



Researchers' Experiences of the Challenges of Conducting Two Randomised Controlled Trials in Care Homes

PERSPECTIVE

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ABSTRACT

The population of older people in care homes has been under-represented in health research, possibly due to the complexity and challenges of conducting research in this setting. This article describes the challenges faced and solutions found by researchers working on the REACH: research in enhancing physical activity in care homes and PATCH: posture and mobility training for care staff versus usual care in care homes, cluster randomised controlled trials (cRCTs). The researchers successfully recruited residents and collected data for both trials but experienced challenges over the course of their involvement with the participating care homes. These challenges included adapting to the care homes setting; identifying gatekeepers and planning visits; building relationships with staff and residents; collecting data from residents, staff and care notes; and buy-in from managers. Having skilled researchers who have knowledge of and are attuned to care home environments was critical to the trials' success.

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INTRODUCTION AND METHODS

Around 410,000 people aged 65 and over live in the UK's 11,300 care homes (LaingBuisson, 2019), which is around three times as many people than in hospital beds at any one time (Oliver, 2020); yet care homes and their residents have been comparatively under-researched compared to the wider older population (Luff et al., 2015). Conducting research in care homes is challenging, which can deter researchers, preventing the views of residents from being heard (Hall et al., 2009). Other researchers have reported challenges, such as the set-up of complex trials (Shenkin et al., 2022); the recruitment and retention of a frail and cognitively impaired population (Maas et al., 2002); care home staff's lack of engagement with research (Jenkins et al., 2016); the uniqueness and heterogeneity of the care home environment (NIHR Dissemination Centre, 2017); and the emotional investment, time and flexibility required of field researchers (Luff et al., 2015). How researchers adapt to and overcome these challenges is pivotal to the success of a research project. There is, however, limited literature reporting the challenges faced by researchers and the impact these challenges have on undertaking randomised controlled trials (RCTs) in care homes (Luff et al., 2015).

This article reports the experiences of researchers who worked on the REACH (Forster et al., 2017) and PATCH (Graham et al., 2018) cluster (cRCTs). The REACH trial evaluated an intervention to enhance the physical activity of care home residents to improve their well-being, whilst the PATCH trial explored the feasibility of a definitive cRCT to evaluate a posture and mobility training package for care staff. For both trials, researchers visited care homes on multiple occasions to recruit residents and staff and to collect data from them. Researchers faced challenges specific to individual care homes, as well as challenges across all care homes. These challenges, and solutions found, are reported below.

In preparing for writing this report, the researchers reviewed field notes made contemporaneously after their visits to care homes for trial-related activities. Notes were also made after staff meetings and after conversations researchers had with care home staff and residents. Some researchers had worked in hospital settings as well as care homes, so researchers' reflections reported here were influenced by previous experiences. These reflections were collated through group discussion, are retrospective, and are based on their overall experience at the end of the project. Researchers' experiences are complementary to the recent review of contextual factors influencing complex intervention research processes in care homes undertaken by Peryer et al. (2022). We reflect on the on-the-ground experiences and challenges of working in this setting, thus providing some validity to the barriers and implementation procedures identified in this literature review.

REFLECTIONS

ADAPTING TO THE CARE HOME SETTING

Researchers with experience in undertaking research in a hospital setting found that conducting research in care homes was markedly different. There is an established research culture in the National Health Service (NHS), so staff in hospital (or other NHS) settings often understand and expect research activities such as data collection; however, research is unfamiliar to most care homes. In addition, each care home operates differently, reflecting their status as independent businesses with local needs and pressures.

Researchers had to explain research procedures to each person they encountered and found that they needed to do so regularly throughout their involvement in the trial. Time spent developing relationships with staff and understanding established routines and practices in the homes was particularly worthwhile. Based on their experience, researchers recommend flexibility of approach, enabling adaptation to the context of each care home, its management style and its care practices. Flexibility which enhanced engagement and productivity included not visiting the homes on the days when they received medicine deliveries; varying the times they visited the care homes to accommodate staff and resident needs (e.g., visiting out of core hours); and adapting data collection approaches to fit with multiple different record systems. This flexibility helped in the building of positive relationships with care home staff whilst ensuring research processes were able to proceed.

IDENTIFYING KEY GATEKEEPERS AND PLANNING AHEAD

Care homes usually employ administrative staff to support the running of their home and to support visitors appropriately. Researchers found that these staff members were often able to identify the best times for them to visit and signpost them to appropriate locations within the home to administer research measures with residents or staff or to review care notes for data collection purposes. Alongside administrative staff, the lead nurses and care home managers were often key facilitators, as they had the authority to agree to protected time for care staff involvement in research and to encourage staff to get involved from the outset. Researchers worked with these gatekeepers to prearrange set days and times to visit the care homes; this type of planning helped raise staff awareness of researchers' visits, so they could ensure residents were available for the completion of measures, and also ensured that the staff to whom researchers needed to speak were on shift. Identifying and engaging with key gatekeepers (usually administrative staff and lead nurses) from the outset is recommended as a strategy to improve the scheduling and conduct of day-to-day research activities.

ENGAGEMENT WITH STAFF AND RESIDENTS

For both trials, staff were informed about and kept up to date with trial processes through verbal presentations and posters displayed throughout the care homes. Staff and residents were provided with regular newsletters and ‘thank yous’, such as festive cards, biscuits, mugs and pens. These engagement strategies were well received, and the researchers recommend regular communications and signs of appreciation to increase engagement and awareness. Boxes of biscuits, whilst a seemingly minor item, were an important part of thanking staff and residents for their time, including those who were not taking part but had nevertheless had researchers visiting their home.

To recruit residents, staff introduced researchers to eligible residents, and researchers then provided short, simplified information sheets to those who had capacity in order to maximise understanding. The initial introduction by staff reassured residents that their involvement in the trial was endorsed by the home and was valid; similarly, later reminders by staff as to the identity and purpose of the researchers were important to avoid confusion and concern. Concise information sheets were welcomed by staff and residents due to their clarity. Researchers sought to introduce the research in an informal and welcoming manner and, in so doing, reassured staff and residents that all questions were welcome and that the research was inclusive.

Research in this setting often requires researchers to spend long periods of time in each care home, engaging with residents and staff to facilitate the research and waiting for appropriate times to undertake research procedures around daily care activities. In spending many hours in participating care homes during both trials, the team of researchers forged strong relationships with staff and residents, primarily through their communication approach and style. They also came to know the residents and staff through conversation, rather than solely collecting data at their visits, and built a rapport over the duration of their involvement in the trial.

Some staff mentioned that they liked the researchers visiting, as it provided additional activity for the more cognitively able residents. The friendly approach of the researchers made a real difference to the atmosphere encountered when conducting research visits, and this facilitated research activities; some staff who were initially sceptical about research said that the researchers changed their views. Some care homes involved in the REACH trial were keen to be later involved in the PATCH trial, indicating their interest and willingness to participate in research was based on prior experience.

We cannot overstate the importance of making time for good engagement with care home staff and

residents. This experience aligns with a finding of the Peryer et al. (2022) review that ‘maintaining care home staff engagement was a key driver to successful implementation’.

DATA COLLECTION

A large proportion of residents in care homes have cognitive impairment (Gordon et al., 2014), sometimes fluctuating, which creates difficulty with the self-completion of questionnaires. Researchers were aware of, and sensitive to, residents’ levels of impairment and in some cases needed to sensitively stop questionnaire administration when answers were not forthcoming. This was a challenge in terms of empathy of approach and time spent on data collection. For instance, researchers always tried to engage with residents at follow-up visits, even if prior experience led them to believe that the participant would not be able to complete a questionnaire.

Researchers had to balance their engagement with the residents and staff with the need for scientific rigour. Researchers found that having a natural conversation with residents where the outcome measure questions were embedded in the conversation felt more comfortable and put residents at ease, but it was important to ensure that the questions were asked as presented in the validated questionnaires. The completion of some physical assessment measures was difficult. For example, the Timed Up and Go Test (TUG) was almost impossible in care homes due to limited floor space. Having space for research activities, such as a quiet place to speak with the residents or somewhere to sit and collect data from care notes, was also challenging.

Care home staff were generally helpful in their facilitation of data collection, although they were usually very busy, and researchers often needed to wait to be directed to a resident or to ask staff to support a resident to move somewhere more private. Staff being too busy and the complexity of record systems sometimes meant that notes required for data collection could not be found; this led to missing data for some outcomes. Our experiences are also mirrored in the Brooks, Gridley and Parker (2019) paper, which mentions the lack of staff time and there being little private space in which researchers can work.

For both the REACH and PATCH trials, a few staff members were asked to sit with the researchers for a reasonably long period of time to provide proxy data about the participating residents. Researchers found that staff who were given protected time for research by their manager were happy to engage, and meetings would be productive; otherwise, researchers needed to identify opportunities when staff were available and might sometimes need to wait for that availability before

they could collect any data. Despite good rapport, as mentioned above, some staff did not, or were not able to, prioritise the provision of data, so time was often spent attempting to follow up on data collection with staff members or waiting to speak to them. Sometimes data collection was not possible due to unavoidable reasons: for example, when care homes closed down for a period of time because of an outbreak of communicable illness. These delays affected the precision of the data collection time points at baseline and follow-up.

For future research projects, it is recommended that the choice of outcome measures and routinely available data items are carefully considered to ensure that data collection is achievable within the care home setting. Consideration also needs to be given to staff time to support data collection (including protected time for prolonged data provision activities) and the availability of private space for researchers and residents. A sensitive and flexible approach to data collection with residents is important.

SUPPORT FROM MANAGERS

Managers' attitude towards research was another factor in the facilitation or impediment of research processes. If the management team was positive and supportive of the research, all aspects of the project were completed more easily—from gaining access to the care home, to liaising with staff and residents, to gaining access to care notes. Where managers were supportive, they and their staff were more flexible with the researchers, allowing them to get on with their work without disruption. Proactive managers engaged more with the research by, for example, mentioning it in team meetings and allowing researchers to attend meetings to provide updates. Conversely, a lack of commitment from managers filtered through to the staff. Some managers were not as well integrated into the team, and they and their staff had differing views on the importance of the research. This led to disruption in conducting the research, with researchers being ignored at times and not given priority, which meant that research activities would take longer. Peryer et al. (2022) also mention the importance of appropriate leadership and a supportive management culture.

STAFF TURNOVER

It is recognised that there are high staff turnover rates in care homes (Devi et al., 2020), and this was observed whilst conducting the PATCH and REACH trials; for this reason, building relationships for the entirety of the research project was sometimes difficult. Researchers initially sought care homes with established teams only to find that this was difficult to do; some care homes had a more stable staff base, whilst others were more

transient. This affected trial delivery, as new staff were not familiar with the research or intervention processes, and new care home managers did not always have the same levels of enthusiasm for the research. Our experience endorses a finding of Brooks, Gridley and Parker's (2019) review which mentions 'negotiating and arranging access is difficult when management turnover is high'.

As staff turnover is an expected feature of care homes at present, the need for regular, supportive and flexible researcher engagement with homes, as recommended earlier, is paramount in maintaining care home participation for the duration of a project.

CONCLUSION

Our experiences complement the findings of Peryer et al. (2022) and Brooks, Gridley and Parker (2019), such as staff turnover, variability of data collected by care homes and the busyness of the environment. We also found care homes to be difficult settings to navigate from a research perspective. In our commentary, we have identified the challenges that researchers faced in the practical implementation of two care home trials, and we have suggestions for solutions to these challenges. We found that it is important to do the following:

- Understand the care home setting—it does not have an established research culture, and careful planning and continuous engagement with staff is needed. Each care home setting is complex and different, so researchers need to incorporate flexibility into their plans and allow extra time to carry out research activities.
- Work with homes where the manager is engaged and enthusiastic about the research.
- Identify gatekeepers who support access to the care home and establish good relationships with them to enable the planning of productive research visits—for example, identifying the best times of the day or days of the week to visit and understanding staff shift patterns.
- Foster good engagement with staff and residents through regular communication (formal updates and informal conversation) and provision of 'thank yous' for all members of the community (e.g., biscuits). Communication and relationship building are needed throughout the research to remind existing staff of required procedures and to foster relationships with new staff who join the care home during the research period.
- Adapt data collection procedures to the care home environment and the participant group: for example,

embed research questions in natural conversation with residents, consider the space (its size and background noise) required for assessments, factor in additional time to wait for staff to be available to provide data and investigate with the manager whether it is possible for staff to be allocated protected time for research activities.

Researchers need to value and respect the work of the care home staff, and the pressures they are under. Research needs careful planning and execution to ensure scientific rigour, which can be challenging in the care home environment; however, researchers' experiences indicate that with good advanced planning, establishing engagement with all parties, researcher flexibility and excellent communication, it is feasible to undertake research within care home settings.

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The authors have no competing interests to declare.


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