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Title

Imbalanced incentives: A content analysis of research participant incentive structures in clinical and translational science

Priority 1 (Research Category)

Clinical research (other)

Presenters

Christy Ledford, PhD, Reginald Benson, Cynthia Li, BA, Leslie Wolf, JD, MPH, Ebony Whisenant, MD, Lillie Williamson, Justin Moore, PhD, BA, MPH, Samantha Jones, LaKesha Anderson, Alejandra Garcia Rychtarikova, MD, Erin Roark, LMSW

Abstract

In conducting research with underserved and vulnerable populations, incentives for research participants can improve recruitment efforts. However, incentives lose influence if researchers treat them as merely transactional. This study seeks to identify how researchers describe research participant incentives and incentive structures, with a focus on populations that experience health disparities. This study is a content analysis of research publications from peer-reviewed clinical journals. Although researchers share information about procedures through conference proceedings and grey literature, the most common mechanism for disseminating details about research studies is peer-reviewed literature. Sampling included research manuscripts from four journals (Annals of Family Medicine, Annals of Internal Medicine, American Journal of Emergency Medicine, American Journal of Obstetrics and Gynecology) within 2017-19. Within each issue, coders coded all manuscripts that the journal categorized as research. Using a deductive coding scheme, four authors sorted papers by research that enrolled participants versus other methods and then coded papers for variables of interest. Of 519 articles reviewed, 204 reported results to studies that enrolled human participants. Nine of these targeted populations that were vulnerable or experience disparities. Of 204 studies, 12 (5.9%) described an incentive for research participation. Participant type was significantly associated with offering a participant incentive, $p < .001$. Healthcare workers and online participants were more likely to receive an incentive than clinical research participants. Funding was also significantly associated with offering a participant incentive, $p < .001$, regardless of funding source. Of the 12 papers that disclosed incentive information, two focused on vulnerable populations. Findings here show few publications describe incentive structures, which indicates that either 1) incentives are underutilized in recruitment efforts or 2) studies are not publishing incentive information. Furthermore, incentives are more frequently used to recruit healthcare worker populations than community or clinical participants, which may indicate a transactional approach in contrast to a community or patient-oriented approach to research

participation. A standardized approach to describing incentives could help researchers and clinicians contextualize a study's findings.