

Title page

Strategies to successfully recruit and engage clinical nurses as participants in qualitative clinical research

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Abstract

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Background: Research conducted in the clinical area promotes the delivery of evidence-based patient care. Involving nurses as participants in research is considered essential to link patient care with evidence-based interventions. However recruitment is influenced by nurses' competing demands and understanding engagement strategies may assist future research.

Aim: This reflective analysis aimed to understand influencing factors and strategies that support successful recruitment nurses in clinical research.

Method: A reflective analysis of research notes and focus group data from research with oncology nurses was completed.

Results: identified that gaining support from key staff, understanding work constraints and developing a rapport with nurses is important. Establishing clear relevance and benefits of the research and being flexible with research requirements enabled nurses to participate in the research.

Conclusion: Clear information and a willingness to accommodate the demands and dynamic nature of the environment, ensures ongoing support and engagement of nurses in the clinical setting as participants in research.

Key words: nursing research, focus groups, nurse participants, evidence based nursing

Introduction

Nursing has become a profession with rapidly expanding research knowledge which ensures that patient care is evidence based. One of the concerns with clinical research is working with clinicians as research partners. Previous studies have highlighted that the nurses' attitude to research is influenced by work environment and previous knowledge about research (Björkström, Johansson, & Athlin, 2014; Staffileno & Carlson, 2010). To improve nurses' understanding and engagement in the research process, a framework of collaboration, support and empowerment has been suggested; this provides an open and informed process to conduct and engage nurses in research (Björkström, et al., 2014; Wintersgill & Wheeler, 2012). The purpose of this article is to describe strategies to improve recruitment of nurses as participants in research.

Background

The language of research has been identified as a barrier to engaging nurses in research by Bjorkstrom, Johansson and Athlin (2014) who investigated nurses' interest in research using a mixed method approach. A total of 75 nurses completed a survey asking them to rate their knowledge and interest in research, and focus groups provided insight into the survey data. The results from Bjorkstrom, Johansson and Athlin (2014) research identified that nurses lacked understanding about the research process and this influenced their attitude to being involved in research and reading research. Another finding was the influence of organisational support, particularly the links between the nurse leaders and the clinical nurses in relation to implementing the research based practices. However, the nurses from Bjorkstrom, Johansson and Athlin (2014) study were aware of the need for research to provide evidence for patient care.

Workplace culture was also identified as a challenge when engaging nurses in clinical research; this culture may be supportive or, as commonly found, unsupportive (Higgins, Parker, Keatinge, Giles, Winskill, Guest et al., 2010). Clinicians understand the importance of research, however, they place a higher priority with clinical work. Although clinical work is essential to meet patient outcomes, a balance is required in regards to participation and support of clinical research. Bullen, Maher, Rosenberg, and Smith (2014) found negative attitudes towards research that assessed the nurses' work practices, and the research team needed to work collaboratively with the nurses to overcome negative attitudes and to gain their participation.

Ownership of the research process by the clinicians was found to be a major benefit in gaining and sustaining research participation (Bullen, et al., 2014; Burnett, Lewis, Joy, & Jarrett, 2012; Higgins, et al., 2010). This was particularly noted when research champions were implemented in Burnett, et al. (2012) study exploring falls risk. The research champions' responsibilities were to promote staff participation in the data collection process by means of education, mentoring and clarification of research information. Challenges were the time factors involved and gaining

continued clinician support. Burnett, et al. (2012) acknowledged that research champions contributed to the success of the research but also to the translation to practice of the recommendations.

It has been identified that clinicians feel their role is to provide patient care and that research is the domain of academics (Bullen, et al., 2014). An aspect of gaining support from clinicians is where clinicians feel that they are part of the research rather than feeling the research has been imposed on them (Higgins, et al., 2010). The clinicians do not always understand the process and timeframes of research and see it only as a barrier to timely completion of their patient assignment. Education sessions and engagement with the clinicians has improved the research process when asking clinicians to be the main collectors of patient data (Björkström, et al., 2014; Bullen, et al., 2014).

Researching nurses' practice and workforce issues is important for maintaining holistic and evidence based patient care which is sustainable and appropriate for the work place. However, with the increasing complexity of nurses' work and time frames, it is often difficult to engage nurses in the actual process of research (Higgins, et al., 2010). Previous research has identified various strategies for engaging nurses in research, such as grouping the different levels of nurses into their own focus groups to facilitate open discussion, and being aware of environmental issues such as noise and interruptions (Bullen, et al., 2014; Shaha, Wenzel, & Hill, 2011). Nurses' engagement in clinical trials and intervention research has identified similar concerns of maintaining the clinical nurse's engagement in the research. A specific point related to clinical trials and intervention studies was the need to identify the cost of educating and mentoring nurses throughout the research process (Adamsen, Larsen, Bjerregaard, & Madsen, 2003; Bryant-Lukosius, 2015; Killaspy, Cook, Mundy, Craig, Holloway, Leavey et al., 2013).

In order to provide useful insights into current nursing practices, successful recruitment of nurses in the clinical setting is considered essential (Hysong, Smitham, Knox, Johnson, SoRelle, & Haidet, 2013). For the main study which investigated the family assessment processes of oncology nurses, the recruitment of the nurses into the study was essential (Coyne, Grafton, Reid, & Marshall, 2016). The identified population was registered nurses (RNs) working in the adult oncology setting, including inpatient wards, day oncology and radiation oncology of three tertiary hospitals in Southeast Queensland. The principal and two associate researchers had practiced for many years in the oncology setting so had insight into the demands on nurses' time and challenges faced in the workplace. From this background of experience, the researchers sought to pre-empt potential barriers for the oncology nurses engaging in the study, and to implement strategies to facilitate optimal participation. This paper presents the strategies for engaging nurses as research participants in the clinical area.

Method

This paper presents a reflective analysis of the process of conducting focus groups with oncology nurses in the ward areas when the research team investigated the nurses' family assessment practices. Researchers conducted a secondary critical reflective analysis from the original study data, reviewing the planning notes, field notes, debriefing notes and focus group data [EC,EG,AR]. A reflective process was then completed using the Gibbs (1988) Reflective Cycle to identify the strategies used to improve the research process, particularly recruiting and conducting focus groups with the nurses working in clinical areas. Gibbs (1988) Reflective Cycle is frequently used within nursing as it allows for description, analysis and evaluation of the experience, enabling the person to make sense of the experience. Reflection and evaluation of an experience aims to gain deeper meaning of the experience and improve your response for future similar experiences (Quan, Yang, & Chen, 2010). Findings from the reflection were organised into themes around recruitment of nurses as research participants.

The main study used an interpretive qualitative design and was guided by the Family Systems Theory. Focus groups with the oncology nurses generated data on their views of family assessment. The main study was approved by Human Research and Ethics Committee at all the participating hospitals and Griffith University [GU Ref No: NRS/50/12/HREC].

Sample for the main study

A convenience sample of 56 nurses was recruited across the three hospitals and this represented 25% of the available population. When allowing for 24 hour shift coverage in the inpatient wards this was considered successful recruitment. Size of focus groups ranged from 2 to 4 participants, with a total of 56 participants across 20 focus groups. Each group lasted 15 to 30 minutes. The length of time to organise recruitment and focus groups was six months of engagement with the nursing staff, either face to face or email at least once a week.

Results

Organisational factors

Gaining entry to oncology areas and access to key staff such as Nurse Unit Managers and educators was the first barrier to overcome during the research process. The researchers were all oncology nurses having worked in the oncology areas and with pre-existing relationships with some nursing staff. The researchers were also known within the oncology nursing networks. Initial contact was made via telephone and email to schedule meetings with key stakeholders, such as relevant executive level nursing personnel in oncology in each hospital. These meetings were to provide information about the study and to seek their support. Meetings with the Nurse Unit Managers of each cancer treatment area were also held, to explain the study and recruitment strategies, and to seek their input as to appropriate times to meet with oncology nurses in each of their areas. On reflection, the pre-existing relationships were a major benefit to gaining the support of the gatekeepers to the oncology nurses.

The researchers' clinical experience provided them with a grasp of the demands and time constraints for hospital staff. The researchers made themselves available to meet when convenient for hospital staff, with respect to their schedules. Detailed information about the study was provided and permission was given to place posters with details of the study and an invitation to participate in staff areas across the clinical settings in preparation for recruitment. Meeting with and engaging the support of key stakeholders in the clinical areas ensured all levels of nursing staff were informed about the study, and allowed recruitment to begin as soon as possible at each site.

Prior to recruitment

Multisite ethics applications require the researcher to have information individualised for each site. This is time consuming and discussion with the ethics manager from each site assists the process of ethics submission. A table was set up with key contact people, dates and the process required, ensuring ethics committees' deadlines are met and site specific information provided in a timely manner. A multisite ethics application was submitted to one site and site-specific ethics applications were submitted to all three hospitals. The process of recruitment was then individualised for each site, with respect to local processes and time taken for site specific approval to be finalised. For one site this process took five months of the 12 month study timeframe. Rather than delay the study, recruitment and data collection was undertaken at the other two sites while waiting for approval from the third site. This strategy ensured no delay in commencing the study.

Recruitment and data collection

Multiple recruitment and information sessions were held to accommodate the work demands of the busy clinical areas. The researchers often had to wait to meet with the clinicians even though meeting times had been set. Verbal and written information about the study was provided, including issues of confidentiality, voluntary participation, and time commitment. Information was also provided on relevance and potential benefits of research findings to nursing knowledge and clinical practice. These strategies ensured all oncology nurses were given full information about the study and provided opportunity to participate. Field notes identified the engagement of the nurses in the focus groups related to their personal perception about research, *'Possibly they are comfortable with topic or appreciate the value of research – not threatened by revealing their practice?'*[Researcher: EG]

Focus groups were held at times and locations convenient for the nurses. Rooms for the focus groups were close to the clinical work area. This facilitated easy access for the nurses and timing of groups such as shift changeover allowed for maximum staff coverage. Food was provided at all focus groups as an incentive to participate and encourage nurses to relax and share their experience in the focus group discussion. Flexibility with focus group size also accommodated

nurse availability and workload demands. A theme from the main research was the aspect of organising workload to allow time to engage with the family and this was also evident in the nurses' engagement in the focus groups where they noted they did not have time 'It depends on your workload for the day.' [Nurse] In addition, the researchers also engaged the support of the clinical educators to cover the nurses' work area while they completed the focus group, but nurses were also able to leave the focus group if they were required in the clinical area.

Discussion

This reflective analysis has identified several strategies that were effective in recruiting and engaging nurses as participants in research. When undertaking research in a clinical health care setting the researcher should have an understanding of institutional processes as this will influence the research process progression. Understanding the hierarchy within the organisation and how to identify key contact personnel is also a main consideration to enable a smooth research process (Bullen, et al., 2014). While all sites may be part of a larger health care organisation, the process of gaining entry, as well as ethics approval, may be site specific. Availability and access to key personnel, and priorities may vary, and this may potentially generate delays in ethics approval and, therefore, needs to be considered in the time frame for the study (Broyles, Rodriguez, Price, Bayliss, & Sevic, 2011; Coyne & Dean, 2010; Hysong, et al., 2013). The ethics application requires the support of clinicians from ward to manager level. As an external researcher, having links to the clinical area is beneficial and often required. A way to enhance the clinical links has been to engage research champions who can assist with identifying key personnel, appropriate times for engagement and education of clinicians (Burnett, et al., 2012). Gaining access to nurses in the clinical setting may also be problematic for researchers from outside the organisation, particularly if the researchers have no pre-existing relationships with key nurse managers (Hysong, et al., 2013). Using post graduate research students as research champions is an excellent way to develop, maintain and translate research into evidence based practice (Titler, 2010).

It was a distinct advantage that the researchers in the main study had practiced in oncology and were known in this specialty. Being known and having on-going relationships through nursing networks is identified as a strategic way to facilitate entry to clinical areas and access to key personnel (Hysong, et al., 2013). Experience in the specialty provided insight into the complexity and unpredictability of the oncology ward areas. Knowledge of the clinical area also helped the researchers understand the competing demands of nurses' time, and enabled the researchers to pre-empt and find ways to work within these limitations. Understanding the culture of the wards and how to engage with the clinicians is a benefit, and the researcher must aim for a collaborative approach to gain good research outcomes (Björkström, et al., 2014; Higgins, et al., 2010). Previous research has noted that understanding the workloads and concerns of the workplace has a positive influence when organising clinical research (Broyles, et al., 2011; Shaha, et al., 2011). Similar to current research, Shaha, et al. (2011) literature review found that the researchers' background, willingness to work within the limitations of the

environment, and maintain ethical principles of respect and trust built collaboration with the nurses.

Key aspects which enabled recruitment were concise information about the relevance of the study, along with the researchers being available to meet with nurses at a time and place of their convenience. Accepting smaller than usual focus group size, and keeping the time commitment of participants as short as reasonably possible while ensuring data collection was not overly rushed or restricted were also influencing factors to obtain nurses' recruitment. A review of literature by Carlsen and Glenton (2011) exploring focus groups reported focus group size varied from 2-20 with a mean number of participants of 5-8. The mean number of focus groups to conduct was 8 and the mean number of overall participants was 45.

To increase focus group attendance in the current research, a room within or close by the clinical area was used, as this reduced travel time and made it easier for nurses to attend. Previous research has reported that working collaboratively with the nurses enhances the nurses' engagement in the research process (Shaha, et al., 2011). The organisation of clinicians who understood and were keen to assist in the research process was a great benefit for the current research and this has been noted by other researchers who require clinicians to recruit or collect data from participants (Bullen, et al., 2014; Burnett, et al., 2012). To promote participation, creating an atmosphere of trust and openness is an essential element (McLafferty, 2004). Simple aspects such as refreshments and suitable room size were also noted to increase participation in focus groups (McLafferty, 2004). The current research employed all of those strategies.

Clinicians such as clinical educators who understood the research language and process were able to assist in the organisation and the engagement of the focus groups. When the nurses understood the research process, they were more likely to attend a focus group. Focus groups were used as they are considered a valid qualitative data collection method for generating insights and deeper understanding into participant views, meanings, experiences and beliefs (Gill, Stewart, Treasure, & Chadwick, 2008) and is considered suited to research in nursing (Ivey, 2011). Well-managed focus groups are also considered less intimidating and time sensitive than one-on-one interviews, thus are useful data collection methods for research involving nurses in busy clinical work areas. In addition to using focus groups as a means of data collection, several strategies were used to optimise participation in focus group discussion. A consideration for optimising open discussion in focus groups was the dynamics of each group. Perceived power imbalances between nurses of different levels of seniority and experience have been documented as an influence for the integrity of focus group discussion (Shaha, et al., 2011). Where possible in the main study, participants of similar job position or seniority were grouped together to reduce potential discomfort and facilitate more open discussion. McLafferty (2004) noted that the homogeneity of the focus groups influenced the interaction of the participants and should be taken into consideration.

The challenges of recruiting nurses in non-clinical work are well documented, for example: busy workloads, staff shortages, and complex patients (Björkström, et al., 2014). The nursing focus and available time is dedicated to the delivery of competent complex patient care and, thus, participation in research may be viewed as a low priority. Nurses are more likely to engage in research that is relevant to nursing practice, particularly research that may contribute to improved nursing care and or improved patient outcomes (Roll, Stegenga, Hendricks-Ferguson, Barnes, Cherven, Docherty et al., 2013). However, the time commitment involved in participation in a research project is also a potential impediment to recruitment and engagement of nurses (Broyles, et al., 2011). Within the context of busy and somewhat unpredictable work environments, patient care is a priority, and nurses may not be able to engage in research during work time. Strategies to engage nurses out of work hours, such as prior to, or following a shift may be difficult as nurses don't place a high priority on research (Higgins, et al., 2010). However literature on work-life balance encourages employees to value personal time, and contain work-related activities to within work hours (Sturges, 2012). Asking nurses to engage in research activities outside of work hours would seem to be contradictory to work-life balance principles, and possibly counter-productive to engagement. Thus, nurses are more likely to engage in research that has minimal impact on their time, and does not interfere with workplace responsibilities. The current study used several strategies to enhance participation, such as focus groups during staff change over with food as an incentive to attend; this meant nurse-patient allocation was not disrupted, but, also, nurses did not need to stay after work.

Being involved in research as either the participant or the clinical researcher can be very satisfying for the clinician, particularly as they can see the results and be part of changing the practice (Bryant-Lukosius, 2015). The nurses in the current research were keen to see the results and the conference presentations. Previous research has highlighted that clinicians undertaking research builds the clinicians' capacity to understand and engage in the research process and the translation of research to practice (Burman, Robinson, & Hart, 2013). It has been noted by the researchers that the nurses involved in the oncology nurse study have been particularly engaging with the next step of the research trajectory which explores the patient and family support needs (Coyne, et al., 2016).

A summary of strategies is provided in Table 1.

Conclusion

Strategies to successfully recruit and engage clinical nurses as participants in research are not widely published; however, on what is known, the current reflection found similar strategies to enable a successful research process (Bullen, et al., 2014). When considering that a large number of nurses work part-time, and allowing for shift rotations across the 24hr day, seven days a week, recruitment was considered successful in the main study. Strategies included organisational level understanding, highlighting the relevance of the research, ensuring participant convenience and being aware of group dynamics. Successful recruitment and

engagement of nurses as participants is important as this population has much to add to patient care planning and health care delivery.

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