

## **Increasing recruitment into covid-19 trials: fund nursing trials**

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One can only agree wholeheartedly with Darzi and colleagues' call for better recruitment into SARS-COV-2 treatment trials.[1] Sadly, no mention is made of trials for nursing care.

Patient experience of nursing care is correlated with safety, clinical effectiveness, care quality, treatment outcomes, and service use, yet no specific pandemic nursing care guidelines exist, and nurses remain in the dark as to the best way to care for SARS-COV-2 patients. In the absence of effective treatments, nursing care is the primary intervention many patients receive while waiting to recover or not. The prime minister, like many patients, highlighted nursing care and nurses as vital to his own recovery. And yet, the only UK funded trial of a nursing care intervention for non-invasively ventilated patients – the National Institute for Health Research (NIHR)UK Research and Innovation Covid-Nurse cluster randomised controlled trial – has struggled more than most to recruit sites and patient participants.

While all trials are vital, better balance is required. Nurses, at the forefront of caring for patients with covid-19, deserve the highest quality evidence to deliver the finest care they can. It is frustrating for the nursing profession when externally funded and well-designed attempts to gather this evidence are left so far down the pecking order when research infrastructure support is allocated that desperately needed knowledge is delayed.

Darzi and colleagues would no doubt agree with us that nurses are critical to patient recovery. Would they also agree that this care should be underpinned by best evidence and that the NIHR and NHS should ensure these data are prioritised and collected as urgently as possible?

Competing interests: I am chief investigator of the NIHR UKRI funded Covid-Nurse clinical trial.

1 Darzi A, Goddard A, Henderson K, et al. Increasing recruitment into covid-19 trials. *BMJ* 2021;372:n235. doi: 10.1136/bmj.n235 pmid: 33514589