Reviewer's report

Title: Barriers and Opportunities for Enhancing Patient Recruitment into Clinical Research: Findings for an Interview Study in an NHS Academic Health Sciences Centre

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Reviewer: Felicity Callard

Reviewer's report:

This is an interesting empirical study that – through the analysis of qualitative data – adds much needed material to our understanding of the difficulties subtending the recruitment of patients into clinical research studies.

Major Compulsory Revisions

There are two main points that I have that need to be addressed:

1. the literature review sets up certain frameworks for understanding this topic, but these frameworks are not really returned to in the discussion/conclusion sections. How does the empirical study endorse, challenge, depart from the existing frameworks for analysis that you outline at the start? Are the categories (procedural, knowledge-based, etc.) helpful or not for furthering understanding on this issue?

2. There are very few quotations from the empirical material included. This is distinctly unusual for a qualitative study. Please ensure that more are included, so that the reader can substantiate your analytical claims.

In addition, there are also some important points of clarity to improve:

Conclusions: Make it clear that these are interviewees' views of what helps or hinders in recruitment – sometimes the phrasing suggests that there has been a direct identification of the factors (even as you do say that the views of non-research clinicians or patients or study participants were not included). Some of the points in the conclusion do not seem to fall out of the empirical analyses presented (e.g. clarify what is meant by the separation of patient recruitment from patient involvement in research [as being one of the things that have deleterious effects on patient recruitment] – not least because ‘involvement’ is such a complex term).

Substantiate why you believe these study findings to be generalizable to other health and clinical research organisations – not least because some of the findings seem particularly relevant to acute care.

Limitations: What about the limitations that might be produced by interviewees wishing to stress certain factors over others? (e.g. is it is easier to position external forces and factors as more obstructive to recruitment practices than to
criticize your own (or your team’s) actions or cultures?)

Minor Essential Revisions

Abstract: Methods: I presume that ‘purposefully’ is intended to be ‘purposively’?

Background: In the introductory paragraph, why is biomedical research mentioned specifically, rather than health research in general? i.e. Clarify the specific focus on biomedical research. Likewise, why the specific focus on evidence from the acute hospital sector -- is this intended to set up the context for this particular study? Do the following paragraphs also specifically relate to the acute hospital sector? I suggest fine-tuning here.

p. 5 The statement about greater stakeholder involvement in research design and process: also cite Ennis and Wykes (2013): Impact of patient involvement in mental health research: longitudinal study; BJP November 2013 203:381-386

Is the second issue really about knowledge – or is it more about communicating/engaging in dialogue about benefits / importance of health research? I would be wary about endorsing a ‘deficit model’ here. Indeed many of the issues mentioned in this paragraph do not seem centrally to be about knowledge.

p.7 Give a little more detail about the coverage of health conditions in the AHRC.

p.7 The figures about recruiting 61 patients into 32 publically funded clinical research projects are hard to interpret given that we have no comparators. Can these figures be contextualized?

Methods: Who conducted the interviews? Might this have affected the nature of data captured? Why were notes taken rather than the interview recorded?

You need to provide more detail be given about the nature of the probes (since this will allow the reader to determine the relationship between interview probes and themes identified in the analyses).

p.8 Given the importance of seniority (established clinical researchers being able to draw on networks, and do more promotional activities) that shows up in the explanatory results, please provide more information about how senior/junior the interviewees were.

Discretionary Revisions

Analyses

There is little sense of disagreement or heterogeneity in the interview material (asides from some information in Table 1). Can you specify if and where interviewees diverged? While I realize the sample size is relatively small, can anything be said about potential divergences between research nurses and the other interviewees? It would also be helpful to have a much richer set of specific quotations – these would allow the reader to assess the analytical framework
used more clearly.

The explanatory section is not directly linked to the descriptive section. Can you specify explicitly, for example, how the explanatory section demonstrates that ‘success’ in recruitment lies with the research team?

p.11 Footnote 1: is the 1:10 an average across various studies? You could be more specific about where this figure has been garnered from.

p.12 Explain the shorthand ‘knock for knock’ – will not be immediately legible to all readers.

p.12 Section on patient costs and benefits: make absolutely explicit that these are interviewees’ theories about what patient costs and benefits are – we do not have access directly to patients’ own analyses. Also you need to tie this section more specifically to how these issues relate to recruitment challenges.

Are there factors that the interviewer might have indicated or probed for that interviewees rejected as important?

The final concluding point – that there needs to be a dialogue about the nature and value of ‘direct research benefit’ also seems to privilege one point over many other potential ones – and indeed it is not clear why this ongoing dialogue will address the central issues that the empirical findings reveal.

You raise ‘consent to be contacted’ databases in the conclusion, but the analytical sections show that these can also raise problems – is the argument that these databases should be large enough to overcome issues of competition?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.