

A Note on Clinical Research and its Barriers in Neurology

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DESCRIPTION

Over the last few decades, there has been a perceived crisis in clinical research, which has been related to lower government funding rates for clinical research, lower recruitment of doctors into research, and overwhelming clinical obligations. The American Academy of Neurology (AAN) was in the forefront of assessing clinical research in neurology when it issued the first "Status of Clinical Research in Neurology" report in 1995, which summarized the results of a survey done through neurology chairs. Clinical researchers perceived themselves to be undervalued as researchers at the time, and a much smaller proportion of clinical researchers (20%) had more than half of their time safeguarded for research compared to their fundamental science counterparts (70%). Reduced compensation for clinical treatment necessitates greater time spent on clinical tasks, inadequate time to seek research funding, and grant submissions that are not competitive with their basic researcher counterparts, according to doctors.

In 2004, the study was repeated, and 50% of neurology chairs agreed that patient-oriented academics had more difficulties obtaining research funding and being sufficiently supported by grants. They also claimed that managed care has a detrimental impact on patient-centered research. In 40% of the departments, no institutional beginning money or training opportunities were provided for patient-oriented researchers. Many of these same problems exist for clinical researchers today, as well as possibly new or developing impediments. Over the last decade, dramatic changes in the clinical environment, such as the introduction of the electronic medical record, resident work hour restrictions, and increased demands for monitoring clinical productivity, have increased the clinical burden on neurologists, threatening clinical research in neurology. Government shutdowns, budget stagnation, and decreased clinical research funding are all probable contributors in the clinical research neurologist's precarious

status. We present the findings of the 2017 Clinical Research Survey, a survey of AAN members who were conducting research to determine the current state of clinical research in neurology as perceived by AAN members, Survey neurology chairs for their perception of the current state of clinical research and to compare to survey responses in previous years, identify perceived barriers to clinical research in neurology, and investigate NIH funding from instigators. NIH data were utilized to display grant data for clinical research funding climate.

CONCLUSION

Patient-oriented or clinical research definitions from AAN were employed. The nonchair researcher group includes neurologists and researchers who were current AAN members with a main US address on May 4, 2016 (n = 14,973). Of these, 9,710 were removed because they were 65 or older, were on an AAN committee, were the head of a neurology department, or did not self-report spending at least 1% of their professional time on research as assessed by their AAN membership record. To minimize survey fatigue and lessen pressure on certain groups of members, the AAN removes individuals 65 and older, those on an AAN committee, and any member who has received a survey in the previous 6 months. Of the remaining 5,263 members, 2,315 were eliminated because they had received an AAN survey during the previous six months, leaving 2,948 eligible members, 800 of whom were randomly picked. Twelve of the 800 researchers in the sample had incorrect contact information, resulting in a final sample of 788 researchers. The polls were mostly performed online, but print and fax distribution were also used. Depending on their roles, respondents replied between 10 and 41 questions (nonacademician researcher, academician, or chair). To enable for comparison, the writers created 10 new questions while keeping the rest the same as in previous editions. The AAN Member Research Subcommittee approved the instrument, which was piloted by two AAN committee members.

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Received: 02-Jan-2023, Manuscript No. IME-23-21817; **Editor assigned:** 05-Jan-2023, PreQC No. IME-23-21817 (PQ); **Reviewed:** 20-Jan-2023, QC No. IME-23-21817; **Revised:** 30-Jan-2023, Manuscript No. IME-23-21817 (R); **Published:** 08-Feb-2023, DOI: 10.35248/2265-8048.23.13.389

Citation: Narwal A (2023) A Note on Clinical Research and its Barriers in Neurology. Intern Med. 13:389.

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