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KOMMENTARARTIKKEL

Would you be interested in participating in a study about hospital readmissions...?

Experiences with methodological strategies and techniques for recruiting GPs to participate in qualitative research

Malin Knutsen Glette
Høgskolelektor, Faculty of Health, Western Norway University of Applied Sciences, Haugesund; Postdoktor, PhD, SHARE – Centre for Resilience in Healthcare, Faculty of Health Sciences, University of Stavanger
Malinknutsen.glette@hvl.no

Tone Kringeland
Dosent, PhD, Faculty of Health, Western Norway University of Applied Sciences, Haugesund
Tone.kringeland@hvl.no

Olav Røise
Forskningsleder og professor, PhD, Division of Orthopedic Surgery, Oslo University Hospital; Professor II, SHARE – Centre for Resilience in Healthcare, Faculty of Health Sciences, University of Stavanger
Olav.roise@medisin.uio.no

Siri Wiig
Professor, PhD, SHARE – Centre for Resilience in Healthcare, Faculty of Health Sciences, University of Stavanger
Siri.wiig@uis.no

Introduction

General Practitioners (GPs) are an asset in healthcare research, considering the amount of knowledge they hold about the primary healthcare service. However, GPs have proven difficult to recruit as participants in both quantitative and qualitative research (Asch, Connor, Hamilton, & Fox, 2000; Hummers-Pradier et al., 2008; Parkinson et al., 2015). The difficulties in recruiting GPs have been attributed to their great workload and their perception of a gap between the theory-laden research and their own practical work (Rosemann & Szecsenyi, 2004; Leysen et al., 2019). However, own experiences of recruiting GPs to participate in a qualitative study disclosed that the picture might be more nuanced than described in previous reports.

The objective of this paper is to describe the methodological strategies and techniques for the recruitment process, and discuss the difficulties in recruiting GPs to participate in research and possible reasons for such difficulties. It was based on experiences from a recently conducted study on GPs, which aimed to increase knowledge about the GPs' role in hospital readmissions from the primary healthcare service (Glette, Kringeland, Røise, & Wiig, 2018).

Organization of the Norwegian primary healthcare service and the GP scheme

The Norwegian healthcare service is publicly managed and owned, but is separated into two management lines with primary and specialist healthcare services. The primary healthcare service is organized, run and mainly financed by the municipalities, and includes healthcare services such as GPs, homecare services, nursing homes and emergency rooms. The specialist healthcare service is divided into four regional health authorities which are owned and financed by the Norwegian state and which oversee the provision of specialist healthcare services in their respective region. Each regional health authority includes several health trusts, which holds specialist healthcare services such as hospitals and psychiatric institutions (Ministry of Health and Care Services, 2014). GPs are responsible for the initial healthcare for the municipalities' citizens through the Regular GP scheme. This means that all citizens who are registered in the national population registers are entitled to a regular GP of their own choosing. A regular GP is a general practitioner who has an agreement with the local authorities to act as a regular GP for those citizens who are registered on their "list" (Ministry of Health and Care Services, 2001). The size of the GPs practice list differs from GP to GP, meaning that there is variation in the consultation time dedicated to each patient (Hasvold, 2000).

Potential barriers in recruiting GPs to participate in research

Time and financial expenses

In Norway, the GPs' income is based on expense claims to the Health Economic Administration (HELFO), which is a Government Service organized in the Directorate of Health, grounded in specific taxes for consultations, exams or tests. In addition to the consultations done in the GP offices, the GPs participate in other municipal tasks (e.g. nursing home duties, children and youth health centers, emergency room) for at least 7.5 hours a week (Regulations on general practice in municipalities, 2012). During these hours, a fixed salary is paid.

As our study was a part of a PhD project (Glette, 2020), there were no funds to reimburse participants for their time spent doing the interviews. A regular GP consultation lasts approximately 15–20 minutes, meaning that an hour spent on an interview could deprive a GP of up to four consultations, with subsequent income losses. Further, previous reports have shown that GPs are experiencing tremendous work pressure during a workday, sometimes forcing them to work too fast and not be able to conduct all the necessary measures for their patients. A newly published report conducted for the Norwegian Directorate of Health, showed that a GP worked a mean average of 55,6 hours per week (compared to a regular mean average of 37,5 hours per week for people working full time positions in the remaining population) (Rebnord, Eikeland, Hunskår, & Morken, 2018). Therefore, the matters of both financial and time costs have to be considered when recruiting GPs.

Deductive disclosure

GPs are a group which can be difficult to protect when it comes to confidentiality, especially internal confidentiality. When doing research in small societies it can be particularly difficult to protect the informants' privacy or/and identity.

The current research was conducted in two medium-sized municipalities and involved informants working in a profession which: (A) makes them easily recognizable because of their position in the society; (B) there are a limited amount of people holding this profession in a community; and (C) it is a profession where there is easy access to information about the individuals on the internet, for example in public GP registers.

Ethical guidelines cover the issues of confidentiality quite extensively and furthermore include "protection of those who can be identified as informants or parts of communities included in the research" (The Norwegian National Research Ethics Committees, 2016). Being able to identify persons in research reports based on personal traits such as for example gender, age and profession, is called deductive disclosure (Kaiser, 2009). Tolich (2004) further addresses the problem of internal confidentiality, a problem that occurs if participants can recognize each other in the publication of research results. In the current context, the GPs can recognize each other as colleagues, and by other health personnel working in the same municipality. In addition, they can be recognized by the public, due to their unique role in the society. This can potentially be harmful for the researcher–participant trust and for the public's trust in research and researchers (Kaiser, 2009). Further, it can work as an obstacle in GP recruitment, as fear of recognition can be a potential reason for the GPs' unwillingness to participate in research, even though the study is approved and conducted according to all ethical guidelines and legislation covering the research project.

The scapegoat

Hospital readmissions are reported as a problem in many countries due to their negative consequences on the healthcare services' economy and resources, and the adverse effects on the affected patients and their families (Gusmano, Rodwin, Weisz, Cottenet, & Quantin, 2015). In Norway and in other healthcare services internationally, GPs are the ones referring patients to the hospital during a hospital readmission. When trying to explore, or find reasons for pronounced healthcare service challenges, it can be difficult, particularly for small groups within in small systems, who are struggling with these issues, to put themselves in the limelight. The fear of reprisals or being blamed for such issues, can function as a barrier to accepting participation in research studies, especially in qualitative studies with small samples. Connected to deductive disclosure and internal confidentiality as described above, such fears can substantiate and decrease willingness to participate to an even greater extent. In our study, the GPs did not express this fear in particular. We were, however, informed that hospital readmissions had been a much-discussed problem in one of the investigated municipalities, as their readmission rates were high compared to other similar municipalities at that time. We were warned that misunderstandings of the research aim could arise if we were not clear about this in the recruitment process.

Not seeing the value of their participation

During the recruitment period, we experienced that the GPs expressed several reasons for declining participation. Time constraints were the most common reason, however, several GPs declined on the grounds of not feeling like eligible participants. They expressed not seeing how they could contribute to this study for reasons like not having any statistics or numbers of their hospital readmissions or not having experienced any hospital readmissions in their career. Such misunderstandings, of what the research aims are, could be yet another barrier.

Potential measures to address recruitment challenges and increase participation

The GPs' workload (Rebnord et al., 2018) is an obvious barrier for research participation, in addition to the GPs possible loss of income when spending time on for example interviews or surveys. Some research projects will have the finances to reimburse the GPs for their lost income, but still cannot compensate the loss of time.

In our study, we decided to reduce the interview time from 60 to 30 minutes to make the interview appear less time consuming and to enable the GPs to conduct the interview during their lunch break. It is, however, important to take into account that valuable information can get lost when reducing the interview time. Nevertheless, in some cases, the researcher has to make major adaptations to the possible informant's priorities, and this can be managed by a focused semi-structured interview guide and methods developed for this purpose, which we did in our study (Yin, 2014). Further, Kvale (2007) argues that it is possible to gain interviews rich in meaning with shorter interview times if the researcher knows what to ask for, how to ask and why one is asking.

In cooperation with the leaders of the included municipalities, we also found that a possible solution could be to conduct the interviews during their mandatory municipal tasks (nursing home duties, Emergency Room duties, youth center duties) as they, during this time, were paid a standard rate by the municipalities and had a less busy time schedule. The GPs were a lot more positive toward conducting the interviews during this time, and in our opinion, these measures were essential in our success in recruiting enough informants for the study.

Concerning disclosure and internal confidentiality, common ethical considerations as observed in all research are applicable. It is, however, important to have special awareness about these issues in the dissemination of the research results, including the need to be careful to remove all traits that somehow can increase the potential of recognition. The most important aspect is, however, to be aware that concerns about deductive disclosure and internal confidentiality may exist among potential participants. Carefully informing eligible participants about measures being done to protect their identity may contribute to increasing GP participation.

Awareness of potential participation barriers and thorough information are measures applicable for preventing the aspects of "fear of getting blamed" and "not seeing the value of their participation". These issues are based on misunderstandings, which could be clarified with the right amount of information. It is, however, a challenge to reach out to the GPs with this information during the recruitment process, as the only possible contact approaches are often e-mails. E-mails have, in another study on GP recruitment, proven to be the most effective contact approaches for achieving GP participation in research (Signorelli et al., 2018). However, an e-mail can quickly be overlooked. If the e-mails are being read, the usefulness of such an extensive information letter can be nullified by time constraints. One measure could be to state these issues early in the letter or even in the invitation e-mail – a measure which was not used in our recruitment process, but which might have saved us some time and effort.

Limitations

We were able to recruit 20 GPs to participate in our study, although we approached ca. 60 GPs. Some of the concerns stated in this paper were carefully thought through before the recruitment process started (time constraints, financial expenses). Some became clear to us during the recruitment process (the scapegoat issue, value of participation) and some of the issues revealed themselves during the interview process and in the writing of the results (potential fear of disclosure, internal confidentiality). Being aware of the potential barriers in GP recruitment prior to the research start could have eased the recruitment process, and maybe contributed to a larger sample of GPs. This paper contributes to enlightening new possible factors of recruitment problems in GPs and can be useful for other researchers re-

cruiting GPs to primary healthcare service research. However, our results need to be read with care as the findings are based on reflections from a previously conducted study, in which the GP recruitment process in itself was not the topic of our study. Further, the sample was small and collected from a Norwegian context only. A larger more varied sample (from other parts of the country or other countries) could have given different results.

Medforfatter Siri Wiig er en av gjesteredaktørene for dette temanummeret. Derfor har den redaksjonelle behandlingen og beslutningen om publisering av artikkelen blitt håndtert av de andre gjesteredaktørene i samarbeid med ansvarlig redaktør, og Siri Wiig har ikke hatt innsikt i vurderingsprosessen.

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