Recruitment of Older Adults
An Ongoing Challenge

I was honored last year when Dr. Elaine Souder invited me to serve as discussant for the “Circumventing Recruitment Potholes” symposium at the 2008 Gerontological Society of America conference in National Harbor, Maryland. The symposium was well attended with good questions and comments from the audience, many of whom shared their own recruitment stories. Clearly, recruitment issues in gerontological research remain an ongoing challenge. Thus, after reviewing the papers, hearing the symposium presentations, and reflecting on their content, I invited Dr. Souder and her University of Arkansas for Medical Sciences colleagues to consider transforming the successful symposium into a special issue for *Research in Gerontological Nursing*. Thankfully, they agreed to do so, and the first five articles in this issue are the outcome.

Recruitment issues are important to researchers for many reasons, including the fact that although funding agencies require broader representation of women and minorities (Stoy et al., 1995), numerous barriers still exist in the enrollment of diverse populations (Lovato, Hill, Hertert, Hunninghake, & Probstfield, 1997). The recruitment of any special population requires increased resources and time to develop trust, know the culture, engage the community, and tailor strategies to the particular needs of the targeted group (Stoy et al., 1995; Tarlow & Mahoney, 2000). Inability to recruit a sufficient number of participants is a major reason for failures in clinical trials and can lead to reduced statistical power and type II (i.e., false negative) errors (Tarlow & Mahoney, 2000). Representativeness of the sample also influences the generalizability and type of inferences that can be drawn from study results (Lovato et al., 1997; Weinstein, Milgrom, & Sanghvi, 1995).

Despite the significance of adequate recruitment, reviews of clinical trials indicate that nearly a third of all trials fail to achieve the desired sample size, with approximately one half requiring extensions to meet recruitment targets (McDonald et al., 2006). Too few papers report recruitment outcomes (Swanson & Ward, 1995) or adequately identify study procedures used to recruit participants, noting instead something such as, “Subjects were recruited voluntarily from three local assisted living facilities” (Weinstein et al., 1995). Still fewer articles document recruitment costs or publish information on the cost effectiveness of different recruitment strategies (see the article by Cole, Doan, Ballinger, and Brown in this issue) that inform researchers about appropriately budgeting for their studies. In many cases, investigators fail to anticipate the time, personnel, and costs associated with recruitment efforts (Tarlow & Mahoney, 2000), especially those involving direct involvement of researchers with community stakeholders.

Many factors can result in poor recruitment outcomes, including, but not limited to, overly restrictive eligibility criteria (Williams, Vitiello, Ries, Bokan, & Prinz, 1988), complex institutional review board requirements, stigma associated with certain conditions, poor relationships with the research team leading to distrust of the researchers’ motives, and dislike of the research procedures, which may be perceived as overly burdensome (de Salis, Tomlin, Torerien, & Donovan, 2008) or meaningless. Additional challenges in unstable settings where older adults reside have been well documented by gerontological nurse researchers (Buckwalter et al., 2009; Smith, Buckwalter, Kang, Schultz, & Ellingrod, 2008). Collectively, the five focus issue articles address many of these challenges and argue for the value of a well-planned, comprehensive, flexible, and targeted recruitment plan, as well as the need for pilot studies, qualified staff, and recruitment monitoring using data tracking systems (Lovato et al., 1997; Nichols et al., 2004; Tarlow & Mahoney, 2000). We hope you find value in the discussion; as always, your feedback is welcome.
REFERENCES


Kathleen C. Buckwalter, PhD, RN, FAAN
Sally Mathis Hartwig Professor of Gerontological Nursing Research Director, John A. Hartford Center of Geriatric Nursing Excellence
The University of Iowa College of Nursing
Iowa City, Iowa
doi:10.3928/19404921-20090816-01