



leaving  
so soon?

# moving into research

**Rosie Housman** shares  
an alternative to clinical  
nursing

If you feel that hospital clinical work no longer suits you, why not consider shifting roles, instead of leaving nursing or midwifery altogether? It was a few years ago now when having dinner with a few close nurse friends from university that I realised I was the last one of us, five years into our nursing careers, still doing shift work. I loved

clinical nursing and looking back I think I was expecting to stay in A&E for longer.

However, as many do, I finally came to the end of my capacity for shifts. The relentless energy and mental alertness that is needed for a full twelve hours had taken its toll and I wanted my evenings, weekends, and stability back.

I began looking for jobs in infectious diseases (a long-standing area of interest) and landed a nurse role in HIV and sexual health research. It could not have been more different from the emergency department. Instant gratification was replaced by slow-paced research and data collection. However, I quickly found in a very different speciality that I had more autonomy, and more time with patients and colleagues as I settled into a more laid-back atmosphere.

Research is a unique type of nursing. You are allocated to work on various trials, either on your own or as part of a team depending on the scale of the research and are then responsible for the study both clinically and on the regulatory side of things. This involves setting up, screening, and recruiting patients, and following through until closing the trial. Research is tightly controlled for very good reason. Everything is closely kept to standards in line with ethical guidelines and protocols.

However, you also get the rewards of working in the field. Seeing a patient respond to a new drug or getting a new vaccine approved is a great feeling. During the pandemic for example, all our work all turned towards COVID-19. It was satisfying knowing that while the hospitals were full and responding to the imminent pressures, we were also working

hard towards future treatments and vaccines to help bring hope to the situation.

Research was a great option for me to have a better work-life balance. This was at a time when the weight of nursing and shifts felt heavy and working within a speciality of interest means there is always something to keep you 'ticking'. I had very mixed feelings about leaving clinical, not just due to losing the friendships and comradery, but also because you could always walk from a busy shift knowing that you helped someone directly (however clichéd that may sound!). And I loved that feeling.

However, the relief of moving to an area of nursing where you're still making a difference, but with reasonable and realistic expectations was very tangible. It also definitely helped that the move was into HIV research – a speciality that I already had an interest in.

There are many areas of nursing that don't involve shift work and are still fulfilling and interesting – maybe you could consider a move into one of these areas and put to use all your years of training and experience, instead of leaving the profession? 🌟

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