Use clinical practice to generate research ideas and transform care

Research often stems from academia but clinicians are ideally placed to identify care improvements. Even if your idea seems off the wall, take the plunge and try it, urges Sue Davies

I was going to write this article as a formal research paper, but the problem is it will not tell the whole story. As a psychiatric nurse of 30 odd years and a licensed acupuncturist for 10, I thought I was a little jaded and cynical about what I could still do to make changes, no matter how small, to benefit people’s lives. Then one evening I visited a patient at home and she told me that a slightly “off the wall” idea I had had three years previously had rid her of the pressure in her head and her “negative thoughts”. She and her family were delighted and relieved.

Was she telling me the truth? Or did she not want me to feel badly about my idea? Well, seemingly the former because she told a researcher the same thing a few weeks later and her Beck Depression Inventory score seemed to back it up.

It all began about 12 years ago while I was working on an acute admission ward in a psychiatric unit, when I trained as an acupuncturist. During that time I was involved in caring for several people who self lacerated as a way of dealing with emotional distress. These people often receive “bad press” even among healthcare professionals. Why do they do it? Is it to gain attention from other people? Self laceration is a significant problem and appears to be increasing.

My eureka moment came after several members of my small acupuncture practice client group told me they felt “chilled out” or slept better than normal after treatment for a range of painful conditions. As part of my interactions with people on our ward I had asked how they felt after an episode of self laceration. They described similar feelings. “Is something going on here?” I wondered. Is there something happening when skin is pierced by a blade or an acupuncture needle?

I searched on the internet and found information on issues such as the use of acupuncture as part of drug withdrawal treatment and the possible neurochemical basis of its efficacy. I realised that the sites for acupuncture analgesia were mostly in the forearms, often the preferred site of self laceration. Was the purported involvement of endogenous opioids in acupuncture analgesia and pain relief working to relieve emotional pain – are they similar in their basis?

I initially thought that if I approached anyone with this idea they may feel that I needed psychiatric input. I mean, come on, complementary therapy in psychiatry – the ethical notion of acupuncture needles being out in the community; whatever would be next?

But I did it. I approached a friendly consultant psychiatrist and after a small amount of derision he decided it could be a good idea. Our team was born: me, a forward thinking doctor, a research nurse and a professor of nursing studies. We secured funding from North Wales Research Committee, acquired ethical approval and then we went ahead with our study.

And we found some brilliant and interesting results. Of course the study created more questions than answers but they are for further study. Our work has been described as ground breaking, important and pioneering. I cannot tell you how that has made a jaded, postmenopausal registered mental nurse feel. In addition, the study will be a matter of record soon as it has been accepted for publication by the Journal of Personality Disorders.

So in these days of protocols and targets, there is still room for original ideas that can change practice. Research can stem from clinical practice and not the world of academia alone. Don’t be put off if your idea seems a little odd – try it anyway.

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