



## Basic research

# A qualitative study of factors impacting upon the recruitment of participants to research studies in wound care – The community nurses' perspective



Karen A. Lamb <sup>a,\*</sup>, Michael R. Backhouse <sup>b,c</sup>, Una J. Adderley <sup>d</sup>

<sup>a</sup> Leeds Community Healthcare NHS Trust, UK

<sup>b</sup> Leeds Institute of Rheumatic and Musculoskeletal Medicine, University of Leeds, UK

<sup>c</sup> NIHR Leeds Musculoskeletal Biomedical Research Unit, Leeds Teaching Hospitals NHS Trust, UK

<sup>d</sup> School of Healthcare, University of Leeds, UK

## A B S T R A C T

### Keywords:

Research  
Grounded theory  
Nursing staff  
Wounds and injuries  
Community health nursing  
Patient selection

**Objective:** The focus of this study was to identify the factors that impact upon the recruitment of participants to research studies in wound care from the community nurses' perspective.

**Method:** A qualitative approach utilising classic grounded theory methodology was used. Semi structured interviews were used to generate data and data analysis was facilitated by using QSR International's NVivo10 qualitative data analysis software (2012).

**Results:** Eight participants consisting of community registered nursing staff of differing levels of seniority took part in the study. Four main themes emerged from the data:

- knowing about the impact of research studies,
- knowing about the patient,
- knowing about the research team and,
- knowing about the study.

**Conclusions:** There are a number of factors in addition to the eligibility criteria that influence community nurses when identifying potential participants for wound care trials. These factors limit the recruitment pool so may affect the transferability and generalisability of research findings to the intended population. The design of future recruitment strategies and the planning of study initiation training should take these factors into account.

© 2016 Tissue Viability Society. Published by Elsevier Ltd. All rights reserved.

## 1. Introduction

It is estimated that 200,000 of the population have at least one wound [2] which impacts upon their quality of life. The financial burden of wound care on health resources is immense with the provision of wound care accounting to an estimated £2.3 to £3.1 billion per year in 2005 and 2006 which equates to around 3% of the total NHS budget [3]. The majority of patients with chronic wounds are cared for within the community setting with wound care

making up a large proportion of community nursing work in the United Kingdom [4]. There is a wide range of products available for nurses to choose from but a relatively limited evidence base to inform decision making in wound treatment choice [2]. Over recent years there has been an increasing amount of research undertaken to meet the need for a more robust evidence base in wound care [5,6]. Much of this takes place in the community setting.

Studies' recruitment targets need to be met in a timely, effective and efficient manner to prevent costly study extensions, delays to the implementation of findings and to ensure that the requirements for continued Comprehensive Research Network (CRN) financial support are met. Gul and Ali, (2010) [7] report on the financial and ethical implications of delayed or inefficient recruitment which they say can threaten the internal and external validity of a research study whilst Bowrey and Thompson (2014) [8]

\* Corresponding author. Leeds Wounds Research Unit, Wound Prevention and Management Service, Leeds Community Healthcare NHS Trust, 1st Floor, Admin Block, St. Marys Hospital, Greenhill Road, Armley, Leeds, West Yorkshire, LS12 3QE, UK.

E-mail address: [karen.lamb@nhs.net](mailto:karen.lamb@nhs.net) (K.A. Lamb).

highlight how difficult it can be to recruit the most appropriate participants quickly to ensure the judicious conduct of the study. Another study of recruitment into randomised, controlled, multi-centre trials [9] found that time and financial extensions are often requested due to difficulties achieving target sample size. More understanding of the issue to inform practical actions is needed if recruitment targets are to be met as planned.

The issue of patients' rights to be involved in research also deserves consideration. In the UK, the National Health Service (NHS) requires that research activity dovetails with care provision. The NHS Constitution (2015) [10] pledges that all eligible prospective study participants are offered the opportunity and choice to take part in relevant studies, which includes wound care studies. In the UK, as so much wound care occurs in the community, community nurses are essential for the identification of potential trial participants for wound care studies; these nurses are effectively the gatekeepers into trial participation. Therefore, the aim of this study was to explore recruitment to wound care studies from the community nurses' perspective and to gain greater understanding of the factors which facilitate and hinder recruitment.

## 2. Methods

A qualitative approach using classic ground theory [11] was used to inform the design of this study.

### 2.1. Sampling

A purposive theoretical sampling technique was used to generate the study sample [11]. Participant criteria were recorded to ensure that a range of factors was represented (Table 1) and explored to guide the theoretical sampling process in an attempt to ensure effective data saturation.

Participants were sought from a district nursing service in a community trust in the north of England. The inclusion criteria specified professionally registered community nurses working as staff nurses or senior nurses. Research is described as one of the key components of registered nurses working in a tissue viability specialist role [12] so tissue viability specialist nurses were excluded because of their different role in terms of trial recruitment. Unregistered community staffs (such as healthcare assistants) were also excluded because they did not have responsibility for identifying prospective research study participants.

### 2.2. Data collection

Semi structured interviews were used to generate data and these interviews were audio-recorded and transcribed. Interview

length ranged from 20 to 55 min and took place in a pre booked private room within one of the organisations buildings being mutually agreed between both parties. The interviewer held a research position within the organisation but did not have any managerial responsibility for any of the participants and was known to some of the participants due to the organisations wounds research activity.

### 2.3. Data analysis

Data analysis was undertaken in line with classic grounded theory recommendations. Initial analysis was conducted after each interview, noting theoretical memos to inform the level of data saturation and to guide the pursuance of emergent themes. Data analysis involved the coding of the data, the emergence of themes from these data and subsequent theory development. Within each theme a number of sub themes emerged which further explained each theme's meanings and parameters. QSR Internationals NVivo10 qualitative data analysis software (NVivo) [1] was used to support this process.

## 3. Ethics and approvals

Permissions were granted from the educational institution, the local research and development department and from the organisation's head of service for District Nursing.

## 4. Results

### 4.1. Demographic data

Eight community nurses who met the inclusion and exclusion criteria were recruited to the study over an 8 month period in 2014. The participants ranged in seniority from Community Staff Nurse to Senior Manager with varying research experience. There was a wide range in length of time since qualifying as a registered nurse and also in the time spent in community practice (see Table 1). Six of the participants were educated to degree level, two of whom had studied or were studying at Master's level. The remaining two participants were educated to diploma level.

### 4.2. Themes

Four key themes emerged from the data:

- knowing about the impact of research studies,
- knowing about the patient,
- knowing about the research team and,

**Table 1**  
Study participant demographic data.

| Participant no. | Banding*                  | Locality | Post registration education and level | Length of time qualified | Length of time working in community setting | Previous involvement in recruitment to wound care studies? |
|-----------------|---------------------------|----------|---------------------------------------|--------------------------|---|--|
| 1               | 5                         | B        | Degree                                | 10–19 years              | 10–19 years                                 | Yes  |
| 2               | 5                         | A        | Degree                                | 0–9 years                | 0–9 years                                   | Yes  |
| 3               | Band 6 (protected Band 7) | C        | Degree                                | 30–39 years              | 30–39 years                                 | Yes  |
| 4               | Band 6 (protected Band 7) | A        | Degree/Some masters level education   | 10–19 years              | 0–9 years                                   | Yes  |
| 5               | 5                         | E        | Diploma, Conversion Course            | 40–49 years              | 20–29 years                                 | Yes  |
| 6               | 8a                        | A        | Degree Studying for MSc               | 20–29 years              | 10–19 years                                 | No   |
| 7               | 6                         | E        | Degree                                | 40–49 years              | 10–19 years                                 | Yes  |
| 8               | 5                         | D        | Diploma                               | 0–9 years                | 0–9 years                                   | Yes  |

\*Band 5 – Registered Nurse practising in the community, Band 6 – Registered Nurse with an additional community qualification practising as a District Nurse, Band 7 – as band 6 with additional leadership and management responsibilities, Band 8a – Senior manager responsible for a number of community staff.

Download English Version:

<https://daneshyari.com/en/article/2673793>

Download Persian Version:

<https://daneshyari.com/article/2673793>

[Daneshyari.com](https://daneshyari.com)