.

Nurses spend more time with patients than any other health professional. We are on the front lines of a rapidly changing health system focused on precision medicine, patient-centered care, and shared decision making (Tariman et al., 2016). We must consider what our contributions will be in shaping this new system. As the most trusted profession, nurses are well positioned to advocate for the patient rights of autonomy and informed decision making (Tariman & Szubski, 2015). The PhD in Nursing is a research degree that can give nurses the skills to make discoveries that serve as a foundation to improve practice. One particular moment that convinced me to earn a PhD was when the mother of a child at end of life told me she wanted her son’s death to have meaning and to help advance cancer research.

Today, cancer is the second leading cause of death in the United States. Clinical trials remain the only safe way for patients to access new, potentially curative therapies; however, less than 10% of adult patients with cancer participate in this form of treatment. We must understand how to increase clinical trial participation if we are to reduce the burden of cancer for all people, but particularly those from underrepresented and vulnerable populations. My research focuses on understanding the decisional, sociocultural, ethical, and patient–family factors influencing cancer clinical trial participation.

As a PhD student, I have begun to experience nursing through a different lens, including research, scholarship, and leadership. Nursing is instrumental to transforming health care, and PhD-prepared nurses will play an important role in leading this transformation. The PhD allows nurses to become experts in a specific research area and apply theory to solve real-world problems (Rice, 2016). PhD graduates can explore careers in academia, policy, healthcare systems, and government. For me, pursuing a PhD is another step in my nursing career. I plan to use my research skills to address the knowledge gaps and everyday questions that I find in clinical practice. If you find this type of discovery exciting, maybe for you, being a good nurse means earning a PhD too.

REFERENCES


KEYWORDS

clinical trial; decision making; education

DIGITAL OBJECT IDENTIFIER

10.1188/17.CJON.263