

# LIFE IN THE FIELD – THE CHALLENGES OF RECRUITING OLDER PEOPLE

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# WHAT ARE THE EXPERIENCES OF PRESSURE ULCER PREVENTION, IN PATIENTS WHO HAVE BEEN NURSED ON AN ACUTE WARD FOR FRACTURED NECK OF FEMUR?

## Aims:

- Understand the patient experience of pressure ulcer prevention.
- Compile a storyline of when pressure ulcer prevention occurs from the patient perspective.
- Identify main types of intervention according to the patient.
- Explore if patients do actually want to be involved in pressure ulcer prevention when they have fractured their hip or whether they just want to be cared for until they are independent.
- Explore their Locus of Control: do they feel participation in pressure ulcer prevention is beneficial?

# METHODS

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- Small scale qualitative study.
- The study site is a 28-bedded fractured neck of femur ward in an acute district general hospital.
- Patients are recruited from this setting and interviewed in their own home post-discharge.
- Quota sampling 65-80 and 80+ age groups.
- Exclusion criteria
  - < 65 years of age
  - Pathological fracture
  - Fracture treated without surgery
  - Patients lacking mental capacity and requiring MCA2 for surgical consent
- Inclusion criteria
  - >65 years
  - Traumatic hip fracture
  - Peri-prosthetic fracture
  - Having mental capacity and able to consent to take part in the study
  - Able to speak and read English

# CHALLENGES OF RECRUITING OLDER PEOPLE

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1. Patients being too sick or unwell to participate
2. Patients being discharged home or to rehabilitation centre before they could be consented
3. Declining
4. Access issues when visiting patients at home to interview.

# CHALLENGES CONT.

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- Well documented
- Older people main users of healthcare and yet under-represented in research studies (McMurdo et al, 2011).
- Difficulties in recruiting older people especially frail older people to clinical trials is well recognised (Piantadosi et al., 2015).

# RECRUITMENT RATES

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- Up to now, the recruitment rate has been 50% in this study.
- This may seem low but when recruiting older adults 50% should be deemed as successful (Harris and Dyson, 2001).



# ADAPTIONS TO RESEARCH DESIGN

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- Timing of approach is essential vs. patient flow
  - The first day or two of an acute admission are often tiring and illness can make it difficult for patients to concentrate on consent forms and patient information sheets (McMurdo et al., 2011).
  - Three patients were discharged between the time they were given the patient information sheet to when they were due to be consented
- Interviewing early in the day
  - older adults experience peak cognitive performance in the mornings and cognitive processes are affected by circadian rhythms (Yoon, May and Hasher, 1999).

# DECLINING

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- Older patients are more likely to decline so greater effort is required in recruiting to obtain an adequate sample, (Harrison et al., 2016).
- “There is too much going on”
- “I don’t think I would be very good”
- “I don’t feel I could help as I don’t not know anything about pressure ulcers”



# ACCESS

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- For some hip fracture patients, recovery is a long process and most patients may not regain their previous functional status (Hung et al., 2012).
- Difficulties getting to door
- Involvement of family members (with participant consent) can be useful.

# IN CONCLUSION

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Recruiting participants from this group is challenging but if we are to carry out meaningful research with older people we need to overcome these challenges

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