Challenges of recruiting emergency department patients to a qualitative study: a thematic analysis of researchers’ experiences


**Background:**

At times of increasing pressure on emergency departments, there is a need for research into patients’ experiences of different models of service delivery. The GPs in EDs study planned to collect qualitative evidence on the effectiveness of different GP-ED models, including the impact on patient experience. However, challenges were faced in recruiting sufficient numbers of patients.

**We aim to:**

- Describe factors which influenced patient recruitment in the GPs in EDs study.
- Explore key challenges and consequent amendments made to our recruitment processes.
- Propose recommendations for future patient recruitment in a similar setting.
Patient Recruitment:
A total of 748 patients were invited, and 24 interviewed

Patients recruited via postal invitations:

- 730 invited
- 33 consented
- 18 interviewed
- Drop out = 95.5%
- Drop out = 45%
- Return rate = 2.5%

Patients recruited via face-to-face invitations:

- 18 invited
- 10 consented
- 6 interviewed
- Drop out = 44%
- Drop out = 40%
- Return rate = 33%

Methods of analysing patient recruitment challenges:

We carried out a thematic analysis of:

- Field notes from research visits to 13 emergency departments in England and Wales (totalling 26 sets of in-depth field notes).
- Documents from a range of study meetings (progress reports and meeting minutes), including meetings with patient and public involvement representatives.
Findings & future recommendations:

We found the following factors negatively impacted patient recruitment:

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<tr>
<th>Findings</th>
<th>Future recommendations</th>
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<td>Complicated or time-consuming electronic health record systems for identifying patients</td>
<td>Implementation of ECDS in Emergency Departments will ensure better quality data on presenting complaints and diagnoses.</td>
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<td>Narrow participant eligibility criteria.</td>
<td>Broadening eligibility criteria, e.g. searching by presenting complaint OR diagnoses, to enable more participants to be invited and thus recruited.</td>
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<td>Limited research nurse support.</td>
<td>Good contact before research visits to build rapport and ensure understanding of research; carrying out practical preparations to lessen burden on hospital.</td>
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<td>Lack of face-to-face communication between researchers and eligible patients</td>
<td>Implement face-to-face recruitment methods in research design, allowing patients to give consent during their ED visit rather than via post at a later date.</td>
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Conclusion:

Our findings add to the methodological evidence for improving patient recruitment in different settings, with implications for future studies attempting to recruit patients in similar settings.