Nursing home recruitment: Trials, tribulations, and successes

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ABSTRACT
Many challenges are inherent when conducting research in the older adult population as well as in the nursing home environment. The safety and quality of care provided in nursing homes need further examination through research. The purpose of this paper is to discuss research issues and recruitment barriers experienced by a research team collecting data for a study assessing the education and learning needs of nursing home nurses in central Illinois and related resident outcomes. Research barriers identified in this study include organizational and administrative barriers in addition to staff barriers. The strategy that was most helpful in gaining access to nursing homes in central Illinois was face to face contact. Future nursing home researchers are encouraged to familiarize themselves with the nursing home environment, communicate with nursing home trade associations, and develop personal contacts with area nursing home administrators.

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Increased quality of care and resident safety in nursing homes will continue to be a priority as the numbers of older adults who will require care and assistance with chronic illnesses and functional deficits rises. According to the most recent U.S. Census Bureau (2011) report, there are 1.3 million residents 65 years of age or older who lived in skilled nursing facilities in 2010. By 2030, there will be approximately 3 million older adults living in nursing homes (Maas et al., 2002). The proportion of older adults in each age cohort 65 and older is rapidly increasing, especially those age 90 years and older, in comparison to persons in younger age groups. The individuals entering nursing homes are increasingly older and have serious functional limitations (Maas et al., 2002). These functional limitations can include incontinence, difficulty eating, and mobility limitations. The safety and quality of care provided in nursing homes continue to need further examination. According to Cartwright and Hickman (2007), research is greatly needed in community-based care settings such as nursing homes to address the challenges of caring for older adults. This includes examining how best to deliver care that ensures residents' quality of life, safety and satisfaction, as well as the optimal management of limited staffing and other resources (Cartwright & Hickman, 2007). The purpose of this paper is to discuss research issues and recruitment barriers experienced by a research team collecting data in nursing homes. Through these, new recruitment strategies and recommendations were identified for recruitment of nursing homes into research studies.

1. Introduction to the study

The purpose of this study was to assess the education and learning needs of nursing home nurses (registered nurses and licensed practical nurses) in central Illinois and related resident outcomes. The goal was the recruitment of 50 nursing homes according to a proportionate stratified random sample. The sample consisted of staff nurses as well as administrative nurses. Recruitment letters were mailed to the administrators of the identified nursing homes by the principal investigator (PI). Two research assistants were assigned to recruit nursing homes through follow up telephone calls to the administrator. A total of four research assistants, including the two assigned to recruitment, were assigned to data collection and data entry. The PI met with the research assistants to educate them on the need for the research and the value that the study could have to the nursing home community. The research assistants reviewed the recruitment process of nursing homes for the study and helped develop scripts that would be followed to assure that critical elements of the project were relayed in a systematic approach to the NH administrative team and DON.

Difficulties began early in the study. First, administrators did not take the telephone calls of the research assistants. Second, when the research assistant did talk with the administrator, there was no recollection of a letter from the PI. Third, once the administrator agreed to participate in the study, the director of nursing (DON) was
frequently unaware of the study and was hesitant to schedule a data collection date. These barriers prohibited collection of data in many nursing homes. Nursing home recruitment barriers are significant and can undermine a study, if not addressed.

2. Recruitment barriers

2.1. Organizational and administrative barriers

Initial contact and communication with the nursing homes was the largest barrier to obtaining an adequate sample. Many administrators did not return calls to the research assistants. Various individuals answered the phone and messages were left with them. In addition, research assistants were told the administrator was in a meeting, or serving lunch. When the administrators did take the call from the research assistants, they were hesitant to agree to be in the study, citing lack of information. The research assistants were told that administrators did not receive a letter, they saw the letter and did not read it, or the decision to participate in the study was not theirs to make as it was a corporate decision. Many asked for the letter to be resent and since they knew it was coming, they would look for it. Unwillingness to communicate with the research team may have related to a fear of close scrutiny, as nursing homes are heavily regulated (Cleary, 2004). Research conducted within a nursing home requires collaboration between facility staff and researchers (Cartwright & Hickman, 2007). There must be a shared understanding of state, federal and nursing home regulations between the research team and the facility in order to assure protection of participants of the study.

Facility ownership was another barrier. According to Ghobadian and O’Regan (2006), some organizations have a history of frequent changes in ownership, which contributes to unpredictability. In addition, changes in ownership can lead to increased staff turnover, increased costs that impact resources available, changes in the flow of information and decision making authority, and changes in policy and staffing patterns (Ferlie, 1997; Holmes, 1996). Often, facilities that were part of a nursing home corporation contacted the corporate nurse for participation approval. Corporate nurses were not readily available for conversation, made no attempt to contact the researchers, and their contact information was not given to research staff. None of these facilities agreed to participate.

Another barrier was poor communication between the administrator and the DON. Some administrators placed the information packet on the desk of the DON and the DON had not read the letter prior to the research assistant calling to set a date for data collection. This was awkward for the research assistant. When administrators personally spoke to the DON about the study, it made scheduling for data collection uneventful in the facility.

2.2. Staff barriers

We encountered issues obtaining and maintaining an adequate sample of administrative and staff nurses. The risk of not capturing information from all administrative and staff nurses was a barrier. The research assistants arranged with the DON a time that most nurses were available. Typically, this occurred at monthly staff meetings, mandatory in-services, or at change of shift time so both sets of nurses could attend the information session and submit surveys if they chose to participate. Instructions and surveys were left for nurses who were not in attendance the day of the visit. Ultimately, staffing issues seemed to be the main problem. Most nurses said they did not have time to sit and fill out the survey, but wanted to return their survey via mail. We recommend tracking the number of envelopes left against the number that were sent back in with responses; we believe we had a low response rate, but did not track responses closely.

When research is conducted at the workplace, staff nurses may be concerned with work disruption and increased demands on their time (Cleary, 2006). Cleary discussed that researchers may be viewed by personnel as working in ivory towers and out of touch with the realities of long-term care settings. Cleary noted that administrators are concerned with the value of the research, resident welfare, and possible costs associated with research for the long-term care setting. Not surprisingly, researchers may be viewed as a threat. Cleary recommended that formal and informal support be sought both prior to and during the development of a research study. Clear communication throughout the research study process with administration and staff is important. Both groups should be involved and understand the researcher’s role and protocol. To do this, the researcher must establish a trusting relationship with the administrator of the nursing home. The administrator must be an active participant in the recruitment of staff for the research study.

3. Ethical issues

The nursing home population is a captive and very convenient sample for data collection. Older adults who reside in nursing homes are vulnerable in research due to their frailty, functional losses, and institutional environment (Maas et al., 2002). Even though the staff and administrative nurses were our focus in the study, we had to be aware of the ethical issues that are present in the nursing home population.

Ethical issues studied and reviewed by Cleary (2004) involved primarily resident concerns. These concerns are related to decision-making ability, physical and mental limitations, advance directives, risk management, and potential of abuse (Hayley, Cassel, Snyder, & Rudberg 1996). Since our study focused on the nurses, these issues were not as evident in our study.

Most nursing homes do not have an institutional review board (IRB), a process for ethical approval of research, or a staff member who understands research processes and ethics. Our study was developed in an academic setting and had IRB approval from Illinois State University. However, studies that do not receive federal funding or have an academic institution to provide ethical approval may raise ethical concerns (Kapp, 2000).

As nurses, both the PI and the research assistants were mandatory reporters for resident abuse. There is a potential risk that resident abuse will be observed and then reported to the licensing agency during the study. While that possibility is minimal, an administrator may choose not to accept that risk. In our study, the issue of researchers possibly witnessing resident abuse while collecting data was discussed as part of the recruitment conversation. In addition, this information was included in the Facility Commitment Form in order to be both clear and direct about this risk.

Nursing home administrators have the right to limit researchers’ access to the facility and residents and may not support the conduct of research in their facilities (Patterson, 1994). Feelings of mistrust, skepticism, and intimidation may arise during research conversations due to the regulatory environment in which nursing homes exist. In some states, surveyors issue citations. This approach contributes to fear of close scrutiny of records, caregiving, or communication by anyone external to the facility (Cleary, 2004). As a result, administrators may not believe that the benefits of the study outweigh the risks. This may have occurred in our study since there were numerous homes that refused us access.

4. Successes and strategies for nursing home recruitment

Nursing home researchers need familiarity with the nursing home environment, including knowledge of federal and state regulations, familiarity with nursing home culture, and awareness of policies and
routines. This familiarity can become highly important for the execution of a study.

By far the biggest success in access to nursing homes for our study was personal contact. When the research assistant had a familiarity or professional relationship with the administrator or DON, researchers were more welcome to complete research at that institution. In fact, when a research assistant made repeated phone calls to an agency and was not able to contact the DON, the PI made a phone call to a personal contact at the agency and the research assistant was able to go the next week to complete the surveys. When we began to engage in personal face-to-face contact with administrators, rather than letters, recruitment was significantly improved.

Recruitment consisted of a telephone call to schedule appointment with the administrator. During the appointment, researchers showed a short power point presentation about the study, followed by a question and answer session about the study. Administrators suggested that we call to inform them that a packet was mailed, or send a post card to announce the study.

Since many administrators and/or owners are unfamiliar with research processes and ethical conduct of research, it is the researcher’s responsibility to be direct and clear about the requirements of the current study, including staff participation. Providing education about research processes, especially the risks and benefits of the current study, is important in alleviating mistrust that may occur due to lack of knowledge. The involvement of nursing home administrators in the development of the research study would have been helpful. Administrators may have had more of a feeling of ownership if they were involved in the process at the beginning of the study.

Since Illinois has recently experienced an 11% cut in Medicare reimbursement (Health Care Council of Illinois, 2011) and is currently experiencing a 7 month delay in Medicaid reimbursement (Personal Communication with Robert O. Bertsche, March 29, 2012), most administrators refuse to pay staff for attending a research meeting. Knowledge of the economic climate is crucial and allows researchers to plan data collection during monthly staff meetings.

The administrators in our study were agreeable to having us attend meetings. Communication with nursing home trade organizations can be crucial to the trade associations and develop personal contacts with area nursing home administrators. It is also advisable for researchers to professionally network with administrators in the geographical area that will be researched. Inclusion of administrators may result in a key stakeholder providing elements that can be included in the research process as well as a sense of ownership. In addition, obtaining approval of parent companies that own several homes may facilitate access to multiple study sites. Lastly, the use of post cards may be beneficial to remind agencies to expect surveys. Future researchers who are interested in conducting research within nursing homes must be aware of the potential barriers to recruitment.

5. Conclusion

Nursing home elders are typically underrepresented in research due to research barriers and ethical issues. This study identified organizational, administrative, and staff barriers. Ethical issues identified in this study included IRB involvement and the possibility of witnessing resident abuse while collecting data. Mistrust of the research process may have hindered access to a number of facilities identified for this study. Face to face contact was the most helpful strategy gaining access to nursing homes in central Illinois. Future researchers are encouraged to familiarize themselves with the nursing home environment, communicate with nursing home trade associations, and develop personal contacts with area nursing home administrators. Providing education about research processes, especially the risks and benefits of the current study, is important in alleviating mistrust that may occur due to lack of knowledge.

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