Qualitative Research in Health Care

Qualitative interviews in health research

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Interviews are the most commonly used qualitative technique in health care settings. The attraction of interview-based studies for practising clinicians is their apparent proximity to the clinical task. However, this is also a danger as the many differences between clinical work and qualitative research may be overlooked.

Types of qualitative interview

Practising clinicians routinely interview patients during their clinical work, and they may wonder whether simply talking to people constitutes a legitimate form of research. In sociology and related disciplines, however, interviewing is a well-established research technique. There are three main types: structured, semistructured and depth interviews (see Box 1).

Structured interviews consist of administering structured questionnaires, and interviewers are trained to ask questions (mostly with a fixed choice of responses) in a standardised manner. For example, interviewees might be asked: "Is your health excellent, good, fair or poor?" Though qualitative interviews are often described as being unstructured in order to contrast them with this type of formalised interview designed to yield quantitative data, the term "unstructured" is misleading, as no interview is completely devoid of structure. If there were no structure, there would be no guarantee that the data gathered would be appropriate to the research question.

Semistructured interviews are conducted on the basis of a loose structure consisting of open-ended questions that define the area to be explored, at least initially, and from which the interviewer or interviewee may diverge in order to pursue an idea or response in more detail. Continuing with the same example, interviewees might initially be asked a series of questions such as: "What do you think good health is?", "How do you consider your own health?" and so on.

Depth interviews are less structured than this, and may cover only one or two issues, but in much greater detail. Such an interview might begin with the interviewer saying, "This research study is about how people think about their own health. Can you tell me about your own health experiences?" Further questions from the interviewer would be based on what the interviewee said, and would consist mostly of clarification and probing for details.

Interviews have been used extensively in studies of both patients and doctors. For example, Britten interviewed 30 attenders and non-attenders at two general practices to explore patients' ideas about medicines.[1] A semistructured interview schedule of 16 questions was used, but respondents were also encouraged to talk freely. The data revealed that on the one hand much medicine taking was taken for granted and, on the other hand, that patients had many fears and powerful negative images of medicines. Black and Thompson interviewed 28 consultants and 34 junior doctors about their perceptions of the role of medical audit.[2] Although the doctors accepted the need for audit, the study identified 19 obstacles to audit. In general, criticisms were levelled at the way audit was being implemented rather than at the underlying principles.

Clinical and qualitative research interviews have very different purposes. Although the doctor may be willing to see the problem from the patient's perspective, the clinical task is to fit that problem into an appropriate medical category in order to choose an appropriate form of management. The constraints of most consultations are such that any open-ended questioning needs to be brought

to a conclusion by the doctor within a fairly short time. In a qualitative research interview, the aim is to discover the interviewee's own framework of meanings and the research task is to avoid imposing the researcher's structures and assumptions on the interviewee's account as far as possible. The research needs to remain open to the possibility that the concepts and variables that emerge may be very different from those that might have been predicted at the outset.

Qualitative interview studies address different questions from those addressed by quantitative research. For example, a quantitative epidemiological approach to the sudden infant death syndrome might measure statistical correlates of national and regional variations in incidence. In a qualitative study, by contrast, Gantley et al. interviewed mothers of young babies in different ethnic groups to understand their child rearing practices and hence discover possible factors contributing to the low incidence of sudden infant death in Asian populations.[3] A quantitative study of single-handed general practitioners might compare their prescribing and referral rates, out-of-hours payments, list sizes, and immunisation and cervical cytology rates with those of general practitioners in partnerships. A recent qualitative study used semistructured interviews to examine the concerns of single-handed general practitioners.[4] This research identified a range of problems perceived by this group of doctors, such as inadequate premises, difficulties finding locums and therefore with taking holidays, and difficulties with the general practitioner contract. Qualitative research can also open up different areas of research such as hospital consultants' views of their patients, or general practitioners' accounts of uncomfortable prescribing decisions.[5,6]

Conducting interviews

Qualitative interviewers try to be interactive and sensitive to the language and concepts used by the interviewee, and they try to keep the agenda flexible. They aim to go below the surface of the topic being discussed, explore what people say in as much detail as possible, and uncover new areas or ideas that were not anticipated at the outset of the research. It is vital that interviewers check that they have understood respondents' meanings instead of relying on their own assumptions. This is particularly important if there is obvious potential for misunderstanding - for example, when a clinician interviews someone unfamiliar with medical terminology. Clinicians should not assume that interviewees use medical terminology in the same way that they do.

Patton has written that good questions in qualitative interviews should be open-ended, neutral, sensitive and clear to the interviewee.[7] He listed six types of questions that can be asked: those based on behaviour or experience, on opinion or value, on feeling, on knowledge, on sensory experience, and those asking about demographic or background details (see Box 2). It is usually best to start with questions that the interviewee can answer easily and then proceed to more difficult or sensitive topics. Most interviewees are willing to provide the kind of information the researcher wants, but they need to be given clear guidance about the amount of detail required. This way, it is possible to collect data even in stressful circumstances.[8]

The less structured the interview, the less the questions are determined and standardised before the interview occurs. Most qualitative interviewers will have a list of core questions that define the areas to be covered, based on the objectives of their study. Unlike quantitative interviews based on highly structured questionnaires, the order in which questions are asked will vary, as will the questions designed to probe the interviewee's meanings. Wordings cannot be standardised because the interviewer will try to use the person's own vocabulary when framing supplementary questions. Also, during the course of a qualitative study, the interviewer may introduce further questions as he or she becomes more familiar with the topic being discussed.

All qualitative researchers need to consider how they are perceived by interviewees and the effects of personal characteristics such as class, race, sex and social distance on the interview. This question becomes more acute if the interviewee knows that the interviewer is also a doctor

or nurse. An interviewee who is already a patient or likely to become one may wish to please the doctor or nurse by giving the responses he or she thinks the doctor or nurse wants. It is best not to interview one's own patients for research purposes, but if this cannot be avoided, patients should be given permission to say what they really think, and they should not be corrected if they say things that clinicians think are wrong (for example, that antibiotics are a suitable treatment for viral infections).

Interviewers are also likely to be asked questions by interviewees during the course of an interview. The problem with this is that in answering questions, clinical researchers may undo earlier efforts not to impose their own concepts on the interview. On the other hand, if questions are not answered, this may reduce the interviewee's willingness to answer the interviewer's subsequent questions. One solution is to say that such questions can be answered at the end of the interview, although this is not always a satisfactory response.[9]

Researcher as research instrument

Qualitative interviews require considerable skill on the part of the interviewer. Experienced doctors and other clinicians may feel that they already possess the necessary skills, and indeed many are transferable. To achieve the transition from consultation to research interview, clinical researchers need to monitor their own interviewing technique, critically appraising tape recordings of their interviews and asking others for their comments. The novice research interviewer needs to notice how directive he or she is being, whether leading questions are being asked, whether cues are picked up or ignored, and whether interviewees are given enough time to explain what they mean. Whyte devised a six point directiveness scale to help novice researchers analyse their own interviewing technique (see Box 3).[10] The point is not that non-directiveness is always best, but that the amount of directiveness should be appropriate to the style of research. Some informants are more verbose than others, and it is vital that interviewers maintain control of the interview. Patton provided three strategies for maintaining control: knowing the purpose of the interview, asking the right questions to get the information needed, and giving appropriate verbal and non-verbal feedback (see Box 4).[7]

Holstein and Gubrium have written about the "active" interview to emphasise the point that all interviews are collaborative enterprises.11 They argue that both interviewer and interviewee are engaged in the business of constructing meaning, whether this is acknowledged or not. They criticise the traditional view in which a passive respondent is accessing a "vessel of answers" that exists independently of the interview process. The interview is an active process in which the respondent activates different aspects of her or his stock of knowledge, with the interviewer's help. They conclude that an active interview study has two aims: "to gather information about what the research project is about and to explicate how knowledge concerning that topic is narratively constructed".

Some common pitfalls for interviewers identified by Field and Morse include outside interruptions, competing distractions, stage fright, awkward questions, jumping from one subject to another, and the temptation to counsel interviewees (see Box 5).12 Awareness of these pitfalls can help the interviewer to develop ways of overcoming them, ranging from simple tasks such as unplugging the telephone and rephrasing potentially embarrassing questions, through to conducting the interview at the interviewee's own pace and assuring the interviewee that there is no hurry.

Recording interviews

There are various ways of recording qualitative interviews: notes written at the time, notes written afterwards, and audio taping. Writing notes at the time can interfere with the process of interviewing, and notes written afterwards are likely to miss out some details. In certain situations,

written notes are preferable to audio taping, but most people will agree to having an interview tape recorded, although it may take them a little while to speak freely in front of a machine. It is vitally important to use good quality equipment that has been tested beforehand and with which the interviewer is familiar. A good quality portable microphone can enhance the recording quality of a cheap tape recorder. Transcription is an immensely time consuming process, as each hour's worth of a one-to-one interview can take six or seven hours to transcribe, depending on the quality of the tape (and, as Chapter 3 explains, this transcription time increases considerably for group interviews). The costing of any interview-based study should include adequate transcription time.

Identifying interviewees

Sampling strategies should always be determined by the purpose of the research project.[12] Statistical representativeness is not normally sought in qualitative research.[13] Similarly, sample sizes are not determined by hard and fast rules, but by other factors, such as the depth and duration required for each interview and how much it is feasible for a single interviewer to undertake. Large qualitative studies do not often interview more than 50 or 60 people, although there are exceptions.[14] Sociologists conducting research in medical settings often have to negotiate access with great care, although this is unlikely to be a problem for clinicians conducting research in their own place of work. Nevertheless, the researcher still needs to approach the potential interviewee and explain the purpose of the research, emphasising that a refusal will not affect future treatment. An introductory letter should also explain what is involved and the likely duration of the interview and should give assurances about confidentiality. Interviews should always be conducted at interviewees' convenience, which for people who work during the day will often be in the evening. The setting of an interview affects the content, and it is usually preferable to interview people in their own homes.

Conclusion

Qualitative interviewing is a flexible and powerful tool that can open up many new areas for research. It is worth remembering that answers to interview questions about behaviour will not necessarily correspond with observational studies: what people say they do is not always the same as what they can be observed doing. That said, qualitative interviews can be used to enable practising clinicians to investigate research questions of immediate relevance to their everyday work, which would otherwise be difficult to investigate. Few researchers would consider embarking on a new research technique without some form of training, and training in research interviewing skills is available from universities and specialist research organisations.

Further reading

Fontana A, Frey JH. Interviewing: the art of science. In: Denzin NK, Lincoln YS, eds. *Handbook of qualitative research.* London: Sage, 1994:361-76.

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References

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4 Green JM. The views of single-handed general practitioners: a qualitative study. *Br Med J* 1993;307:607-10.

5 Britten N. Hospital consultants' views of their patients. *Sociology of Health and Illness* 1991;13:83-97.

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7 Patton MQ. *How to use qualitative methods in evaluation.* London: Sage, 1987:108-43.

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9 Oakley A. Interviewing women: a contradiction in terms. In: Roberts H, ed. *Doing feminist research.* London: Routledge and Kegan Paul, 1981:30-61.

10 Whyte WF. Interviewing in field research. In: Burgess RG, ed. *Field research: a sourcebook and field manual.* London: George Allen and Unwin, 1982:111-22.

11 Holstein JA, Gubrium JF. *The active interview.* London: Sage, 1995:56.

12 Field PA, Morse JM. *Nursing research: the application of qualitative approaches.* London: Chapman & Hall, 1989.

13 Mays N, Pope C. Rigour and qualitative research. *Br Med J* 1995;311:109-112.

14 Holland J, Ramazanoglu C, Scott S, Sharpe S, Thomson R. Sex, gender and power: young women's sexuality in the shadow of AIDS. *Sociology of Health and Illness* 1990;12:36-50.

Box 1 - Types of interviews

- Structured
  Usually with a structured questionnaire

- Semistructured
  Open ended questions

- Depth
  One or two issues covered in great detail
  Questions are based on what the interviewee says

Box 2 - Types of questions for qualitative interview

- Behaviour or experience
- Opinion or belief
- Feelings

- Knowledge
- Sensory
- Background or demographic

Box 3 - Whyte's directiveness scale for analysing interviewing technique[10]

1. Making encouraging noises
2. Reflecting on remarks made by the informant
3. Probing on the last remark by the informant
4. Probing an idea preceding the last remark by the informant
5. Probing an idea expressed earlier in the interview
6. Introducing a new topic

(1=least directive, 6=most directive)

Box 4 - Maintaining control of the interview[7]

- Knowing what it is you want to find out
- Asking the right questions to get the information you need
- Giving appropriate verbal and non-verbal feedback

Box 5 - Common pitfalls in interviewing[12]

- Interruptions from outside (telephone, etc)
- Competing distractions (children, etc)
- Stage fright for interviewer or interviewee
- Asking interviewee embarrassing or awkward questions
- Jumping from one subject to another
- Teaching (for example, giving interviewee medical advice)
- Counselling (for example, summarising responses too early)
- Presenting one's own perspective, thus potentially biasing the interview
- Superficial interviews
- Receiving secret information (for example, suicide threats)
- Translators (for example, inaccuracy)