CHAPTER 28

Interviewing

Angela Tod

Key points

- Interviews can be used to collect qualitative and quantitative data, and can vary in their degree of structure. The degree of structure is dictated by the research design and purpose.
- Key skills in conducting rigorous interviews include developing a well-designed data collection tool, selecting a suitable environment, establishing rapport, and balancing the direction and flexibility of questioning.
- Interviews can generate rich data reflecting the perspective of participants. Interviews can be of particular value when the research focus is a sensitive area.
- Interviews are labour intensive, expensive and can introduce bias.
- Interviews provide a unique opportunity to gain insight into a range of subjects and experiences related to nursing and health services.

INTRODUCTION

This chapter considers some of the key issues confronting the researcher in conducting a research interview. Brief attention is paid to the purpose and nature of the research interview. This is followed by an overview of different types of interview and some of the advantages and disadvantages of the different forms. The main issues to reflect on when undertaking research interviews are reviewed, followed by an outline of some factors relating to validity, reliability and ethics.

THE PURPOSE OF THE RESEARCH INTERVIEW

Conducting a research interview is one of the most exciting and fascinating methods of data collection in nursing and healthcare research. This may explain why it is one of the most commonly used data collection methods. Interviews are used in both qualitative and quantitative research as the primary data collection method or as a supplementary method in mixed methods studies.

Reasons for undertaking interviews

The purpose of undertaking a research interview varies widely. The research aim will dictate the exact nature and form of the interview in terms of structure, direction and depth. Generally the more that is known about a topic beforehand, the more structured and less in-depth the exploration.

A structured interview approximates to a standardised interviewer-administered questionnaire in that the wording and order of questions is the same for all participants. Structured interviews normally generate quantitative data. Some include limited open questions and have some capacity to produce qualitative data. Structured interviews would be used for a survey in order to measure variables in a specific population. They are useful when a certain amount is already known about the subject under examination, and are used to explore differences between people with varying characteristics or experiences (Murphy *et al.* 1998: 112–123). The inclusion of open questions facilitates the collection of data to illuminate survey responses.

The majority of interview-based studies in nursing are qualitative in nature and so adopt a less-structured, more 'in-depth' and flexible approach. Such methods are recommended when the research purpose is to:

- explore a phenomenon about which little is known
- understand context
- generate a hypothesis or theory to explain social processes and relationships
- verify the results from other forms of data collection, for example observation
- illuminate responses from a questionnaire survey
- conduct initial exploration to generate items for questionnaires.

Interviews, therefore, have the capacity to describe, explain and explore issues from the perspective of participants.

Research Examples 28.1, 28.2 and 28.3 illustrate different uses of the research interview. Collins and Reynolds (2008) use semi-structured interviews to

RESEARCH EXAMPLE

28.1 Using Interviews as a Single Method of Data Collection in a Qualitative Study

Collins S, Reynolds F (2008) How do adults with cystic fibrosis cope following a diagnosis of diabetes. *Journal of Advanced Nursing* **64**(7): 478–487.

In this study, 22 patients with a diagnosis of cystic fibrosis-related diabetes were interviewed (10 women, 12 men, age range 24–55). Mean time from their diabetes diagnosis was 8 years 4 months (range 1–35 years). The aim was to explore patients' experience of adapting to a diagnosis of diabetes, which, for them, would be a second chronic illness. The semi-structured interviews were conducted and audio-taped. The tapes were transcribed verbatim and analysed using interpretative phenomenological analysis (IPA). Four themes were identified: emotional response to the diagnosis, looking for understanding, learning to live with diabetes and limiting the impact of diabetes. Two challenges emerged for patients adapting to the dual diagnosis. These were managing the conflicting dietary demands of the illnesses and a lack of practical professional advice.

The interviews were able to uncover sensitive and subtle responses to the diagnosis of diabetes. For example, the study revealed more extreme initial feelings of shock and uncertainty at the new diagnosis as well as the way that for some the diagnosis led them to confront and review their feelings about cystic fibrosis. It allowed experiences to be categorised and better understood and indicated how health professionals can better educate patients with cystic fibrosis-related diabetes.

RESEARCH EXAMPLE

28.2 A Study Using Interviews in a Mixed Methods Study

Astin F *et al.* (2008) Primary angioplasty for heart attack: mismatch between expectations and reality. *Journal of Advanced Nursing* **65**(1): 72–83.

This mixed methods study aimed to explore patients' experiences of primary angioplasty and to assess their illness perceptions. A total of 29 patients (16 men and 13 women, age 36–83) were interviewed 3–12 days after hospital discharge. Following the interview participants were asked to complete an Illness Perception Questionnaire (IPQ-R) (Moss-Morris *et al.* 2002). A topic guide was used in the interview, but this contained fairly open questions, for example 'Can you tell me about your recent admission to hospital for your heart problem'. This allowed the patient to lead the focus and content of the interview. The IPQ-R assesses people's perceptions and beliefs about their illness, specifically with regard to illness identity, timeline and consequences. The interview data allowed in-depth exploration of patient experiences from which conclusions were drawn about how patients characterised their illness. The IPQ-R responses were able to support, verify or challenge these findings. For example, the speed with which primary angioplasty occurs can create confusion for people and make it difficult to understand what has happened to them. The IPQ-R was able to affirm that respondents were more likely to see their condition as acute, rather than as an acute episode of a chronic condition. This has implications for their recovery and secondary prevention.

RESEARCH EXAMPLE

28.3 A Study Using Interviews to Collect Data in a Quantitative Study

Laws R (2004) Current approaches to obesity management in UK primary care: the Counterweight Programme. *Journal of Human Nutrition and Dietetics* **17**: 183–190.

This study aimed to examine obesity management in 40 primary care practices in the UK. A total of 141 general practitioners and 66 practice nurses were interviewed using a structured approach. A researcher-administered questionnaire was used to establish which of five obesity management approaches participants used. The approaches were based on time spent with patients and the nature of advice given. Referral practice and attitudes to obesity management were also recorded. Reported practice in the interviews was compared to recorded practice in the clinical notes.

The approach revealed that obesity was under-reported and under-recognised in primary care. However, it demonstrated the challenge of collecting data from busy clinical staff as one-third of the participants did not complete the questionnaire/interview.

explore the experience of patients with cystic fibrosis in adapting to a diagnosis of diabetes, a second chronic illness (see Research Example 28.1). This study demonstrates how interviews can generate qualitative data to inform care givers of the implications of having this dual diagnosis and their conflicting and complex demands. Astin *et al.* (2008) used interviews in the qualitative component of a mixed methods study to explore UK patients' experience of primary angioplasty (see Research Example 28.2). It demonstrates how interview data can be used alongside a questionnaire to illuminate the patient experi-

ence. In this study the questionnaire data were used to verify and inform the qualitative findings. Laws (2004) uses structured interviews to collect quantitative data from doctors and nurses on obesity management (see Research Example 28.3).

The difference between a clinical and research interview

Nurses are trained to use interviews to obtain information from patients in clinical settings. While this clinical experience may be a good preparation, the research context and purpose is different and requires different skills. In research interviews the focus of data collection is broad, as it is necessary to understand meanings about the area of study from the participants' viewpoint.

In the clinical context, data collection is focused on identifying a problem, fitting it into a predetermined category, e.g. diagnosis, and deciding a management or intervention strategy (Britten 1995). This means the clinical situation lends itself to being more controlled by the clinician. In addition, a nurse would freely respond to patients' questions related to the clinical situation. In a research interview, this is not appropriate. To respond to questions may deviate from the interview focus and bias responses by changing the participant's knowledge base. Judgements made by researchers therefore differ from those of the nurse.

TYPES OF INTERVIEW

Structure

Robson (2002) states that the most common distinction made between different types of interview is the degree of structure and standardisation. A continuum exists from completely structured to unstructured interviews (Figure 28.1). In general, the less structured an interview the more in-depth and flexible the questioning. An unstructured interview is likely to be led more by the informant agenda than by the interviewer. It will generate qualitative data.

In structured or standardised interviews the balance of control lies with the interviewer. Such an approach would be adopted for survey purposes or when less in-depth data is required. Structured interviews are also used if it is not possible for the participant to self-administer a questionnaire, for example if the participant does not have the ability or concentration to read or does not have the time to participate. In nursing research, a structured interview may be used to gain some insight where competing work or home demands would make a more in-depth interview impossible. Interviewing nurses on a busy ward might be an example of this.

In many qualitative studies, semi-structured and unstructured interviews are used. Semi-structured interviews will have predetermined topics and open-ended questions laid down in an interview schedule.

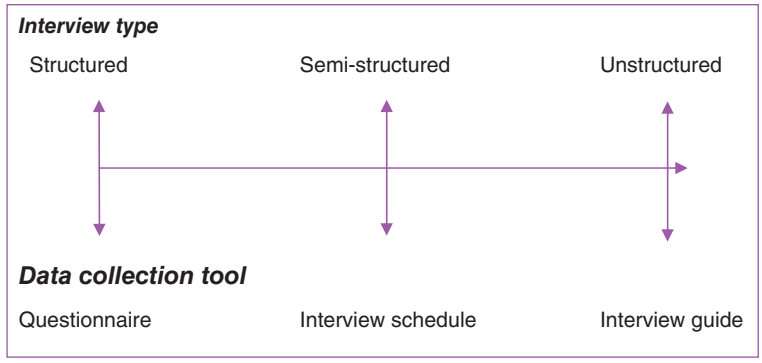

Figure 28.1 The continuum of interview structure and data collection tool required

They retain the flexibility necessary to follow issues raised by participants that had not been anticipated. Control and direction of interviews of this nature still lies with the researcher, but there will be capacity to be responsive to the interviewee's agenda and views. Semi-structured interviews are widely used in qualitative studies adopting a number of methodological approaches in nursing research.

Unstructured interviews are the most in-depth and least directive. The aim here is often to explore in great detail a general area of interest or a phenomenon from the participant's perspective. A few themes may guide the interview, but it will be led by the participant's perspective and viewpoint. Interviews of this nature are very informal and can appear more like a conversation than an interview. The interview guide will comprise a list of topics rather than predefined questions. This approach is more commonly adopted in qualitative research methodologies where little previous knowledge exists regarding the area of study.

The degree of structure employed in an interview will depend on the purpose of the study and the depth of inquiry required. It will also vary according to the resources available. With structured interviews questioning techniques are standardised to ensure the reliability of the data. Unstructured interviews can be labour intensive and expensive. Their informal and unguided structure means they can take a long time to conduct and also to transcribe and analyse. As is always the case with research, it is important to choose the right tool for the job and to make sure the approach adopted is achievable within the time and cost restraints of a study.

Face-to-face versus telephone interviews

The vast majority of individual interviews are conducted face to face. The researcher is able to probe and investigate hidden and suppressed views and experiences. The ability to observe body language and have eye contact helps to interpret what is being said. It also helps to interpret emotion, distress, anxiety and silence, and to respond accordingly. For example, if a respondent displays emotion it may provide an appropriate opportunity to collect data on a sensitive and upsetting experience of great value to the study. On the other hand it may be appropriate to appraise the situation with regard to stopping the interview. Making this judgement is difficult if the interview is not face to face.

Telephone interviews are increasingly being used to conduct structured and semi-structured interviews. In some circumstances it may be a cheaper, more convenient mode of inquiry. Telephone interviews are limited in their ability to detect detailed information, misinformation, and the emotional implications and subtext relating to the interview topic. However, there are situations where telephone interviews have clear advantages, particularly for structured interviews. Midanik and Greenfield (2003) compared the use of telephone and in-person interviews to collect data for a national survey on alcohol use. They found no differences in the number and quality of responses, and so advocate the use of telephone interviews for national surveys. Telephone interviews are cheaper, require less travel and the equipment needed is minimal (a simple connecting cable between the phone and tape recorder).

In a qualitative research project, Garbett and McCormack (2001) were able to capture the views of 26 nurses working in different roles and settings across the UK by using telephone interviews. To undertake face-to-face interviews would have been expensive and involved travelling long distances to. Using the telephone also helped to ensure participants were not under any pressure to participate, as they found it easier to refuse.

Telephone interviews can offer a more sensitive and less-threatening approach when the nature of the research topic may create a risk of participants thinking they will be judged. It also provides a more convenient option if people are busy and have conflicting commitments.

One-off or longitudinal interviews

Numerous studies use interviews as a one-off strategy of data collection where interviews are collected at one point in time. Longitudinal or sequential interviews include the ability to collect data at different time points, for example during the course of a

patient's illness. This captures the evolving experience of the participant and tracks changes and gaps, for example in expectations and experiences or in health status.

Sequential interviews can generate richer data. Field and Morse (1985) claim that it is often impossible to collect good-quality data at the first interview. The increased trust that develops over time between researcher and interviewee will also facilitate more in-depth and better-quality data.

UNDERTAKING AN INTERVIEW

On the surface an interview may appear to be a process of asking a few questions. In reality, conducting a sound and rigorous interview can be a testing and complex enterprise (Robson 2002). The researcher has a responsibility to master certain techniques in order to produce results that are meaningful, useful and ensure the interviewee's generous contribution is not in vain.

Developing the data collection tool

It is important to develop the right tools to address the research purpose and answer the research question. Key to this is developing a data collection tool with the right level of structure. Examples are provided in Table 28.1.

A structured interview will require a structured, inflexible schedule akin to a questionnaire. It has to be administered in the same way and the same order, with the same wording for each participant. An unstructured interview will have maximum flexibility and often requires a guide comprising only a few core items. With a semi-structured interview a suitable schedule is essential for achieving the right balance of direction and flexibility. This means the central research question will be addressed, and it will also allow new and interesting responses to be explored further. An unstructured interview has no set of questions and may be more discursive. It may just consist of an opening question or invitation for the participant to share their experience of the issue being explored.

Table 28.1 Examples of interview structure, purpose and questions

Interview structure	Research purpose	Example of a question(s)
Structured or standardised interview	To identify (i) the nature, range and frequency of angina symptoms experienced by the population of a geographical area; and (ii) variation in symptom experience between and within the population according to characteristic, e.g. age, gender, ethnicity	a) Which of the following angina symptoms do you experience? (provide a list of symptoms with boxes to tick) b) How often do you experience them? (provide a scale for participants to indicate frequency of experience)
Semi-structured interview	To explore and identify barriers to angina symptom reporting and diagnosis?	Can you tell me a bit about yourself? How old are you? Are you married? Do you have any children? When did you first notice that there was something wrong with your heart? What symptoms or discomfort did you experience? What did you think was causing these feelings at first?
Unstructured interview	To understand an individual's experience of living with angina and the meaning it has for them in their life	Can you tell me about your experience of living with angina?

A number of factors should be considered when constructing an interview schedule. How important these are may depend on the purpose of the study (i.e. to generate quantitative or qualitative data) and the nature of the questioning (i.e. level of structure and sensitivity of the subject).

First, it is necessary to be clear about the types of questions to be asked. Six main types of questions have been identified (Britten 1995; Patton 1987):

- behaviour or experience
- opinion or belief
- feeling
- knowledge
- sensory experience
- background information such as demographics.

Some are easier to ask about and answer than others. Questions related to behaviour and knowledge may elicit short and specific responses. In comparison, questions about beliefs and feelings are more challenging, complex and potentially sensitive. They may need to be approached gradually and only after non-threatening questions have been asked.

It is common for the sequence of the schedule to be divided into sections, for example introduction, 'warm-up' or opening questions, the main interview questions, 'wind-down' questions and closing the interview (see Table 28.2).

Inappropriate timing of questions can sabotage the interview. If rapport and trust have been established it is possible to ask questions of an extremely sensitive nature. It is necessary continually to judge the appropriateness of an interview question in terms of the timing and how it will be interpreted and received by the interviewee.

Prompts can be built into the interview. These are particularly important in semi-structured interview

Table 28.2 Sequence of questions in an interview

Interview sequence	Type of questions
Introduction	• Introducing the study • Explain the purpose of the interview • Check the participant understands the purpose and nature of the study • Obtain or verify consent • Promote a relaxed atmosphere by making conversation
Warm-up	• Ask neutral, unthreatening questions • Ask for factual background information, e.g. age, children, job • Seek clarification or expansion if necessary
Main interview questions	• Ask questions relating to the main research aim • Ensure sequence follows some logic and sense • Start with broad questions followed by more focused ones • Leave the most sensitive and difficult questions until last • Use prompts and probes to generate deeper and richer data
Wind-down	• Round off with a few simple questions especially if the interview has been tense, emotional or sensitive • Let the interviewee know the interview is winding up, for example say 'to finish with …' • Ask if there is anything else they would like to add
Close of interview	• Check again there is nothing else they want to add • Check people know and remember what will happen to the data • Thank the participant

(Compiled with reference to Robson 2002; Legard *et al.* 2003)

Box 28.1 Example of questions used in a semi-structured interview

Broad question *(asked at the beginning of the interview to gain an overview of the patient's experience, develop rapport and influence subsequent questioning)*
Can you tell me something about your general health?

Focused question *(asked afterwards to elicit information about diagnosis of angina and any other chronic condition)*
Do you have any long-standing illness or disability?

Structured questionnaire *(administered as a way of verifying the patient has angina)*
Administer the 'Rose Angina Questionnaire' (Rose *et al.* 1977). This is a short questionnaire eliciting information on the patient's chest pain and is an objective measure of angina symptoms.

Prompt *(if not mentioned investigate further whether they have angina)*
Has your doctor told you what is wrong with you, i.e. what causes the chest pain?

(The results of this study are found in Tod *et al.* 2001)

schedules. Prompts have been described as questions that derive from the researcher (Robson 2002). They are intended to test an *a priori* assumption of the researcher or facilitate the interviewee to reflect on or expand on a certain theme issue (Legard *et al.* 2003). They can also be used if participants lose their thread as a way of encouraging them to re-engage with the interview.

Tod *et al.* (2001) used a semi-structured interview schedule to explore patients' experience of angina symptoms in order to identify barriers and facilitators in symptom reporting. Box 28.1 provides examples of broad questions used to start the interview followed by more focused questions with predetermined prompts.

CONDUCTING THE INTERVIEW

Selecting a suitable environment

Maintaining a suitable interview environment will often require a trade-off between accessibility, comfort and level of distraction. If a venue is considered inappropriate or inaccessible, people will be reluctant to take part. Common choices are the interviewee's home or workplace. A more neutral location may be required if people are likely to be distracted by or protective of their personal or professional setting.

The comfort of the environment is essential if interviewees are to feel relaxed, at ease and able to concentrate. On occasions, however, it may be necessary to sacrifice some comfort in order to involve participants from certain groups, for example interviewing patients on bed rest or nurses on or near their ward.

Choosing an environment with minimum risk of disruption is also a concern. There are certain things that a researcher can do to facilitate this, such as turning off telephones and other equipment and putting up a 'do not disturb' sign.

Even the best-laid plans can go astray and sometimes the unpredictable occurs, for example a participant having unexpected childcare commitments resulting in a child being present at the interview. The researcher then needs to make a judgement about whether to proceed with the interview in the knowledge that the quality may be affected, or whether to cancel the interview and risk offending the participant.

Establishing rapport

A successful interview will be reliant on developing a sense of trust and rapport. The attitude and demeanour of the interviewer is key, and it is essential that they appear genuine and interested in the participant's views. Legard *et al.* (2003) suggest that the researcher displaying confidence, tranquillity and credibility facilitates this. Humour and adaptability are also tools. Being organised, efficient and focused, having a well-planned and paced schedule of questions and being responsive to the mood, body language and priorities of the interviewee all help to develop a good interview relationship. The posture and bearing of the researcher should convey attention and interest.

Questioning technique

Techniques used to facilitate questioning need to maintain a balance between direction and flexibility. Where the balance lies will reflect the research aim, method and level of structure. Techniques include active listening, being clear and unambiguous, not leading respondents towards particular views or beliefs and, again, staying interested. The tradition is to advise researchers to say as little as possible because of the risk the interviewer may contaminate, influence or confuse the interviewee. Some researchers argue for more interaction in qualitative interviews on the grounds that it allows the researcher to test out emerging ideas, and discussion helps to explore more complex issues (Melia 2000). One approach to being more interactive is what Melia (2000) refers to as 'verbal memo-ing', where the interviewer investigates initial arguments emerging from analysis. Another option that can be used in both qualitative and quantitative research would be to construct vignettes or scenarios from earlier accounts to draw out opinion in subsequent interviews.

The appropriate use of prompts and probes can help achieve the right balance of breadth and depth in the questioning (Legard *et al.* 2003). In structured interviews they may be used to clarify a question if it is misunderstood. In unstructured and semi-structured interviews some questions lead the respondent to broad statements that may set the stage or reveal a range of issues and dimensions. Probes may then be used to uncover layers of meaning. Probing questions have the capacity to amplify, explore, explain or clarify (Legard *et al.* 2003). The astute use of silence to help participants reflect and respond is a valuable interview technique. An interested look, maintaining eye contact or summarising can all help to prompt a response.

Managing the interview

An interview is a sensitive interaction and needs careful handling. This should start from the outset by considering how the researcher is perceived by the participant. Difference or similarity in age, ethnicity, gender or social status can all make a difference to how people respond. The interviewer's demeanour and appearance may depending on whether they are interviewing a chief executive of a hospital or a teenager. Clarity of introduction both of the researcher and the project itself can also help. This will also minimise any risk of role conflict for a nurse conducting a research interview.

Setting the scene for the respondent is essential. Points to explain include:

- there are no right or wrong answers
- they have the right to withdraw or stop at any time
- they can interrupt or ask for explanations whenever they want
- the interview will be recorded (usually on audio tape) with their permission.

COMMON PITFALLS IN CONDUCTING INTERVIEWS

Field and Morse (1985) include the risk of losing the research role and slipping into that of a teacher, preacher or counsellor. This risk is a particular danger in less-structured interviews where the discussion is more in-depth. On occasions it is difficult to avoid role conflict, especially for nurses and others with a

clinical training. The interviewer must avoid putting their own view and perspective forward. This is a particular hazard when the respondent has said something the researcher disagrees with or finds offensive. To explore such views gently will be more productive than challenging them (Legard *et al.* 2003).

Handling a situation that is emotionally charged can be testing if a participant becomes upset, anxious or angry. Sensitive questioning can help, as will communicating empathy and interest with body language and eye contact. However, it is important not to be frightened of such emotional situations. Not only do they often produce the most valuable and insightful data, but the participant may find it a positive experience to discuss the issue in this way.

Selecting the most appropriate way of recording an interview is a key factor in its success. The most common form of recording is audiotape, supplemented by fieldnotes. Other media include video recording, video conferencing or internet chat rooms. In making a decision it is important to consider how intrusive the technology will appear to the participant, ease of use of the technology, reliability, and ethical aspects regarding confidentiality and privacy. It is always important to check that recording equipment is working well before the interview. It may be false economy to skimp on the quality of this technology. Following the interview the recording is normally transcribed verbatim ready for analysis.

Researchers taking fieldnotes need to be aware of how the respondent will interpret this activity. If the researcher appears more absorbed in scribbling notes than in participating in the interview it is easy for the respondent to think that they are not listening or not interested.

Additional challenges in managing an interview can occur if the researcher and participant do not speak the same language and an interpreter is used. Developing rapport and trust can be more difficult if the interview is being conducted through a third person. It is therefore necessary to ensure the interpreter is acceptable to the participant and culturally appropriate, in addition to having good language skills. Maintaining accuracy in collecting data is also difficult. The interpreter should be skilled and practised in research interview work and be able to demonstrate accuracy of translation between interviewee and interviewer.

Managing an interview well is a difficult task and needs practice. Piloting is recommended, especially when the researcher is new to the interview process. Piloting allows questions to be tested and refined, and practice gained in using recording equipment. A novice interviewer is advised to secure good supervision, not just to support the research design and data analysis, but also to aid reflection of the interview experience. Mistakes are inevitable, but it is always worth reflecting on these and discussing ways to avoid the same pitfalls in the future.

ADVANTAGES AND DISADVANTAGES OF INTERVIEWS

Interviewing is a flexible and adaptable method of data collection and can be an efficient way of collecting data on a myriad of subjects, including participants' views, attitudes, behaviours and experiences. The flexibility of the interview format and structure is one of its greatest advantages. The interview is malleable and can be adapted to fit the needs and purpose of different studies from quantitative surveys to detailed phenomenological explorations of individuals' experiences.

Structured interviews have the capacity to generate a large volume of data from a large sample. They are an excellent means of collecting data that is predominantly quantitative but can incorporate qualitative questioning. It is possible to use structured interviews to test the findings of smaller, in depth interview studies with a larger population.

Semi-structured and unstructured interviews have an unrivalled ability to generate data of depth and complexity. The forum of the interview provides the opportunity to explore the intricacy of an issue from the perspective of individual participants.

Interviews may provide the only method of eliciting the views of people who are often 'hard to reach' in terms of research, and who would be reluctant or unable to participate in research using other methods. There is some indication that, while not intentionally having a direct therapeutic effect, people

do find the experience of being interviewed a positive one.

Many of the disadvantages are reflected in the challenges referred to earlier, for example the risk of introducing bias by inadequate sampling or questioning. Following the advice and techniques above can avoid this. However, one danger to be considered is that the involvement in the interview itself may change the views or perceptions of the participants. The researcher should be continually vigilant of this risk of a 'Hawthorne effect' throughout data collection and analysis.

Finally, interviewing can be expensive in terms of time and funding. Resources may be required to support the researchers' or participants' involvement, for example travel, care of participants' dependants, reimbursement for loss of earnings, refreshments. The cost of reliable technical recording equipment and transcription are not insignificant and need to be considered when making the decision to use interviews as a data collection method.

VALIDITY AND RELIABILITY

The degree of reliability (the accuracy and consistency of the data collection) required from an interview will vary. In a structured interview, high levels of reliability will be sought. Training and a robust schedule will ensure standardised practice between different researchers. With a more in-depth, semi-structured or unstructured interview reliability is less achievable. Such an interview will be flexible and interactive in order to understand the individual's social construction and representation of the research phenomenon. However, a competent researcher with a consistent approach and well-designed schedule will be able to maximise the rigour of the results (Lincoln & Guba 1985).

The validity of a study considers how 'true' the data are. The challenge is to demonstrate that the findings are an accurate account of the participant's representation of the topic, and not due to bias.

Data collection bias may arise in interviews because of the way the sample has been selected, how the interview is conducted or because of the researcher's influence. To protect against these risks it is necessary to monitor and reflect on the following questions.

- Has the sample any inbuilt bias, e.g. are some groups excluded or under-represented?
- Are the questions addressing the participant's concerns, views and experiences?
- Have the interviewees been given the opportunity to adequately present their views?
- Has the researcher led or influenced the participant's responses in any way?

Having clear and well-prepared documentation will help address these questions, for example interview schedules and fieldnotes.

ETHICAL ISSUES WITH INTERVIEWING

Some of the major ethical issues relating to interview based studies are outlined here.

Consent

Chapter 10 gives details of the procedures that need to be followed to obtain informed consent. Potential interviewees should be approached with sufficient time to allow them to reflect on the implications of participation and not feel pressurised into taking part. A signature is required to indicate that informed consent has been given. When this is obtained some time prior to the interview taking place, consent should be verified immediately before the actual interview.

Anonymity and confidentiality

The names and identity of participants should not be revealed as a result of the collection, analysis and reporting of the study, in order to preserve their anonymity and confidentiality. It is important to ensure that first contact with participants about the study is via someone with a legitimate role and right to identify them, for example the consultant or senior nurse involved in a patient's care.

There are circumstances when complete anonymity is not possible to guarantee, for example when reporting the age, gender and medical condition/role would identify a person. In smaller interview-based studies recruiting from a limited sampling frame, this is a real risk. Where this threat occurs it should be pre-empted and included in the informed consent procedure. Sometimes people are prepared to be involved despite the risk of being identified, but they should be given the chance to agree any direct references and quotes from them used in any reports or publications.

To protect anonymity interviewees are sometimes referred to by number or pseudonym. Asking a person to choose their own pseudonym can help them understand the confidentiality implications of participation.

Once an interview tape has been recorded, all identifiable references need to be removed from the tape and transcript. These ought then to be stored in locked, secure storage and in password-protected computers. Tapes are usually destroyed or returned to participants on completion of the study.

Protecting participants' and researchers' rights, and protecting them from harm

Ensuring interviewees' understanding of the study and its requirements is a key concern when protecting them from harm. It is therefore important to make certain people know what subjects will be covered, especially where these are sensitive or distressing in nature. Where necessary, support for the participant may be required and, where available, stated in the information sheet.

When explaining the study, it is important not to raise participants' expectations regarding its impact on their own care, other people's care or the development of services. People often participate in interviews where they share their views and experiences for altruistic reasons. Researchers should endeavour to be realistic in any claims that the study has the capacity to make change.

One major risk in conducting interviews is where a risk to the participant or someone else is revealed. Examples include:

- a patient revealing suicidal thoughts
- a patient or staff member describing an incident of negligence or abuse
- a patient revealing that their medical condition has deteriorated.

These challenging dilemmas should be considered on a case-by-case basis. The risk–benefit balance of reporting what the participant has disclosed or remaining silent may vary tremendously. Where possible, the risk of this should be pre-empted, and a reporting process should be put in place and made clear in the information sheet. For example, the situation might be discussed with a patient's doctor or nurse.

Finally, the researcher has a requirement to protect themselves. If an interview has been particularly emotional, tense or challenging, the availability of experienced, trusted supervision to facilitate reflection is invaluable.

The other main risk for a researcher relates to issues of personal safety. It is standard practice for interviewers to inform an identified person of the time and location of an interview and inform them when it is over and they have left the venue. This is a particular requirement when interviewing in people's own homes or unknown environments. A mobile phone and panic alarms are sometimes carried as additional means of communication if the researcher feels exceptionally threatened.

CONCLUSIONS

Conducting an interview involves sharing an aspect of someone's life. As such, the decision to employ interviews as a data collection method should not be taken lightly. The practical, procedural, ethical and cost implications all have to be considered. However, if these are addressed, and a researcher has the required expertise and support, conducting an interview can be a vehicle to gaining a unique insight into the area of study and a privilege and pleasure to undertake.

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