Barriers and facilitators to conducting tinnitus trials in the UK audiology departments: an example of the HUSH trial

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Introduction

- As yet, there have been relatively few large-scale randomised control trails (RCTs) engaging UK audiology clinics, resulting in a gap in research capacity within NHS hearing services.
- In order to build capacity within the NHS hearing services to support research and RCTs, it is important to understand what are the barriers and facilitators to conducting these trials in the UK.
- The HUSH trial aim was to determine the feasibility of conducting a definitive randomised controlled trial (RCT) of the effectiveness and cost-effectiveness of hearing aids for adults with tinnitus and hearing loss.
- A nested interview study conducted alongside the feasibility trial [1] investigated the feasibility and acceptability of trial processes from the perspective of clinical staff.

Secondary data analysis of these interviews was carried out to explore barriers and facilitators to conducting trials of tinnitus interventions in the UK audiology setting

Methods

- After trial recruitment activities have ceased, ten clinical staff from five trial sites were interviewed to review their experience of the trial.
- Those included Principal Investigators at trial sites and staff conducting the trial (audiologists, research support staff).

5 NHS audiology departments → Multi-centre feasibility RCT → Nested interview study

- Secondary analysis of the interview data was conducted, utilising a Framework approach [2,3].
- The data was mapped to two analytic matrices: (1) Challenges and barriers and (2) Facilitators.

Results

- Preliminary data analysis identified five main themes that reflect the barriers and facilitators (Figure 1).
- There was large variability of usual clinical pathways between and within different audiology departments.
- This variability influenced the experiences of the trial by clinical staff and the identified themes.

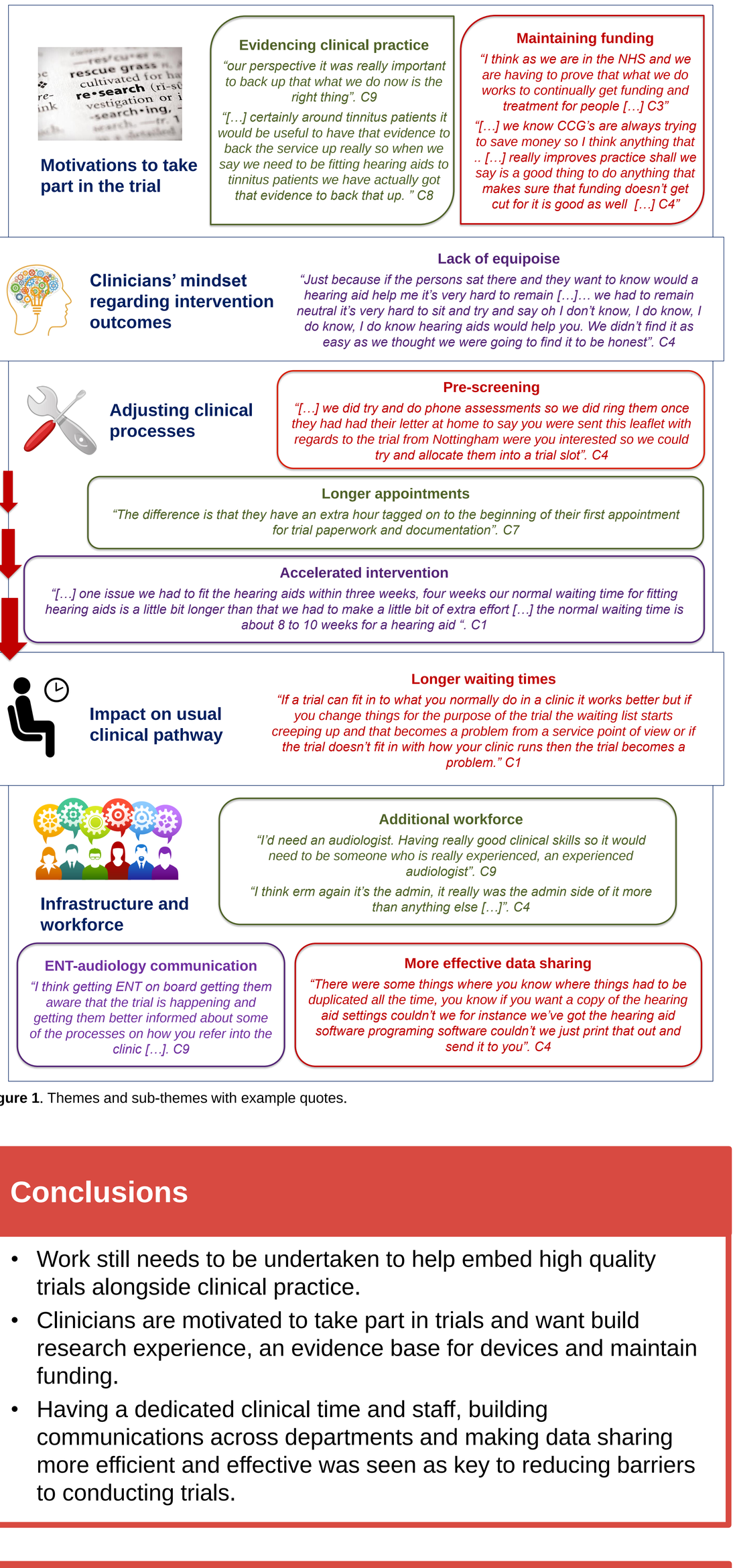

Figure 1. Themes and sub-themes with example quotes.

Conclusions

- Work still needs to be undertaken to help embed high quality trials alongside clinical practice.
- Clinicians are motivated to take part in trials and want build research experience, an evidence base for devices and maintain funding.
- Having a dedicated clinical time and staff, building communications across departments and making data sharing more efficient and effective was seen as key to reducing barriers to conducting trials.

References

1) Haines et al. Pilot Feasibility Stud. 2020;6:41. 2) Gale et al. BMC Med Res Methodol. 3) Ritchie.1994. In: Analyzing Qualitative Data. (Bryman A, Burgess R, eds.),1994.

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