

Exploring the Lived Experiences of Nurses in Research Facilities

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ABSTRACT

Clinical research nursing integrates patient care, scientific inquiry, and ethical responsibility. This study explored how Filipino nurses experience, manage, and interpret their specialized roles within research-oriented healthcare environments nationwide today. A qualitative Husserlian descriptive phenomenological design was used. Nine registered nurses with clinical research experience were purposively selected from research facilities in the Philippines. Data were gathered through validated semi-structured interviews and analyzed using Colaizzi's Seven-Step Method, including significant statement extraction, meaning formulation, thematic clustering, exhaustive description, and member checking. Findings revealed that bedside nursing emphasized immediate, unpredictable care, whereas research nursing required protocol adherence, coordination, documentation, and accountability. Participants faced complex protocols, workload demands, ethical tensions, and participant barriers. They coped through organization, teamwork, mentorship, support, and continuous learning, viewing their role as linking science, care, and future healthcare. Research nursing extends traditional nursing practice by combining clinical judgment, participant advocacy, scientific integrity, and regulatory responsibility. Participants viewed themselves as protectors of participants, stewards of evidence, and contributors to future treatments. Their experiences demonstrated that compassion, trust, adaptability, accountability, and lifelong learning remain central to effective clinical research nursing. Clinical research facilities should strengthen orientation, protocol-specific training, mentorship, workload management, and multidisciplinary communication. Institutions should provide psychological support, adequate staffing, and participant-centered retention strategies. Nursing schools should integrate clinical research competencies into curricula, while future studies should examine diverse regions, institutions, and therapeutic areas to develop responsive practice frameworks.

Keywords: Clinical research nursing; lived experiences; research nurses; phenomenology; Philippines.

INTRODUCTION

Clinical research nursing combines patient care with protocol implementation, ethical oversight, participant safety, documentation, and multidisciplinary coordination. In the Philippines, growing research activity requires nurses to develop specialized competencies beyond bedside practice. However, nurses may face role ambiguity, workload pressure, ethical dilemmas, adaptation challenges, and limited institutional support. Because Filipino research nurses' lived experiences remain underexplored, this study used phenomenology to examine their roles, challenges, coping, meanings, and professional contributions.

Statement of the Problem

This study aimed to explore and understand the essence of the lived experiences of nurses working in clinical research facilities in the Philippines. Specifically, it sought to describe the actual experiences of nurses in both bedside and research-related roles, identify the challenges they encountered in clinical research practice and the coping mechanisms they employed, and understand the meanings they attributed to their roles as research nurses.

Scope and Delimitations

The study explored nine qualified research nurses' experiences, roles, challenges, adaptation, and meanings, producing contextual findings without statistical generalization.

Review of Related Literature

Several studies agree that NICU admission affects maternal well-being through anxiety, Clinical research nursing combines patient care with participant recruitment, informed consent, protocol implementation, monitoring, documentation, data management, and regulatory compliance. Nurses transitioning into research roles may experience uncertainty, role ambiguity, workload pressure, ethical tension, and adaptation difficulties (Backman Lönn et al., 2022; Hallaran et al., 2023). In the Philippines, limited research exposure, institutional barriers, and inadequate mentorship may restrict competency development, emphasizing supportive environments, structured training, and continuing education (Cao et al., 2025).

Theoretical Framework

Husserlian Descriptive Phenomenology allows the researcher to understand participants' experiences from their own perspectives and to capture the meaning of the phenomenon as it appears in their consciousness.

Patricia Benner's Novice to Expert Theory supports the study's aim to generate insights for nursing education, competency development, and institutional support systems.

Virginia Henderson's Nursing Theory strengthens the study's focus on generating insights that may inform clinical research, nursing practice, healthcare administration, and institutional support systems.

METHODOLOGY

A qualitative phenomenological research method was used to explore the lived experiences of nurses working in clinical research facilities in the Philippines and understand their bedside and research-related experiences, professional challenges, coping mechanisms, role adaptation, and the meanings they attributed to clinical research nursing practice.

Research Design

A Husserlian descriptive phenomenological research design was used in this study. Through this approach, the study examined how nurses described their transition from bedside to research nursing, how they managed protocols, documentation, ethical responsibilities, and

participant care, and how they understood their professional growth and contributions to healthcare research.

Research Steps

The study followed sequential steps: identifying the research problem, reviewing related literature, preparing the interview guide, validating the instrument, securing permissions and informed consent, purposively selecting participants, conducting interviews, transcribing responses, extracting significant statements, formulating meanings, clustering themes, developing an exhaustive description, and conducting member checking.

Data Collection and Sample Selection

Data were collected through semi-structured interviews with nine purposively selected registered nurses working in clinical research facilities in the Philippines. Participants had active Professional Regulation Commission licenses, valid Good Clinical Practice certification, at least three years of clinical research experience, direct research responsibilities, and willingness to participate voluntarily.

Data Analysis Methods

The participants' responses were transcribed, reviewed, and analyzed using Colaizzi's Seven-Step Method. Significant statements were extracted, meanings were formulated, and related ideas were organized into sub-themes and major themes. An exhaustive description and fundamental structure were developed, followed by member checking to confirm the accuracy of interpretations.

Research Assumptions and Validation

The study assumed that participants honestly described their lived experiences and that their narratives provided meaningful insights into clinical research nursing. Validation was strengthened through expert review of the interview guide, careful transcription, bracketing, repeated transcript reading, systematic phenomenological analysis, member checking, and consistent theme development.

Study Limitations and Ethical Considerations

The study was limited to nine nurses from selected research facilities in the Philippines; therefore, the findings were contextual and not statistically generalizable. Ethical safeguards included informed consent, voluntary participation, confidentiality, anonymity, institutional privacy, secure data storage, respectful interviewing, freedom to skip questions, and the right to withdraw without penalty.

RESULTS AND DISCUSSION

Research Question 1: What Were the Actual Experiences of Nurses in Bedside Versus Research Nursing?

The findings revealed that bedside nursing was experienced as fast-paced, unpredictable, and focused on immediate patient needs, while research nursing was described as structured, protocol-driven, documentation-intensive, and regulated. Participants explained

that bedside practice required rapid assessment, prioritization, direct intervention, and immediate clinical judgment. In contrast, research nursing required protocol review, investigator consultation, multidisciplinary coordination, accurate documentation, and compliance with ethical and regulatory standards. Despite these differences, compassion, communication, safety, dignity, advocacy, and accountability remained central in both settings. Participants also emphasized that bedside competencies, including assessment, empathy, teamwork, and calmness under pressure, served as important foundations for their research roles.

Research Question 2: What Challenges Did Nurses Working in Clinical Research Facilities Experience, and What Coping Mechanisms Did They Employ?

The findings showed that research nurses encountered challenges related to complex and changing protocols, strict visit windows, documentation demands, electronic data systems, overlapping studies, participant retention, communication delays, and ethical dilemmas. Participants also experienced pressure when managing multiple responsibilities, sponsor requests, monitoring visits, laboratory coordination, protocol amendments, and safety concerns. Some difficulties arose when participants missed appointments, arrived late, experienced side effects, or wanted to continue despite eligibility or safety issues. To manage these demands, nurses relied on preparation, scheduling, checklists, tracking systems, protocol review, task prioritization, and immediate documentation.

Research Question 3: What Meanings Did Nurses Attribute to Their Roles as Research Nurses?

The findings revealed that participants viewed research nursing as a meaningful integration of compassionate care, scientific responsibility, and ethical practice. They described themselves as bridges connecting participants, investigators, sponsors, research procedures, and future treatments. Their role involved protecting participant safety and rights, facilitating informed decisions, maintaining protocol compliance, preserving data quality, and safeguarding scientific integrity. Participants also believed that their work contributed to evidence generation, medical advancement, and improved healthcare for future patients. Clinical research nursing expanded their professional identities beyond bedside care and allowed them to function as coordinators, advocates, educators, mentors, and leaders.

SUMMARY

The findings revealed that research nurses experienced a major professional transition from immediate bedside care to structured, protocol-driven, and scientifically accountable practice. They encountered workload, documentation, coordination, participant, regulatory, and ethical challenges but remained resilient through organization, teamwork, mentorship, support, and continuous learning. They viewed their role as protecting participants, preserving research integrity, and contributing to future healthcare.

CONCLUSIONS

- Bedside nursing was characterized by immediate, unpredictable, and direct patient care, while research nursing required structured protocols, documentation, regulatory compliance, and coordinated decision-making.

- Clinical judgment, assessment, communication, compassion, advocacy, and safety remained essential foundations in both bedside and research nursing.
- Research nurses experienced challenges related to complex protocols, amendments, workload, documentation, participant retention, communication delays, and ethical dilemmas.
- Preparation, scheduling, checklists, protocol review, teamwork, mentorship, family support, rest, and continuous learning helped nurses manage research-related demands.
- Research nurses viewed themselves as protectors of participants, guardians of scientific integrity, coordinators, educators, advocates, mentors, and contributors to future treatments.
- Compassion, trust, accountability, adaptability, ethical responsibility, and lifelong learning defined the meaning and professional value of clinical research nursing.

RECOMMENDATIONS

Based on the findings and conclusions of the study, the following recommendations are suggested:

- Clinical research facilities should establish structured orientation programs covering Good Clinical Practice, protocol interpretation, informed consent, safety reporting, documentation, and regulatory compliance.
- Institutions should provide regular protocol-specific training and competency assessments to help research nurses remain updated on amendments and procedural requirements.
- Clinical Research Units should develop formal mentorship programs pairing novice research nurses with experienced coordinators or senior research nurses.
- Research facilities should improve workload systems through centralized schedules, participant tracking tools, protocol checklists, and documentation support mechanisms.
- Healthcare institutions should strengthen multidisciplinary communication among investigators, nurses, sponsors, monitors, laboratories, pharmacists, and regulatory personnel.
- Future studies should involve research nurses from different regions, institutions, therapeutic areas, and organizational settings to strengthen clinical research nursing frameworks in the Philippines.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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