**Table 5 Factors influencing recruitment of study participants**

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| **Obstacles** | **Illustrative quotes from nurse interviews (n=10)\*** |
| Contextual factors: organisational change; team staffing levels; nurse workloads and variable flow of palliative care referrals (district nurses).  | *‘I then had a full caseload so I wasn’t taking on any new patients for quite a long time. […] We’ve had the consultants doing first visits and I would follow on afterwards because we’ve been so short staffed.’* N02cSE  |
| A low proportion of palliative care referrals meeting study eligibility criteria.  | *‘when we had a new palliative patient I was keen to get there and then they weren’t suitable. […] some of the palliative patients don’t have pain […] If they had a care agency or they didn’t have a regular carer […] quite often they’d manage [their medication] themselves, if they had the capacity to consent’* N14iSW |
| Nurses’ unfamiliarity with research recruitment, coupled with infrequent opportunities to use study procedures. Nurses emphasised the need for practice to achieve a fluent approach they felt confident about.  | *‘I found [practising the recruitment procedure] quite helpful because it is difficult when you’re adding something. […] it was nice to be able to practice how you might approach it. And I think I felt much more comfortable doing that.’* N01iSE |
| Incompatibility of recruitment procedures with nursing practice at a first visit. Recruitment could be impeded by patient fatigue, time constraints on the nurse and difficulty assessing capacity to consent. | *‘to start with I found [introducing the study] difficult because there were so many other things that you had to talk about [at the first visit] and I tended to leave it to the end because I could then concentrate solely on that. But* [pause] *by that stage they’d kind of switched off. They’d had enough. […] It was all too much to take on board.’* N11iSW |
| Nurses ‘protecting’ patients and carers from additional burden or distress. Some nurses did not approach eligible dyads they judged unable to cope with research demands. | *‘I felt quite uncomfortable [introducing the study] sometimes, because I knew it was going to add to the burden of everything else that they were doing’*  N01iSE*‘there was just so much anxiety and so many other problems […] It was almost like [introducing the study] would have been too much and the thing that broke everything and it just fell apart.’* N04cSE |
| Nurses’ avoidance of difficulty and disappointment. Some nurses described pre-judging patients’ and carers’ willingness to participate, to avoid invitations being declined, which they found discouraging.  | *‘I always went with the idea this is a new palliative patient that could be a candidate for the study. […] [in one case] you could see it was all a bit too much for them so it didn’t seem appropriate. And another person was extremely deaf and his daughter didn’t really engage […] So I went in with an open mind but on certain cases […] if I felt it would be a very difficult recruit I thought, well don’t even initiate it, you know.’* N13iSW  |
| Recruiting fewer dyads than anticipated affected nurses’ engagement and the priority they gave to the study. | *‘when we were doing the training it’s just right there. And then it slips to tenth place. And if you haven’t recruited, it’s twentieth place because you’re doing this, this and this.’* N06iSE  |
| **Facilitators** |  |
| Nurses’ initial enthusiasm for participating in research and agreement with the purpose of the study | *‘I think anything that’s going to improve patient symptoms and also the care, the support they get from the carers. I think often carers can be a forgotten group and they take a lot of responsibility. If there were tools that were going to be helpful that’s a win-win situation.’* N03iSE |
| Preparation and continuing support provided by the research team  | ‘*I think that was good the way we had instant access to you [researchers]. […] you were OK with us phoning at any time. […] particularly when we weren’t that familiar with it. […] and you followed us up regularly and you were accessible when we needed you. You were there which was nice.’* N01iSE  |

\*Quotes are tagged with a composite code that provides unique nurse study ID (first letter followed by two digits); group allocation (i or c, intervention or control); and study site (south England (SE) or south Wales (SW)) […] indicates text of transcript has been edited for clarity and brevity