Response to “Patient-Inspired Research: A Better Way to Go?”

I would like to thank Anne Katz for her thoughtful editorial on the importance of patient opinion in defining research questions (Katz, 2017). Nurse researchers choose to study specific topics for a variety of reasons. These reasons often relate to research funding priorities. It costs a lot of money to do research; topics may be chosen not because they are necessarily the passion of the researcher, but because that is where the funding dictates (Vanderelst & Speybroeck, 2013).

Selection of research topics may also be related to the socialization that occurs in graduate school. As I read the editorial, I thought about my doctoral studies. I chose to go to Rush University in the mid-1980s. There were few doctoral programs available to nurses at that time. The DNSc degree appealed to me because the purpose and focus of the program was to provide an education to train nurses to be clinical scientists who studied clinically relevant content and issues. There was an emphasis on clinical competence, and part of the curriculum included advance practice clinical studies (Keithley et al., 2003). Nurses with graduate degrees were encouraged to work as clinicians in inpatient and outpatient care.

During one of my early clinical rotations, I was struck by a patient who was frustrated because she felt no one was acknowledging the significance of her recurrence. This led to consideration about the psychosocial needs of individuals at the time of cancer recurrence. I used my clinical rotation to discuss this in more depth with this woman and other patients. I enlisted the help of a psychologist to better develop interview skills. Surprisingly, there were few studies at that time addressing this phase of the cancer trajectory. It ended up becoming the focus of my dissertation. Had I not had the requirement for advanced clinical studies, I would not have identified this clinical question. It was patient-inspired research. In addition, during the clinical rotations, I further developed listening and counseling skills that have proven invaluable as my career focus shifted to those with hereditary predisposition to developing malignancy.

I have spent a large part of my career explaining to nurses, health-care providers, and patients that the DNSc is a research degree. The first DNS program was offered at Boston University in 1963; by 2014, only a few programs offering a DNS/DNSc remained (Reid Ponte & Nicholas, 2015). This happened, in part, because both PhD and DNSc programs prepared nurses to be researchers. The DNSc typically focused more on clinical issues and, in many cases, the PhD focused more on theory development and clearly signified a research focus (Rice, 2016). On average, PhD programs have significantly fewer clinical course hours (0.4 credit hours or a total of about 25 total patient contact hours) compared to the DNSc (5.25 credit hours or a total of about 336 total patient contact hours) (Reid Ponte & Nicholas, 2015). Stellar researchers have been prepared in both programs. In 2007, Rush University, like many other DNSc programs, offered graduates the option to convert the DNSc to a PhD (Reid Ponte & Nicholas, 2015). In the end, I chose to keep my dinosaur degree. My current role includes a substantial clinical component. The DNSc reminds me of the importance of clinical experience and inquiry when formulating research questions. I learned this through the advanced clinical studies.

As Katz (2017) notes, patients have the power to inspire needed and important research. Patients and nurse researchers need to be connected to advance science. Requiring nurses pursuing research degrees to have at least some advanced clinical studies with direct patient contact may be one way to begin the process of promoting patient-inspired research.

References


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