



Self-management tasks to improve mobility and reduce fall risk are not leading to lower research participation in older adults



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ABSTRACT

Purpose of study: The first aim is to evaluate, in a sub-study, the recruitment process of the Senior Step Study, which was an intervention study on the self-management of mobility and fall risk; the second aim is to explore the reasons mentioned by older people, from three different settings, for (not) participating.

Methods: Subjects were community-dwelling older persons, residents of homes for the elderly, and older persons regularly visiting community centres. The effectiveness of different recruitment procedures was analysed for each setting separately. We also analysed reasons for accepting and declining participation between the settings.

Results: The total inclusion rate was 27.9%. A personal initial approach (i.e., first contact was face-to-face or in a group meeting) did not improve the inclusion rate. More subjects consented to participate after an introductory meeting (which was planned after the first face-to-face contact) compared to persons not having one ($p < 0.01$). At different settings, subjects gave different reasons for participation. No differences were found in the reasons for refusing participation. Especially in homes for the elderly, people refused to participate because the research was too burdensome.

Conclusions: The inclusion rates in this study are comparable to other self-management studies with older people. An introductory meeting during which the study design and benefits of participating are explained and formal interim evaluations of the recruitment process may benefit recruitment. Recruiting older persons for self-management tasks is possible with the appropriate recruitment process, enabling more research on this increasingly important research topic.

1. Introduction

The Senior Step Study is a single-blind intervention study on the self-management of mobility and fall risk by older people. The recruitment of participants for the study took almost a year longer than initially expected. This finding suggests that older persons may not be highly motivated to participate in self-management intervention studies, although such studies are becoming increasingly important (Barlow, Wright, Sheasby, Turner, & Hainsworth, 2002). In self-management studies, participants must act and direct themselves, in contrast to participating more passively in most other intervention studies (Elzen, Slaets, Snijders, & Steverink, 2008).

Research has been performed on methods to improve the recruitment of older subjects in fall prevention trials and intervention trials, but so far not in self-management studies (Elskamp, Hartholt, Patka, van Beeck, & van der Cammen, 2012; Elzen et al., 2008; Graham et al., 2017; Lacey et al., 2017; van der Marck, Smeulders, & Olde Rikkert, 2017). Many reviews on the improvement of recruitment stated that

studies should describe their recruitment strategies better to get sufficient data for external validity and improve chances of the implementation of the study's interventions (Caldwell, Hamilton, Tan, & Craig, 2010; Mapstone, Elbourne, & Roberts, 2007; Provencher, Mortenson, Tanguay-Garneau, Bélanger, & Dagenais, 2014; Treweek et al., 2013; Watson & Torgerson, 2006).

Therefore, the aims for this sub-study were to evaluate the recruitment process of the Senior Step Study and to explore the reasons mentioned by older people for (not) participating.

2. Methods

2.1. Subjects

Older persons from Nijmegen, the Netherlands, were asked to participate in the Senior Step Study (ClinicalTrials.gov identifier: NCT01792180). The local medical ethics committee approved the study (approval number 2012-300).

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Subjects eligible for the Senior Step Study were aged 70 years or older, fell at least once in the previous year and were able to walk a distance of 6 m. Subjects not speaking or understanding the simple Dutch instructions were excluded. Subjects were community-dwelling older persons, residents of homes for the elderly and older persons regularly visiting community centres. All eligible subjects for the Senior Step Study were included in the analyses of this sub-study.

2.2. Recruitment process

The research team was advised by local senior organisations, home care workers, caregivers of homes for the elderly, local newspapers, and supervisors in community centres on the best approach to introduce the study, which resulted in different approaches (i.e., writing, telephone, face-to-face and group meetings) at each recruitment site. If, after this first approach, an older person seemed interested in participating, a subsequent introductory meeting was scheduled at the subject's home. During this meeting, we explained the study design, benefits, rights and obligations of participating. This information was also given on paper, enabling consultation with family members. One week later, the subject was phoned by one of the members of the research team and asked to participate in the Senior Step Study.

During the recruitment, the approach to new potential subjects was adjusted, if necessary, based on the experiences from the research team, and by active guidance from our contacts at the recruitment sites and subjects who already participated in the study.

2.3. Data collection and analysis

Researchers recorded every contact in logs, including recruitment approach, number of contact moments with members of the research team, and reasons for (not) participating. One researcher (KB) categorised these reasons. A second researcher (YS) categorised a random sample of 33 subjects, in which interobserver agreement as measured by Cohen's kappa was 0.89 (95% confidence interval: 0.70–1.00) and 0.75 (95% CI: 0.59–0.91) for the reasons for participating and not participating, respectively.

Differences in descriptive and recruitment outcomes between participants and non-participants in all three settings were compared using t-tests for continuous variables and Chi-square tests for categorical variables.

Approaching a subject for the first time in writing or by telephone was considered non-personal; face-to-face meetings and addressing potential subjects in group meetings was considered personal contact. Effectiveness of these recruitment approaches was calculated for each setting separately. Differences between settings in reasons to participate and refusal to participate were analysed using one-way ANOVA with Bonferroni post hoc correction for multiple testing. Significance was set at $p < 0.05$.

3. Results

3.1. Recruitment rate

Of the 380 eligible subjects, 163 were community-dwelling, 169 were from homes for the elderly, and 48 came from community centres. In those settings, 59 (36.2%), 30 (17.8%), and 17 (35.4%) consented to participate, respectively, for a total inclusion rate of 27.9%.

The mean age of the participants and non-participants was 79.5 (SD \pm 6.3) and 81.9 (\pm 7.2) in the community-dwelling setting ($p = 0.07$), 82.5 (\pm 7.8) and 85.7 (\pm 5.6) in the homes for the elderly setting ($p = 0.22$), and 73.7 (\pm 7.2) and 80.7 (\pm 5.7) in the community centre setting ($p < 0.02$). There were no significant differences in sex distribution within the community-dwelling and community centre settings.

Table 1

Number (%) of inclusions and refusals to participate in the Senior Step Study according to a non-personal (mail or telephone) or personal (meetings) recruitment approach.

	Non-personal approach		Personal approach	
	Inclusions	Refusals	Inclusions	Refusals
Community-dwelling (N (%))	49 (40)	72 (60)	8 (30)	19 (70)
Homes for the elderly (N (%))	16 (19)	70 (81)	9 (16)	47 (84)
Community centre (N (%))	5 (63)	3 (38)	12 (36)	21 (64)
Total study population (N (%))	70 (33)	145 (67)	29 (25)	87 (75)

3.2. Recruitment approach

There was no significant difference in inclusion rate between a personal (i.e., face-to-face or group meeting) and non-personal (telephone or written) initial approach within each setting (Table 1). Within all three settings, more subjects consented to participate if they had a subsequent introductory meeting ($p < 0.01$ for all three settings).

The mean number of contacts with the researchers before a subject decided whether or not to participate was significantly higher for participants compared to non-participants in the community-dwelling setting (4.2 (SD \pm 1.3) versus 3.5 (\pm 1.6), ($p < 0.01$)) and the homes for the elderly setting (4.2 (\pm 1.3) versus 3.1 (\pm 1.8), ($p < 0.01$)). In the community centre setting, the link between the number of contacts and the recruitment rate showed the opposite trend: 3.8 (\pm 0.8) for participants and 4.6 (\pm 2.2) for non-participants ($p = 0.20$).

3.3. Reasons for (not) participating

Subjects recruited via community-dwelling setting gave significantly different reasons for participating compared to subjects in homes for the elderly settings and subjects recruited via community centre settings ($p < 0.01$ and $p < 0.05$, respectively) (Table 2). Community-dwelling subjects mainly participated because it could benefit themselves, other people or science. There were no significant differences among the settings in terms of the reasons for refusing participation.

4. Discussion

Although the recruitment for the Senior Step Study took almost a year longer than initially expected, the overall inclusion rate was moderate to good (27.9%), especially in the community-dwelling setting (36.2%). A personal initial approach to the older person did not alter the inclusion rate, but an introductory meeting seemed to benefit inclusion.

Our recruitment rate is comparable with a range of recruitment rates (20%–38%) found in self-management studies with older persons (Elzen et al., 2008; Eyles et al., 2015; Frieswijk, Steverink, Buunk, & Slaets, 2006; Reed, Barton, Isherwood, Baxter, & Roeger, 2013; Wylde, Marques, Artz, Blom, & Gooberman-Hill, 2014). However, all these studies included younger (years of age ranging from 37 to 91) and/or chronically ill persons. Subjects participating in our study were not recruited because of a chronic illness and might therefore have been less intrinsically motivated to participate in this study. Reed et al. (2013) (inclusion rate 38%) recruited subjects through their general practitioner and not directly by the researchers, as was the case in our study. However, the comparable recruitment rate indicates that older persons may be equally willing to participate in self-management research compared to younger adults, although participants in our study tended to be younger than those who did not participate. Participant age might be a limitation to the potential of self-management interventions and research in older and frailer subjects.

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