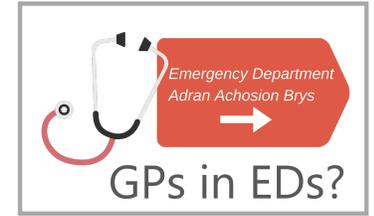


Challenges of recruiting emergency department patients to a qualitative study: a thematic analysis of researchers' experiences



Price D, Edwards M, Carson-Stevens A, Cooper A, Davies F, Evans B, Hibbert P, Hughes T, Rainer T, Siriwardena S. & Edwards A.

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:

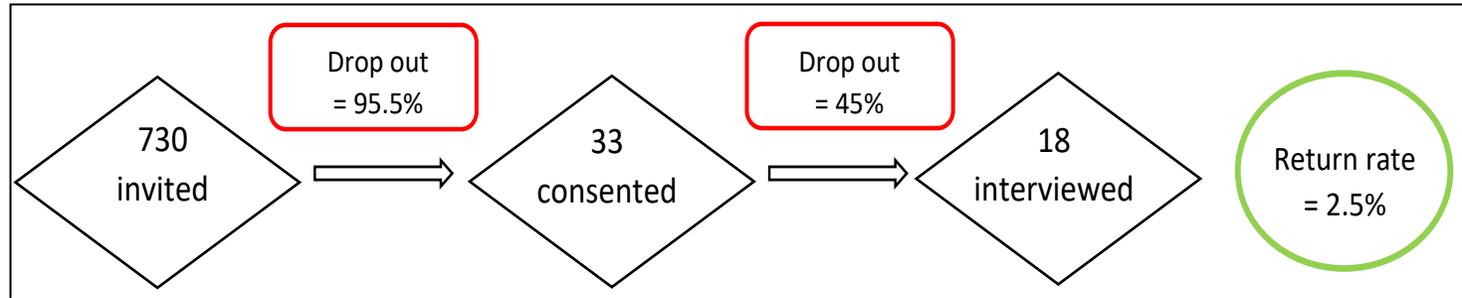
- Describe factors which influenced patient recruitment in the GPs in EDs study.
- Explore key challenges and consequent amendments made to our recruitment processes.
- Propose recommendations for future patient recruitment in a similar setting.



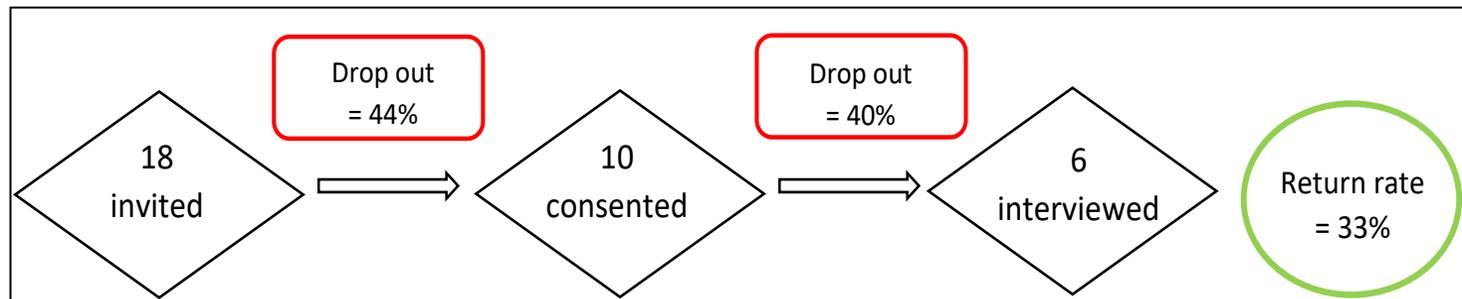
Patient Recruitment:

A total of **748** patients were invited, and **24** interviewed

Patients recruited via postal invitations:



Patients recruited via face-to-face invitations:



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:

Findings	Future recommendations
Complicated or time-consuming electronic health record systems for identifying patients.	Implementation of ECDS in Emergency Departments will ensure better quality data on presenting complaints and diagnoses.
Narrow participant eligibility criteria.	Broadening eligibility criteria, e.g. searching by presenting complaint OR diagnoses, to enable more participants to be invited and thus recruited.
Limited research nurse support.	Good contact before research visits to build rapport and ensure understanding of research; carrying out practical preparations to lessen burden on hospital.
Lack of face-to-face communication between researchers and eligible patients	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.

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.

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