Recruitment in Qualitative Public Health Research: Lessons Learned During Dissertation Sample Recruitment

Apophia Namageyo-Funa  
*University of Georgia*, apophia8@uga.edu

Marylen Rimando  
*Georgia Southern University*, marylen.c.rimando@gmail.com

Andrea M. Brace  
*Towson University*, abrace@towson.edu

Richard W. Christiana  
*University of Georgia*, rchristi@uga.edu

Tiffany L. Fowles  
*Georgia Department of Public Health*, tlparrfowles@dhr.state.ga.us

*See next page for additional authors*

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Abstract
The purpose of this article is to describe the recruitment challenges faced by eight public health graduate students when conducting qualitative dissertation research. The authors summarize their dissertation studies, describe recruitment challenges, and provide strategies and recommendations used to address challenges. The authors identified twelve recruitment issues which they grouped into three major categories: (a) obtaining consent; (b) working with gatekeepers; and (c) accessing participants. The authors propose three recommendations to consider in participant recruitment, which are: (a) collaborate with gatekeepers; (b) use additional recruitment tools; and (c) understand your target population. The compilation of experiences from multiple graduate students from a diverse selection of topics provides valuable insight and resources when planning a qualitative research study in the field of public health.

Keywords
Recruitment, Graduate Student, Participant Access, Informed Consent, Gatekeepers

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Authors
Apophia Namageyo-Funa, Marylen Rimando, Andrea M. Brace, Richard W. Christiana, Tiffany L. Fowles, Teaniese L. Davis, Lourdes M. Martinez, and Diadrey-Anne Sealy

This how to article is available in The Qualitative Report: https://nsuworks.nova.edu/tqr/vol19/iss4/3
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Introduction

Successful participant recruitment is an important aspect of conducting qualitative research. Determining the most effective recruitment methods suited for a qualitative research study may appear challenging for researchers. Researchers conducting qualitative studies in health-related fields have encountered challenges in recruiting specific target populations, such as low-income or underserved minorities (Jones, Steeves, & Williams, 2009; Joseph, Kaplan, & Pasick, 2007; Renert, Russell-Mayhew, & Arthur, 2013) and in using traditional methods of recruitment such as flyers, letters, and media advertisements with minorities (Eide & Allen, 2005; Jones et al., 2009). Furthermore, researchers have reported misunderstandings among participants and gatekeepers (one who controls access to participants) about the research study during recruitment, limited financial resources, and lack of trained support staff (Felsen, Shaw, Ferrante, Lacroix, & Crabtree, 2010; Renert et al.,
Although faced with challenges, researchers have noted successful recruitment strategies. These strategies are:

1. Collaborating with health care providers and community gatekeepers trusted by the participants (Felsen et al., 2010; Porter & Lanes, 2000; Renert et al., 2013; Spratling, 2012);
2. Using face-to-face recruitment with participants in clinical settings (Felsen et al., 2010; Spratling, 2012)
3. Using word of mouth from participants and gatekeepers (Jones et al., 2009); and
4. Building trust with participants (Eide et al., 2005; Felsen et al., 2010).

Although some of our dissertations were mixed method study designs, this article will solely focus on the recruitment challenges and successes for the qualitative methods. Furthermore, the findings of our dissertations are in various stages of manuscript preparation and are not reported in this article.

Summary of Research Studies

The topics of our eight studies included a stealth nutrition intervention, physical activity, sexual concurrency, HIV testing, communication about sexual health, type-2 diabetes, hypertension, and cervical cancer. Table 1 presents a summary of each study organized by author, and includes the purpose, sample description, number of participants (N), data collection method, recruitment setting, recruitment tool, incentive, and data collection period. We recruited participants using convenience or purposive sampling methods. Participants varied in demographics and the sample sizes ranged from 21 to 42 participants. Seven authors used semi-structured interviews and two authors used focus group discussions. Participants were recruited from a middle school, college campus, clinical settings, hair salon, and community settings.
Table 1. Summary of Dissertation Research Studies

<table>
<thead>
<tr>
<th>Author</th>
<th>Purpose</th>
<th>Sample Description</th>
<th>N</th>
<th>Data Collection Method</th>
<th>Recruitment Setting</th>
<th>Recruitment Tool</th>
<th>Incentive</th>
<th>Data Collection Period (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brace*</td>
<td>To examine the impact of a stealth nutrition intervention on promoting healthy eating among college students</td>
<td>Under-graduate college students (18-23 years)</td>
<td>28</td>
<td>Focus group discussions</td>
<td>College classroom</td>
<td>Flyers, Face-to-face E-mails, Academic advisors</td>
<td>Gift card for focus group ($10)</td>
<td>3.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4 focus groups with 6-8 participants each)</td>
<td></td>
<td></td>
<td></td>
<td>Face-to-face E-mails, Academic advisors</td>
<td>Gift card for interview ($20)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>16</td>
<td>Semi-structured interviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christina*</td>
<td>To examine youths’ participation in noncompetitive outdoor physical activity</td>
<td>Rural youth (10-14 years)</td>
<td>24</td>
<td>Semi-structured interviews</td>
<td>Middle school</td>
<td>Informational letters to parents</td>
<td>Gift card ($10)</td>
<td>2</td>
</tr>
<tr>
<td>Davis*</td>
<td>To understand African American young women’s lived experiences with sexual concurrency</td>
<td>Self-identified African American women (18-22 years) with a history of concurrent sexual partnerships</td>
<td>41</td>
<td>Semi-structured interviews</td>
<td>Respondent-driven sampling from existing randomized control trial</td>
<td>Post-cards</td>
<td>Cash ($10) Referral fee, Cash ($25) Participa</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>tion fee</td>
<td></td>
</tr>
<tr>
<td>Sealy*</td>
<td>To explore barriers that prevent women from obtaining Pap smears</td>
<td>Women (25-45 years) living on a Caribbean Island</td>
<td>13</td>
<td>Focus group discussions</td>
<td>Hair salons</td>
<td>Flyers, Face-to-face Radio promotion</td>
<td>Gift certificate ($5.00)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2 focus groups with 6 &amp; 7 each)</td>
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</tr>
<tr>
<td>Author</td>
<td>Purpose</td>
<td>Sample Description</td>
<td>N</td>
<td>Data Collection Method</td>
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<tr>
<td>Fowles*</td>
<td>To determine what factors influence black men’s decision to obtain an HIV test</td>
<td>Black men (18+ years) that live in DeKalb and Fulton Counties of Georgia</td>
<td>26</td>
<td>Semi-structured interviews</td>
<td>Community Settings</td>
<td>Flyers Postcards, Business cards, Face-to-face Uniforms with Logo</td>
<td>Cash ($15)</td>
<td>2</td>
</tr>
<tr>
<td>Martinez*</td>
<td>To understand how Latino parents communicate with their adolescents about sexual health, pregnancy prevention and sexually transmitted diseases</td>
<td>Latino parents and their adolescent child (12-17 years) (21 dyads parent/child)</td>
<td>42</td>
<td>Semi-structured interviews</td>
<td>Mental health and substance abuse clinic</td>
<td>Flyers In-clinic presentations, Counselor referrals</td>
<td>Gift card per dyad ($50)</td>
<td>2</td>
</tr>
<tr>
<td>Namageyo-Funa</td>
<td>To examine the experiences of living with type-2 diabetes among black men</td>
<td>Low income black men (45-65 years) with type-2 diabetes</td>
<td>30</td>
<td>Semi-structured interviews</td>
<td>Diabetes Clinic</td>
<td>Flyers Face-to-face</td>
<td>Cash ($20)</td>
<td>2</td>
</tr>
<tr>
<td>Rimando</td>
<td>To understand the experiences of older African Americans diagnosed with hypertension</td>
<td>African American older adults (55+ years) with hypertension, low-income, uninsured, high school education</td>
<td>28</td>
<td>Semi-structured interviews</td>
<td>Blood pressure Clinic</td>
<td>Flyers Face-to-face Collaboration with clinic staff</td>
<td>Gift Card ($20)</td>
<td>2</td>
</tr>
</tbody>
</table>
We used various tools to recruit participants, including flyers, informational sheets, email, face-to-face interaction, site staff, and radio advertisement. Common recruitment tools were flyers (six studies) and face-to-face recruitment (five studies). Incentives included gift cards, movie tickets, or cash that ranged from a $5 to $50 value. Six authors had an average data collection period of 2 months. All studies received Institutional Review Board (IRB) approval.

**Recruitment Issues**

We identified 12 recruitment issues based on our experiences. Table 2 provides a summary of the recruitment issues, alternate recruitment strategies, and recommendations for each recruitment issue. We grouped the recruitment issues into three categories:

1) obtaining consent;
2) working with gatekeepers trusted by participants; and
3) accessing participants.

Other issues that did not fit into the three categories were labeled additional recruitment issues. We each experienced at least one recruitment issue described in this article.

**Consent**

Researchers use consent forms to ensure participants are aware of the risks and benefits of participating in a research study (Belmont Report, 1978). Although the IRB reviewed and approved our consent forms, some of us encountered recruitment challenges related to consent. These issues included obtaining parental permission when working with minors, participant concern of confidentiality and anonymity, sensitive topics, and participants’ health literacy.

**Obtaining parental permission:**

When implementing a study that includes the recruitment of participants under the age of 18, studies report problems with obtaining parental permission and low parent response rates (Tigges, 2003). Christiana’s study focused on a population of rural youth (10 to 14 years of age) in the southeast United States. To recruit participants, Christiana sent an informational sheet describing the study to parents and asked for signed parental permission. Christiana experienced slow recruitment of participants and many unresponsive parents. Slow recruitment may have been due to a lack of trust between the researcher and the potential participants. To overcome this challenge, Christiana collaborated with the school administration, a group of people trusted by and familiar to the parents. The school administration assisted Christiana by sending the informational sheets to parents to introduce them to the study. This change in recruitment strategy facilitated obtaining parental permission for the underage participants, therefore enabling the recruitment of participants into Christiana’s study.

**Participant concern for confidentiality and anonymity:**

Confidentiality and anonymity may be a concern to participants, especially vulnerable groups, such as undocumented immigrants and those practicing risky behaviors (Allen et al.,
Table 2. Summary of Recruitment Issues and Recommendations

<table>
<thead>
<tr>
<th>Author</th>
<th>Recruitment Issues</th>
<th>Alternate Recruitment Strategy</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christiana</td>
<td>Securing parental permission (Researcher sent informational sheet to parents)</td>
<td>• Use the school administrators to send informational sheets to the parents</td>
<td>• Collaborate with gatekeepers who are trusted by participants</td>
</tr>
</tbody>
</table>
| Martinez | Participant concern regarding participation and undocumented citizenship status  | • Met with clinic staff and shared the informed consent document in English and Spanish  
• Met with clinic staff to discuss study and learn of potential participant concerns about the study. Participants only asked about years of residence in the US instead of their citizenship status | • Collaborate with gatekeepers who are trusted by participants  
• Understand target population |
| Sealy   | Hesitation to participate in study due to sensitive topic   | • Appeared on a television and radio talk show (accepted by potential participants) to inform potential participants about the study and researcher  
• Reminder phone calls for potential participants who had expressed interest | • Collaborate with gatekeepers who are trusted by participants  
• Use additional recruitment strategies  
• Understand target population |
| Fowles  |                                                                      | • Recruitment script was revised to focus less on the sensitive topic of HIV and more on the topic of general men’s health | • Understand target population |
| Martinez |                                                                      | • Met with the parent and child to verbally review the informed consent document  
• Reminded participants of their right to refuse to answer, particularly when a sensitive area arose in the conversation  
• All conversations began with general topics | |
| Davis   | Participant health literacy level  | • Revise screening questionnaire  
• Allow participants to ask for clarification on questions in the screening questionnaire | |

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<table>
<thead>
<tr>
<th>Author</th>
<th>Recruitment Issue</th>
<th>Alternate Recruitment Strategy</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martinez</td>
<td>Time commitment of gatekeepers</td>
<td>• Obtain support from the gatekeeper’s leadership</td>
<td>• Collaborate with gatekeepers who are trusted by participants (clarify the role and expectations of the gatekeepers in the study)</td>
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<td></td>
<td></td>
<td>• Work one on one with the gatekeeper through the recruitment process</td>
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<td></td>
<td></td>
<td>• Collaborate with gatekeepers who are trusted by participants</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(clarify the role and expectations of the gatekeepers in the study)</td>
<td></td>
</tr>
<tr>
<td>Brace</td>
<td>Gatekeepers unclear on aspects of the study</td>
<td>• Clarify aspects of the study to gatekeepers</td>
<td>• Collaborate with gatekeepers who are trusted by the participants (clarify the study)</td>
</tr>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Christiana</td>
<td>Participant perception (fear) of the gatekeeper</td>
<td>• Reassure potential participants that they had no reason to fear</td>
<td>• Understand the target population</td>
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<tr>
<td>Accessing Participants With One Recruitment Strategy</td>
<td></td>
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</tr>
<tr>
<td>Martinez</td>
<td>Use of only one recruitment tool at one recruitment site</td>
<td>• Reposition flyers to increase visibility</td>
<td>• Collaborate with researchers, faculty, and peers</td>
</tr>
<tr>
<td>Rimando</td>
<td></td>
<td>• Spend more time at the recruitment site</td>
<td>• Collaborate with gatekeepers trusted by participants</td>
</tr>
<tr>
<td>Namageyo-Funa</td>
<td></td>
<td>• Use face-to-face recruitment</td>
<td>• Use additional recruitment tools to recruit participants</td>
</tr>
<tr>
<td>Brace</td>
<td>Use of one recruitment tool at many recruitment sites</td>
<td>• Use additional recruitment tools</td>
<td></td>
</tr>
<tr>
<td>Fowles</td>
<td></td>
<td></td>
<td>• Use additional recruitment tools to recruit participants</td>
</tr>
<tr>
<td>Sealy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Additional Recruitment Issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Namageyo-Funa</td>
<td>Participant expectations</td>
<td>• Shorten time frame between recruitment and data collection</td>
<td>• Shorten time frame between recruitment and data collection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Be flexible on recruitment times and days</td>
<td>• Understand the target population</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Evaluate participants experiences for future studies</td>
<td></td>
</tr>
<tr>
<td>Brace</td>
<td>Interview location</td>
<td>• Solicit help from gatekeepers for access to different locations to interview participants</td>
<td>• Collaborate with gatekeepers trusted by participants</td>
</tr>
<tr>
<td>Fowles</td>
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</tbody>
</table>
Martinez identified issues of confidentiality and anonymity as recruitment challenges. The target population for Martinez’s study was a primarily undocumented population of Latino parents and their children (12 to 17 years old). To overcome these recruitment challenges, Martinez met with clinic staff and shared the informed consent document in both English and Spanish. Meeting with clinic staff allowed the staff to ask questions that potential participants may have had regarding confidentiality and anonymity. Martinez did not collect information on citizenship status, residential address, or participant last names. Instead, Martinez de-identified participant data by coding them numerically, further protecting participant anonymity. When offered the opportunity to discuss the study during scheduled programs at the clinic, Martinez described these protections to clinic staff.

### Sensitive nature of study topic:

Aside from participant confidentiality concerns, sensitive study topics can slow recruitment. Researchers must pay special attention to recruitment strategies with sensitive topics or subjects not commonly discussed among potential participants. Recruitment may be slow because potential participants are hesitant to discuss the topic or are not accustomed to verbalizing their sentiments and/or experiences with the topic (Allen et al., 2000). Sealy experienced this during recruitment for her study on cervical cancer among women on a Caribbean Island. While cervical cancer is a health topic in the Caribbean Islands, its link to sexual and personal behavior often results in residents avoiding the topic. Previous research found that there is little communication about sexuality on the island (Allen et al., 2000). Women in the Caribbean Islands consider it taboo to discuss matters related to reproductive health, especially when speaking with strangers (Allen, DaCosta-Martinez, Wagner, McLetchie, DaGazon-Washington, et al., 2000). Sealy was a stranger to her target population, and this aspect may have slowed participant recruitment. To overcome this challenge, Sealy appeared on a television and radio morning talk show to inform the population about the study and to make the women familiar with the researcher.

Fowles focused on the utilization of HIV testing among adult black men (18 years or older). HIV testing is a sensitive topic among black men as it leads to feelings of distrust (Sengupta, DeVellis, Quinn, DeVellis, & Ware, 2000). When Fowles approached potential participants, they were interested to learn about the study. However, if HIV was mentioned early during the explanation of the study, many of the men expressed disinterest. After noticing the hesitation due to the topic of HIV, Fowles adjusted the initial recruitment script to focus less on the sensitive topic and more on the general subject of men’s health (Sengupta et al., 2000). Introducing the study with less sensitive topics decreased hesitation and increased enthusiasm and interest to participate in the study.

The Martinez study highlights another example of when a participant may have reservations when discussing a sensitive study topic with an unknown researcher. To address this concern, Martinez increased the paid incentive from $25 to $50 per family, which stimulated interest in the study. She met with the participants to verbally review the informed consent document; began all the interviews with general topics to build rapport and ease into the topic; encouraged participants to sit comfortably during the interviews, and allowed participants to select the language of choice for the interview (English or Spanish). This allowed Spanish-speaking parents to express themselves more openly in their primary language.
Participant’s health literacy level:

Health literacy levels influence the health-related encounters of individuals within the health care system and in participation in research studies (Agency of Healthcare Research and Quality [AHRQ], 2007). Davis encountered health literacy issues that impacted recruitment of participants. During the screening process for the 18 to 22 year old women, Davis asked participants about their sexual history to determine eligibility. Young women interested in the study and open to discussing their sexual history sometimes had a difficult time understanding some of the terms used during the screening process. For example, the screening question for concurrency asked, “During any time you were in a sexual partnership with a guy, have you ever had sex with someone outside of that sexual partnership?” The participants however indicated that they did not understand the question. After Davis screened the first few potential participants, she adjusted the screening question to increase clarity. For subsequent participants Davis used the following screening question, “I want you to think of any time you have had a sexual partner. While you were with a partner, have you ever had sex with anyone else?”

Accessing Participants with One Recruitment Strategy

During the recruitment process, a researcher may have to alter their initial recruitment strategy to include additional methods to increase participant numbers. Many of us started out using one or two strategies, such as only using flyers. As time progressed and participant enrollment remained stagnant, many of us reevaluated our recruitment plan and added additional strategies to boost enrollment. We experienced the following recruitment issues: only using a flyer at one recruitment site and use of a flyer at many recruitment sites. In many cases, we expanded on these initial strategies by using gatekeepers to access potential participants as is presented in the following section.

Use of only a flyer at one recruitment site:

Many studies use flyers to recruit participants (Holden, Rosenberg, Barker, Tuhrim, & Brenner, 1993). Researchers often place flyers on notice boards in community settings. While flyers can be useful in getting the attention of a potential participant, the flyers may not influence or motivate the participant to enroll in the study. Martinez, Namageyo-Funa, and Rimando placed flyers on notice boards solely at the specific recruitment sites of their respective studies. We did not expect the gatekeepers to encourage participants to read the flyer; rather we anticipated that participants would read the flyer and contact the researchers on their own. We were however not able to recruit participants within the expected time frames using only this strategy.

Martinez placed flyers on notice boards that were covered with other announcements, which may have distracted the potential participants. In the Namageyo-Funa study, the potential participants had low literacy levels and could not read the flyer as was later shared by staff working at the clinic. In the Rimando study, the potential participants did not sign up initially because they may have had additional questions about the study, lack of trust of the researcher, or had low literacy levels. To address these recruitment issues, Martinez repositioned her flyers to the front of the notice boards on each visit to the clinic. Rimando reached out to her dissertation committee for advice. Rimando identified alternative recruitment strategies and implemented them to increase recruitment. Rimando used additional recruitment tools. She solicited the help of clinic staff to help with the recruitment,
and she spent more face time at the clinic answering any questions and concerns of the 
potential participants. Namageyo-Funa chose to spend more time at the clinic. She also used 
face-to-face recruitment in which she approached potential participants to tell them about the 
study while they waited for their appointment. The staff working at the clinic recommended 
this strategy, highlighting the low literacy levels of the potential participants.

Use of only a flyer at many recruitment sites:

Placement of flyers at recruitment sites is critical to the recruitment efforts of any 
study (Holden et al, 1993). Based on a study design, researchers can recruit potential 
participants from one site or from many sites. Although some of us only placed a flyer in one 
location, others had study designs that permitted them to place flyers in numerous locations 
such as bus stops, public libraries, universities, and barbershops. Placing flyers in numerous 
places did not facilitate recruitment within the expected time frames for the Brace and Fowles 
studies. These studies may have had slow recruitment because the flyers were either placed 
on notice boards covered with other flyers and announcements or the flyers were removed. 
Fowles encountered problems at multiple sites. At public bus stops, the flyers were removed 
or posted over. At a local university, Fowles’ flyers competed with a similar study and she 
experienced “territory claim” with the other researcher. Consequently she had to remove her 
flyers from the university. Brace hung flyers on public notice boards throughout the 
university campus. She printed the flyers on bright paper and used promotional tools to 
garner attention from students. Recruitment was slow using just the flyers for Brace and 
Fowles. To overcome these challenges, Brace and Fowles used additional recruitment tools 
such as street recruitment, recruiting face-to-face in classrooms, and enlisting the help of 
gatekeepers.

Working with Gatekeepers:

Gatekeepers, which may include staff at a recruitment site or stakeholders off-site, can 
provide a researcher with access to potential participants as was highlighted in our 
experiences above. Although it is important to use gatekeepers during recruitment, they may 
facilitate or hinder recruitment of participants. Some of us experienced recruitment issues 
while working with the gatekeepers, including the time commitment of the gatekeepers, 
gatekeeper role, and participant perception of the gatekeepers.

Time commitment of the gatekeepers:

While gatekeepers do provide access to potential participants, their time commitment 
to a study may vary based on workload or perceived benefit to the target population (Wanat, 
2008). Martinez collaborated with clinic staff to reach potential participants and garner 
interest in joining her study. The clinic staff was not paid to assist with recruitment. They 
informed clients about the study as their workload permitted, which slowed recruitment. To 
address this challenge, the clinic director paired Martinez with one clinic counselor who 
made phone calls to clients meeting the study criteria. The counselor conducted two 1-hour 
phone call sessions, which yielded recruitment of 14 of the 21 families. The counselor 
briefly introduced the study, and asked whether the client was open to hearing more about the 
study. Martinez contacted and scheduled interviews with interested participants who had 
spoken with the clinic counselors about the study. Using a gatekeeper trusted by the target 
population and supported by clinic leadership to directly support recruitment proved essential 
in the Martinez study.
Role of the gatekeepers:

While gatekeepers provide access to potential participants for a study, their role in a particular study may or may not be clear to themselves and the participants (Wanat, 2008). Brace implemented a study to examine the impact of a stealth nutrition intervention (Hekler, Gardner, & Robinson, 2010). Brace delivered the intervention through a novel college course that focused on macro-level influences on industrialized food production. The intent of the study was to promote healthy eating among college students without focusing on health outcomes. Brace collaborated with gatekeepers (academic advisors) at the university to recruit participants by advertising this novel course. Brace asked the advisors to promote the course to students during advisement. Confusion arose among the advisors whether the course was actually a new course or an existing course within the university. This may have impacted recruitment because other academic advisors may have disregarded the promotion without forwarding it to students. To address this issue, Brace sent another email to the academic advisors to clarify that the course was new. Some of the academic advisors promoted the course to their students. However, the initial confusion may have resulted in some advisors ignoring the clarifying email thus not promoting the class to their students.

Participant perception of gatekeeper:

Gatekeepers can provide researchers with access to participants. Although participants generally trust gatekeepers, in certain instances based on the gatekeeper/participant relationship, participants may feel coerced to participate in a study. One concern when working closely with schools during recruitment is the potential for coercion when researching children. Christiana obtained minor assent from students at the beginning of the interview by asking participants to sign a form with age-appropriate language. While obtaining minor assent presented no difficulties, there were concerns that coercion may have been a factor during this aspect of recruitment. Staff in the main office called potential participants to the conference room to meet with Christiana. Some participants asked him if they were in trouble when they arrived. To overcome this challenge, Christiana immediately reassured the participants they were not in trouble. Although Christiana tried to reassure the participants, the initial anxiety among participants may have altered their decision to participate in the study.

Additional Recruitment Issues

Additional recruitment issues that were not grouped into any of the categories above included participant expectations about the study and location to interview participants.

Participant expectations:

The time commitment or amount of work required to participate in a study can vary widely. Finding potential participants while they are at work or occupied with another activity makes it hard for those interested to participate to enroll in a study. Only two of us reported experiencing slow recruitment because of participant perceptions or expectations of the study. Brace recruited participants to enroll in a novel 15-week course. The course syllabus included an extensive reading list that students had to complete as part of the course. Brace sent the reading list via email to enrolled participants so that they could begin purchasing the required books before the semester commenced. Enrollment in the course
dropped by 20% after Brace sent the email about the requirements. At the end of the semester, Brace interviewed participants to assess how to increase participation for future classes. Recommendations included not sending out the syllabus in advance and only sending out a portion of the reading list. The perceived high workload of the course made students hesitant to participate in the study.

The Namageyo-Funa study experienced recruitment challenges because of the time commitment. The Namageyo-Funa study required a 60-90 minute time commitment. Participants could enroll only after they had received care from the clinic. Clinic appointments for participants, however, would last between 2-4 hours. Participants who were initially interested in the study were then too exhausted to commit an additional hour of their time to participate in the study after their appointment. To address this issue, Namageyo-Funa scheduled participant recruitment to days and times when the clinic scheduled many patients. Having many patients meant that clinic staff had limited time with potential participants to ensure all patients in the clinic received care. With a shorter duration in the clinic visit, potential participants committed time to the study.

**Interview location:**

The interview location can impact recruitment (Elwood, & Martin, 2004). Participants are less likely to enroll in a research study if the location is not convenient. Researchers may have limited access to locations for interviews, which was the case in the Fowles’ study. Fowles planned to interview participants in private study rooms within public libraries close to recruitment sites. Fowles encountered several challenges in using the library, which included the library hours of operation, policies to reserve private study rooms in advance, and the limited time allowed to occupy study rooms. To overcome this obstacle, Fowles contacted local businesses owners including barbershops, gyms, and housing facilities to ask for permission to conduct interviews in a private, noiseless room within their facility. The business owners accommodated the request, allowing Fowles access to a private space to interview participants.

**Recommendations**

Based upon our experiences with the recruitment process during our dissertation research, we present several recommendations for novice researchers. We propose the following:

1) collaborate with gatekeepers trusted by participants;
2) use additional recruitment tools; and
3) understand the target population when planning a research study.

**Collaborate with gatekeepers trusted by participants:**

Novice researchers may experience difficulty accessing participants for qualitative research studies depending on the target population (Moralez, Rao, Livaudis, & Thompson, 2012; Svensson, Ramirez, Peres, Barnett, & Claudio, 2012). Gatekeeper and administrator support builds trust and credibility with participants and may facilitate recruitment (Eide et al, 2005; Morrison et al., 2012; Porter et al, 2000; Wolfenden, Kypri, Freund, & Hodder, 2009). We recommend that novice researchers strategically collaborate with gatekeepers and those trusted by potential participants.
Aside from having the gatekeepers provide access to the population, novice researchers should clarify the study and the gatekeeper roles and expectations. We reported this recommendation in the Martinez, Namageyo-Funa, and Rimando studies in which they collaborated with staff at the clinics to recruit participants. In these studies, interaction with the clinic staff built trust, increased access, provided an interview location, and allowed them to refine their research approach as appropriate based on information learned about participants. Christiana and Brace also used this approach in an academic setting. They collaborated with the school administrators, which provided access to potential participants.

**Use additional recruitment tools:**

Novice researchers may experience difficulty implementing an initial recruitment strategy and may need to include additional tools to facilitate recruitment. More than half of our studies began with one recruitment strategy. The use of one recruitment tool resulted in challenges to reach an adequate sample in a short time frame. Based on our experiences, we recommend that novice researchers incorporate more than one tool to recruit participants.

Novice researchers should consider using proactive recruitment tools for hard-to-reach participants. Proactive recruitment tools may include constant contact, such as sending follow-up emails, phone calls, or face-to-face contact with participants. Rimando incorporated face-to-face recruitment, which allowed her to greet potential participants in a friendly manner, ease fears, and answer questions about the study. Namageyo-Funa’s population had low literacy levels, which required her to read the flyers to potential participants. Sealy added radio and television interviews to her recruitment plan to increase awareness of her study. Fowles added a recruitment team who wore uniforms that were printed with recruitment messages promoting inquiry into her study. Brace enlisted the help of academic advisors to advertise the novel course to students.

**Understand the target population:**

Understanding your target population is crucial during the recruitment of public health qualitative research (Felsen et al., 2010; Renert et al., 2013). Successful recruitment strategies for one group of participants may not work for other participants when there are differences in education levels, cultural heritage, and values. Examples include identifying the sensitivity of a topic to your target population and health literacy issues. It is important for researchers to be cognizant of the context of participants. The Sealy and Fowles studies encountered challenges with their participants’ perception of the sensitive topics of cervical cancer and HIV testing. Furthermore, Davis and Rimando encountered challenges with low “health literacy” in their target populations while Namageyo-Funa encountered low “literacy” levels. Based upon our recruitment experiences, we recommend novice researchers make an effort to understand the characteristics of their target population such as sensitivity to topics, cultural background, and reading and education levels.

**Conclusions**

The challenges and successes of recruiting participants in research studies focused on health have continued over time. We encountered recruitment challenges and successes similar to those reported elsewhere by researchers (Felsen et al., 2010; Jones et al., 2009; Morrison et al., 2012; Renert et al., 2013; Spratling, 2012). Our recruitment challenges present several opportunities for novice researchers recruiting a similar sample of participants. Novice researchers can learn to build trust with participants and gatekeepers in
future qualitative research studies. While it is important to learn from other researchers’
recruitment challenges in a variety of settings and their successful recruitment strategies
(Felsen et al., 2010; Miller, McKeever, & Coyte, 2003), it is important for novice researchers
to question why these recruitment challenges continue to exist and apply these lessons to their
own participant recruitment.

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**Author Note**

Apophia Namageyo-Funa received an MPH in behavioral sciences and health education from Emory University and a PhD in health promotion and behavior from the University of Georgia. Since 2003 Dr. Namageyo-Funa has worked in the field of diabetes prevention and control and has collaborated with researchers to analyze, publish, and present on diabetes among disparate populations. Dr. Namageyo-Funa’s research interests are in the promotion of health among disparate populations. Apophia may be contacted at Apophia Namageyo-Funa, PhD, CHES, Department of Health Promotion and Behavior, 300 River Road, University of Georgia, Athens, GA 30602-6522; Phone: 678 274 9347; Email: apophia8@uga.edu

Marylen Rimando is a Postdoctoral Research Associate at Georgia Southern University’s Rural Health Research Institute. She earned her PhD in Health Promotion and Behavior from the University of Georgia and MPH from Mercer University. Her research interests include heart disease prevention, hypertension and diabetes management and education, rural health disparities, health literacy, non-compliance, and patient-provider communication. She has presented at state and national public health conferences. She has taught undergraduate health promotion courses for 5 years. She is CHES certified and Certified in Public Health. Marylen may be contacted at Marylen Rimando, PhD, MPH, CHES, CPH, Postdoctoral Research Associate, Georgia Southern University, Rural Health Research Institute, P.O. Box 8028, Statesboro, GA 30460; Email: mrimando@georgiasouthern.edu

Andrea Brace earned a BA in Psychology, BS in Biological Sciences, MS in Health Promotion, and a PhD in Health Promotion and Behavior. Andrea has been CHES certified for 4 years, and an evaluator for 8 years. Andrea has presented at local, regional and national public health conferences and has two publications in peer-reviewed journals. She is a member of the Georgia Sociological Association, Society for Behavioral Medicine, and the American Evaluation Association. She was an ORISE post-doctoral fellow at the Centers for Disease Control and Prevention. Currently she is an Assistant Professor at Towson University. Andrea may be contacted at Andrea M. Brace, PhD, CHES, Assistant Professor,
Richard W. Christiana is currently a postdoctoral research associate at the University of Georgia, College of Public Health. He received a Bachelor of Science degree in anthropology from Binghamton University, a Master of Arts degree in anthropology from the University at Albany, and a PhD in health promotion and behavior from the University of Georgia. Dr. Christiana’s research focuses on community-based participatory approaches to prevent childhood obesity by promoting positive physical activity and nutrition behaviors. Richard may be contacted at Richard W. Christiana, PhD, Office of Outreach and Engagement, University of Georgia, 125B Rhodes Hall, Athens, GA 30602; Email: rchristi@uga.edu

Tiffany L. Fowles serves as the Child Health Senior Manager Epidemiologist for the Maternal and Child Health Office of Epidemiology at the Georgia Department of Public Health. Dr. Fowles manages Epidemiologists and Data Analysts while conducting epidemiological research for the Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC) and various Child Health programs. Dr. Fowles has earned a Master of Science in Public Health from Tulane University School of Public Health and Tropical Medicine, and Doctor of Public Health from the University of Georgia. Dr. Fowles focuses on spatial epidemiology and health promotion to examine the needs of various at-risk populations. Tiffany may be contacted at Tiffany L. Fowles, DrPH, MSPH, 2 Peachtree Street NW Suite 11-105, Atlanta, Georgia 30303; Phone: 404-463-2449; Email: tph@dhr.state.ga.us

Teaniese Davis is a FIRST Postdoctoral Research Fellow at Emory University. Her research focuses on HIV and STD prevention among adolescents and young adults. She has worked in public health research since 2001. Her initial introduction into public health was as a Health Educator for HIV/STD risk-reduction interventions. She has experience in intervention development, implementation, and evaluation. Her current work continues to explore sexual partnerships among adolescents and young adults, sexual decision-making, and factors either inhibiting or facilitating disease risk-reduction strategies. Teaniese may be contacted at Teaniese 'Tina' Latham Davis, PhD, Post-Doctoral Research Fellow, Emory University, Rollins School of Public Health, Department of Behavioral Sciences and Health Education, 1518 Clifton Rd. NE, #410, Atlanta, GA 30322; Email: teaniese.davis@emory.edu

Lourdes M. Martinez is a doctoral candidate in Health Promotion and Behavior at the University of Georgia. Her research area of interest is Latino health, specifically parent-child communication about sexual health and pregnancy prevention, beliefs and intent towards human papillomavirus vaccination, and cervical cancer prevention and education. Ms. Martinez obtained a Master of Science degree in Adult Education and a Bachelors of Science degree in Therapeutic Recreation from Florida International University. Lourdes may be contacted at Lourdes M. Martinez, MS, Doctoral Candidate, University of Georgia, 300 River Road, Athens, GA 30602; Phone: 404-695-6175; Email: Lmart09@uga.edu

Diadrey-Anne Sealy is currently an Assistant Professor at Loma Linda University. She earned her PhD in Health Promotion and Behavior at the University of Georgia. She has presented at national Public Health conferences on her research. Her research interests include women’s health, cancer education, and social support. Diadrey-Anne may be contacted at Diadrey-Anne Sealy, PhD, Assistant Professor, Department of Health Promotion and Education, Loma Linda School of Public Health, Loma Linda, CA 92350; Email: dsealy@llu.edu

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