

Agreeing to collaborate: a qualitative study of how general practices decide whether to respond positively to an invitation to participate in a research study

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Background: Research in general practice is expanding rapidly but studies are frequently challenged with recruitment difficulties resulting in inadequate sample size, recruitment bias, delayed completion and additional costs. **Aim:** This study was designed to explore how practice teams make decisions to participate in research, to identify the key influences on the decision making process and to generate for researchers some ways of enhancing recruitment. **Method:** Semi-structured interviews were conducted with a representative from each of the 11 participating general practices. A thematic analysis of the verbatim transcripts was conducted using the method described by Burnard. **Findings:** Whilst not having a formal process for considering research requests the criteria used in discussion appeared to be very similar between practices and included the clinical relevance of the research question, clarity of practice responsibilities, realistic expectations and support available. Attention to presentation (style, length, clarity) is also important for engaging attention. Some of the measures to improve recruitment appear to be common sense but the experiences of practices suggested that such measures are not being incorporated routinely by researchers. The need for good project management and cognisance of marketing strategies is also highlighted.

Key words: collaboration; primary care; qualitative method; recruitment; research

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Background

Research in general practice is expanding rapidly but studies are frequently challenged with recruitment difficulties resulting in inadequate sample size, recruitment bias, delayed completion and additional costs (Fairhurst and Dowrick, 1996; Taylor *et al.*, 1998; Wilson *et al.*, 2000; Thomas, 2000). These problems are not of course unique to the primary care setting and they have been recognized in secondary care trials for many years. A survey of recruitment

to 41 randomized controlled trials (RCT) in the USA found that one-third of studies recruited less than three quarters of the sample size required (Charlson and Horwitz, 1984). These problems persist and have been the focus of two recent systematic reviews (Prescott *et al.*, 1999; Ross *et al.*, 1999). The majority of papers are from cancer research, from North America and are hospital based. The scale and nature of the problem is not yet so well documented for trials in general practice, but one would expect them to be similar if not exacerbated because of the less well developed research culture in general practice and the generalist nature of primary care, such that even conditions of high prevalence constitute only a minor part of the workload.

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Multi-practice projects may fail at several levels; either because too few practices are willing to participate, because having agreed to take part practices do not recruit sufficient patients or fail to follow the trial protocol.

Previous studies have focused on the factors identified by individual primary care practitioners as barriers to involvement, both for collaborative research (Gray *et al.*, 2001) and questionnaire studies (McAvoy and Kaner, 1996; Kaner *et al.*, 1998). Factors identified as negatively impacting on response rates have included time constraints, complexity of research, unrealistic expectations and lack of feedback. However, in trials where the practice is the unit of intervention (eg The Family Heart Study) the decision to participate requires involvement of the whole partnership, not just an individual clinician. This study aimed to explore how practice teams make decisions to participate in research, to identify the key influences on the decision making process and to generate for researchers some ways of enhancing recruitment.

Methods

This research was conducted as part of a larger 22 practice observational study of the types of research that practices were being asked to collaborate with. Eleven of these practices also agreed to nominate one individual to participate in a semi-structured interview about the decision making process within the practice when invited to collaborate in a research project. The interview focused on trials and research studies which required the cooperation of the whole practice; the completion of questionnaires and surveys by individual members of the practice team were excluded from the discussion.

Written consent was obtained and all interviews were taped and transcribed verbatim. Interviews were conducted face to face (5) or on the telephone (6) according to the respondents preference. A thematic analysis of the interviews was undertaken using the method described by Burnard (1991). Finally we interpreted our findings and selected for presentation quotes that fully illustrated the breadth of our data. To confirm validity of our observations and interpretation, the findings were presented and discussed at the annual conference of a local primary care research network.

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Results

Participating practices were of varying sizes and a mixture of urban and rural practices (urban (5), rural (4) and mixed (2)). The person nominated to be interviewed on behalf of the practice was normally a general practitioner with two exceptions, one practice manager and one research manager.

The results of the qualitative analysis are summarized on Box 1, in which the major heading correspond to the themes and the sub headings to the categories.

Box 1 Themes and categories identified from the data

Context in which practices make decisions

- Ethos rather than strategy
- Informality within formality

Influences on decision making

- Positive decisions
 - clinical relevance
 - direct patient benefit
 - personal approach
 - first impressions
- Negative decisions
 - the ubiquitous triumvirate
 - dominance of work load
 - information drought or deluge

Context in which decisions are made

Ethos rather than strategy

The majority of the respondents came from practices without a formalized research strategy but what they did describe was a practice ethos that recognized the importance and benefits of research and was supportive of the concepts of research.

[Research] makes us think and it encourages contact with the people outside. We are becoming a training practice I think for similar reasons. It encourages a questioning outlook on one's practice, so yes – good idea.

(Int 10)

There were examples of mismatch between the level of engagement practices aspired to and what they could achieve in reality, these disparities could result in negative emotions.

I think emotionally it's something that we almost – not a duty – that's the wrong word but something we feel we would like to be involved in. I feel guilty that we are not involved much.

(Int 11)

Informality within formality

Despite this research supportive ethos described in these practices there was no systematic process of decision making described by any practice, instead the dominant model was for research issues to be 'added on' to some pre-existing business or clinical meeting. The decision making was described as an informal process. If one member of the practice team was particularly interested in a project and was prepared to champion that project during the discussion it was more likely to be adopted by the practice team as a whole.

R: 'They are circulated amongst the partners. If any partner has an interest in going with them they indicate that it should be discussed at the next business meeting'.

I: 'Right. So it depends on somebody having a bit of an interest and then pushing it on to a meeting then really?'

R: 'Indeed. And of course the down side of that is that if the request comes on a Monday morning and we are all busy no indication is therefore given and therefore it gets binned!'

(Int 10)

In some practices if the primary recipient of the invitation to participate had no interest in being an advocate for the project then it might never be brought to the attention of any other team members.

Yes. I'm afraid I bin a lot of stuff because I think we do have a problem with clinical time in the practice anyhow and so that's probably the main thing.

(Int 3)

Influences on making positive decision

Clinical relevance

The factor most likely to sway the decision making in an affirmative direction was the interest and

relevance of the clinical topic, not just to an individual but to the practice as a whole.

I think for me personally its time and how relevant I feel it is clinically to my practice. So if I felt it was very relevant and it wasn't going to take up too much time I would try to persuade the others, maybe.

(Int 3)

... It's something that's common and it's something that we always wonder whether we are doing correctly or not.

(Int 11)

... it (research) was actually going to give us answers for our patient, in other words there was a resource coming in and part of the research would actually give us answers that informed our practice literally rather than in a general way at some time then I think one is much more likely to consider that.

(Int 4)

Direct patient benefit

Projects that had a direct and immediate benefit to the practice or the primary care team were particularly favoured.

... and I suppose in that research there was a clear advantage to the patients in that they got counselling and extra support – a service that was available that otherwise wouldn't have been.

(Int 10)

Personal approach

One interviewee mentioned the importance of a personal approach. For this practice written applications were unlikely to be considered.

I don't think I have turned anything down frankly because we have had very little by way of serious approaches and I mean by that, people contacting personally with formulated ideas, not 'please read this and tell us you would participate'. Does that make a suitable distinction?

(Int 8)

It appeared that apparent workload and funding also made a difference to whether a project might

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be considered further by the partnership. When insufficient information is provided to assess workload then this will disadvantage the project.

I think the one major factor is the time issue. It's how long it's gonna take? How easy is it to be done? And who is gonna do the work?

(Int 11)

First impressions matter

Approaches from researchers were likely to get a 'cursory glance' if the presentation of the material was poor.

So, I think the presentation of any form of research does need some thought. You know, putting something forward which when it is one of perhaps anything up to 60/70 items a day a GP has got to go through it needs to stand out, you know, things like coloured paper, different type face and perhaps being presented in such a way that you think – oh, this is interesting, I'll have a read of this rather than – oh, it's another part of the university that wants us to do some research and normally it will get a cursory glance and then be binned.

(Int 2)

For clear communication from the researchers as to what our commitment is which I think is often lacking. And preferably over a manageable time frame so that it's not dragging on for years and years but we can understand our commitment at the beginning.

(Int 10)

Help with work load

Concerns about work load were ubiquitous and the issue around which decisions often hinged.

... workload has to be the main reason for being involved or not being involved actually....

(Int 7)

... I think for it to be a manageable workload.

(Int 10)

..., if somebody said can you do something for me it'll involve you in an hour's research maybe, we would probably look at it differently than somebody saying we want you to do this over a month....

(Int 2)

The amount of discussion was related to the amount of commitment required from the practice. Projects which were going to take '*more than a few minutes*' were discussed in more detail and heavily scrutinized. Those where outside researchers were offering to take on some of the workload were often perceived as more feasible.

It's all about workload. If somebody wants to come in and do the searches on our computers then that's fine but we are completely, like most people, completely on the edge and the thought of actually taking on other things that aren't core work things is anathema really.

(Int 4)

Influences on making a negative decision

'Triumvirate'

All respondents commented on factors that were likely to sway the practice's decision against participation. These mainly revolved around insufficient capacity with respect to time, money and workload (Int 4).

I think time is a problem that is in General Practice we are all being asked to do more by the PCT and the Health Authorities etc. Our funding situation locally for the [PCT], there has been no increase in staffing funding for two years. There has been absolutely no input at all yet we are being asked to do more at the same time. We are trying to work smarter but at the end of the day you come to a, there is no slack left and what do we do then? That's when we have to be quite selective and sometimes say I'm sorry but unless this is mandatory, it is in the Red Book or whatever, we can't do it.

(Int 2)

Information drought or deluge

The quality of information provided has already been highlighted in the selection process. The lack

of good quality for information provided was mentioned also mentioned as a barrier to participation.

I think a barrier often can be very unclear instructions and description. You really want a very clear summary at the beginning which you can flick through in a couple of minutes at the most. If that grabs your attention then you want clearly written instructions indeed and available if you need it. I think a lot of the research requests I have seen have been a bit unclear with people suggesting we have a meeting to discuss if we are interested which, to be honest, none of us have got the time for really.

(Int 10)

When good quality information is provided then the mailing is likely to be bulky and this may put off the practice from getting involved simply because of the time investment to read the initial information.

... Yes again. I think it's the old emotional thing – if something big comes through the door you are less likely to read it. So you want something to attract your attention and something to follow it up really. The ones I have had have been fairly comprehensive.

(Int 11)

Yes. And it comes as four pages which includes two pages of forms, four pages on white paper. It's photocopied and it doesn't exactly instil people to read it. Now I suspect that most doctors would look at it and bin it.

(Int 4)

Discussion

This study gives a novel and an important insight into the process by which a general practices a whole considers an invitation to participate in a study.

The selection process was almost entirely informal and was often dependant on one member of the practice taking a particular interest in the proposed research and then promoting it within the practice, usually at a practice meeting. The chances of a study being considered would be enhanced if the researcher was able to identifying the most appropriate practice champion for the study and channelling the request to them. Having a champion within the practice is likely to improve subsequent recruitment as well as increasing the chances of acceptance in the

practice; a case report from a primary care based RCT found that practitioners with a particular interest in the area of study or who were known to the research team were more likely to recruit well (Bell-Syer and Klaber Moffett, 2000).

Whilst not having a formal process for considering research requests the criteria used within practice discussions appeared to be very similar between practices and included the clinical relevance of the research question, clarity of practice responsibilities, realistic expectations and support available. The validity of these observations were confirmed when we triangulated our data by presentation to and discussion with a group of more than 30 general practitioners and nurses who were not engaged in this study.

Attention to presentation (style, length, clarity) is also important since engaging the recipient's attention and support immediately is a prerequisite for further attention within the practice. While some of the measures to improve recruitment appear to be common sense and fundamental to good management (Usherwood, 1996) the experiences of practices suggested that they were not yet being incorporated routinely by researchers. A check list for researchers to enhance recruitment is presented in Box 2.

Box 2 Check list for successful recruitment of collaborating general practices

- Does the study have a clear description of:
 - the research question emphasizing its relevance and importance?
 - what exactly is involved for practice?
 - what help is available, either practical or financial, to address the lack of capacity for extra work?
- Can you identify a champion for the project within the practice?
- Is the paper work concise and informative?

A successful trial appears to need good leadership well as good science; a rigorous protocol without practice collaborators being of little value. But may it require even more? If a trial was a business its 'owners' would be cognisant of marketing theory, product positioning, place, price, promotion and

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would develop a marketing strategy. There are inherent tensions in the dual role of researcher and sales person but perhaps researchers should seek professional advice on how to communicate their trial's unique selling points to the 'target market segment' (Fox, 2003; Gabay, 2003).

Since data collection was completed a new national health strategy 'Best Research for Best Health' (Department of Health, 2006) has been published together with plans to reconfigure primary care research networks. The constituent local organizations within the new Primary Care Research Network in England (PCRN-E) will be charged with the recruitment for RCT and well designed studies rather than the former broader remit of stimulating and facilitating health care professionals' engagement in research and in the utilization of research. This more limited role for networks in the future has both opportunities and costs for collaboration; an emphasis on achieving recruitment targets may help networks focus on effective recruitment strategies, refine their marketing skills and formalize their terms of engagement of practices. However, the perceived loss of support and reciprocity might threaten practitioners' loyalty and willingness to collaborate.

This is an exploratory and novel study of how practices deal with invitations to participate in research. Inevitably those practices with more positive attitudes to research were more likely to engage with a study of this kind, but even so they identified useful areas for further attention by researchers. Our study was conducted independently of any trial, and so respondents were able to describe the generic causes for non-participation rather than feeling it necessary to justify a recent decision not to participate in a particular trial. Additional research is needed to characterize more precisely the context in which practices make decisions and focus groups would be preferable for further exploration of the group process of decision making. Future studies would also benefit from complementary interviews with other members of the practice team and with researchers to provide a greater understanding of practitioner-researcher interactions.

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