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In-Depth Interviewing as a Research Method in Healthcare Practice and Education: Value, Limitations and Considerations

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Abstract

This paper explores the value and limitations of in-depth qualitative interviews as a research method within healthcare practice and education. It challenges the common view that interviewing is a simple and unproblematic approach to data collection and highlights a range of structural, contextual, operational, intrapersonal, interpersonal and ethical factors which those intending to undertake such research should take into consideration when planning interviews. It also emphasises the fundamental need for those involved in interviewing to develop critical reflexivity.

Key words: Healthcare, practice, education, research, interviews, in-depth, semi-structured

Introduction

Healthcare research aims to generate empirical data that can enable practitioners and educators alike to develop and enhance service provision (Parahoo 2006). Interviews have been described as one of the most widely employed data collection methods, especially within qualitative research (Alvesson 2003a, Silverman 2013, Bryman 2016). Gray (2018, p.379) describes interviewing as '*a basic form of human activity in which language is used between two human beings in the pursuit of cooperative inquiry'*. The use of more loosely structured (sometimes termed *in-depth or semi-structured*) interviews within qualitative research (Alvesson 2003b) are more specifically designed to '*learn what another person knows about a topic, to discover and record what that person has experienced, what he or she thinks or feels about it, and what significance or meaning it might have'* (Mears 2017, p.183). The interview is often incorrectly regarded as a simple approach to data generation and insufficient attention given to the importance of interview practices within studies (Alvesson 2003b). This paper therefore examines the value, limitations and considerations of using in-depth interviewing as a research method within healthcare practice and education.

Value

The interview is an important research tool (Cohen et al 2011); not least because skilful, sensitive and insightful interviews generate *'a rich set of accounts of the interviewee's experiences, knowledge, ideas and impressions'* (Alvesson 2003a p.168) and facilitate understanding of individuals' public and private lives (Kvale 2006) as well as their thoughts and emotions (Silverman 2013, Mears 2017). Interview-based research may also enable the development of new frameworks and theories to explain human behaviour (Anderson & Jack 2003). In-depth interviewing is a flexible data collection tool (Cohen et al 2011), which allows the managed transition from one relevant topic to another (Ryan & Bernard 2003). It can be more conveniently accommodated within a researcher's life than, for example, an ethnographic study and is well-suited to research where the respondent's opinions are of greatest interest (Bryman 2016) and a rich picture is sought (Gray 2018). Interviews have the

potential to capture verbal and non-verbal data (Cohen et al 2011) and may be open to qualitative and quantitative analysis (Feilzer 2010, Symonds & Gorard 2010). Indeed, Gray (2018 p.378) argues that '*the interview may be considered the most logical research technique where the objective of the research is largely exploratory'*.

Kvale (2006 p.480) reports that interviewing is often regarded as '*a democratic, emancipating form of social research'*, since it may provide an opportunity to present the views and experiences of those whose voices may otherwise fail to be heard. Within healthcare such research may be *'capable of overcoming alienation and changing social practice through a participatory meaningful process of knowledge translation'* (Cordeiro & Soares 2016, p.333), whilst in educational research there has been a growing movement towards ensuring the student voice is recognised (Woolner et al 2007) based on the assertion that '*if students' attitudes and opinions are proposed as a vital link between the environment and their learning experience, then it seems important to consider them'* (Woolner et al 2010, p.3).

Access to appropriate participants

Whilst there may be considerable value in using interviews as a data collection method, various practical issues may complicate this activity. For example, securing an adequate sample of respondents can be problematic. Access to suitable interviewees may be restricted by gatekeepers (Miltiades 2008). For example, the involvement of key stakeholders such as service users, practitioners and healthcare students in a research study normally requires approval from a research ethics committee and the organisations involved. Moreover, interviewees may be dispersed across a large geographical area (Morgan et al 2016) making access both difficult and time-consuming (Bryman 2016).

Mears (2017) suggests that an in-depth interview sample can be deemed adequate when enough data has been collected to represent the experience under investigation and saturation (or the point at which no fresh data is evident) is achieved, but the type of sampling considered appropriate will be determined by the philosophical perspective which underpins the research. For example, from a Critical Realist perspective *intentional* (or *purposive*) sampling is considered desirable since it is regarded as more likely to provide a richer understanding of the phenomenon being investigated (Miller & Tsang 2010).

Consent and other ethical considerations

Participants must give their informed consent to being interviewed (Mears 2017, Gray 2018) but securing genuine informed consent may not be straightforward (Sangster 2003). Reflecting on her own research, Walmsley (2003) acknowledges that it was not always clear interviewees were consenting to be interviewed so much as feeling they had no choice. Of equal concern is the potential for more subtle manipulation of participants into giving their informed consent and questionable adherence by researchers to this principle. For example, Alvesson (2003b p.28) comments that interviewers can modify '*the interviewee's assumption through framing the project in various ways'*, whilst Kvale (2006 p.482) argues that deadlines may lead researchers to ethically stretch '*subjects' privacy to get some printable information on tape'*. Given that respondents may be asked *'to confess their innermost thoughts and emotions'* (Silverman 2013, p.51) and may not feel clear and confident regarding how their interview data will be used (Alvesson 2003b), it is perhaps unsurprising that they may be reluctant to talk about some subjects (Bryman 2016) and ultimately regret what they have disclosed (Kvale 2006).

More concerningly, interviewees may be adversely affected by the experience of remembering (Perks & Thomson 2003). Even when a study does not directly ask sensitive questions, encouraging service users, practitioners or healthcare students to reflect on care experiences may trigger traumatic memories. One should also not overlook the impact upon interviewers who may '*face difficult situations, emotional distress and psychological pressure'* (Bocci et al 2002, p.299), so researchers intending to undertake in-depth interviewing must consider how their study may affect all participants (Mears 2017) and how they will support any individuals who display distress arising from recollection during interviews.

Interview structure and the complexity of language

'E*ffective interviewing depends on a well-planned interview guide'* (Mears 2017, p.185) that is long enough to address all the issues of

interest to the researcher, avoids irrelevant questions and provides a degree of flexibility to accommodate exploration of unexpected opportunities (Arksey & Knight 1999). Devising an interview guide with these qualities, however, may be difficult. Words can have multiple meanings (Graneheim & Lundman 2004), be interpreted differently by different people (Gray 2018) and are affected by context (Mears 2017). To ensure that interview questions are unambiguous (Gray 2018) a researcher may need to learn the language employed within a specific discipline or organisation and formulate culturally-appropriate questions (Bryman 2016). The sequence in which questions are asked may also affect interviewee responses (Silverman 2013). Reflecting on his own research, Morrissey (2003) reports discovering that postponing tougher questions until later in interviews facilitated more fulsome responses.

Researchers who have experienced similar healthcare socialisation to those whom they are interviewing may have an advantageous degree of cultural awareness that an interviewer without such a background would lack. Nevertheless, if such individuals are outsiders to the healthcare organisation/s in which respondents are located, they may need to develop their awareness of local operational and political issues within these services. In contrast, if the researcher is a member of one or more of these organisations then they may need to carefully examine their beliefs about these services to ensure familiarity does not distort their approach to the planning, implementation and interpretation of these in-depth interviews.

The importance of place

Anderson & Jones (2009, p.293) claim that '*places are partially responsible for how knowledge is formulated, accessed and articulated';* asserting that space is therefore never simply '*neutral, passive or a backdrop to action*'. Accepting the argument that settings influence behaviour, however, is to recognise that the context in which interviews take place may affect the data they generate. It is recommended that an interview location should be quiet, private (Ryan & Bernard, 2003, Bryman 2016) and carefully arranged in respect of seating, furniture and the proximity of interviewer and respondent (Gray 2018). An interviewer needs not only to be '*familiar with the setting in which the interviewee lives or works'* (Bryman 2016, p.471) but also select an interview environment '*to exploit its capacity to break down common power structures'* (Anderson & Jones 2009, p.292).

The time of day in which interviews are scheduled may further affect interviewee responses due, for example, to specific work activities, social commitments, domestic routines or fatigue (Ball 1990, Arksey & Knight, 1999, Miltiades 2008). For example, a researcher may schedule interviews to take place in healthcare environment at a time chosen by the respondent in the expectation that this approach will best help put individuals at ease and encourage their responses to be geographically located. Using such environments for this purpose, however, may mean that the researcher cannot control the characteristics of chosen interview venues or the time they occur and that there may be a significant risk that interviews will be disrupted by service demands.

Capturing the interview

Recording of interviews is a further important consideration. Whilst qualitative researchers commonly make audio recordings and then transcribe them (Bryman 2016), use of such technology can be distracting (Mears 2017) and unsettling for respondents who may be '*alarmed at the prospect of their words being preserved*' (Bryman 2016, p.480). Morrissey (2003) suggests that interviewers may experience even greater anxiety about using such equipment than their interviewees; becoming so concerned about its set-up that it adversely affects interviews.

Although practice using recording equipment may minimise such anxiety (Bryman 2016) researchers also need to consider the perceived importance of non-verbal communication within their study (Gray 2018). Important non-verbal utterances (Atkins & Wallace 2012), silences (Sangster 2003), voice tone and emphasis (Gray 2018) may be evident in an audio recording, but their analysis may increase the risk of misinterpretation rather than enhance understanding (Atkins & Wallace 2012). In addition, such recordings do not log all potentially significant non-vocal features (Sipe 2003, Thomas & James 2006) but using video recording may be even more anxiety-provoking to participants. Healthcare researchers therefore need to carefully consider how important capturing different verbal and non-verbal features appears to be in addressing their

research question and so establish the appropriate level of recording detail in interview transcriptions.

Respondent influences

Data acquired from interviews is also affected by respondent cognition and behaviour. For example, interviewees may have poor recall (Morrissey 2003), selective memory (Frankham et al 2014) or misunderstand the interviewer's questions (Ryan & Bernard 2003) and what a respondent says may be neither predictive of their future action nor an accurate account of their past behaviours; a concept known as *'the attitudinal fallacy'* (Jerolmack & Khan 2014). Even when respondent comprehension and recall appear good, the frame of reference adopted by the interviewee may not correspond with that of the interviewer (Tomlinson 1989). Furthermore, how respondents address questions can be affected by the social role they adopt during their interview (Alvesson 2003b) and it may be unclear whether participants are presenting their personal views or regarding themselves as a representative of a specific group (Hyden & Bulow 2003).

If a respondent is uneasy about answering certain questions they may directly refuse to do so, deflect the question, give an inappropriate response or simply say something they believe the interviewer wishes to hear (Kvale 2006). For various reasons, including a desire to uphold individual and collective interests (Alvesson 2003a), create a specific impression (Walmsley 2003), provide socially desirable responses (Miltiades 2008, Cohen et al 2011) or avoid breaking taboos (Alvesson 2003b), interviewees may highlight certain features within their answers whilst downplaying others, put on a front, mislead the interviewer or even lie (Walford 2001, Silverman 2013). Alvesson (2003b, p.27) therefore suggests that the interviewee should be regarded as *'a political actor rather than a truth teller'*.

Interviewer influences

The effectiveness of interviews may be influenced as much by the interviewer as the respondent. The interviewer's background, level of experience, preparation (Morrissey 2003) and approach (Brannen 2005) may all affect interview outcomes. Grele (2003, p.40) claims that *'many interviewers are poorly trained and far too many are willing to settle for journalistic standards of usefulness'*. Researchers may even distort the interview process to obtain the data they seek (Prosser 1992, Bocci et al 2002, Cohen et al 2011, Elo et al 2014). This phenomenon, termed *'the interviewer effect'* (Bryman 2016), may be unconscious or unintended but may also have conscious, deliberate dimensions. For example, Bornat (2003) acknowledges that the efforts made in her research to be considerate, sensitive and supportive to interviewees were well-intentioned but motivated by one aim; to elicit useable material. Arguably, perceiving interviews as a conversation which fulfils mutual interests is illusory, given that it only takes place to meet the needs of the interviewer (Portelli 2003, Kvale 2006). Moreover, Slim et al (2003, p.114) suggest interviewers may *'put unnatural pressure on people to find ready answers, to be concise and to summarise a variety of complex experiences and intricate knowledge'*; thereby potentially disregarding the well-being of respondents.

The interviewer-interviewee relationship

It is equally important to consider the effect of the relationship between interviewer and interviewee on the research process (Wallot & Fortier 2003, Gray 2018). Mann (2011) describes interview data as collaboratively produced by both parties, whilst Morrissey (2003, p.108) argues that *'to reduce interviewing to a set of techniques is, as one person put it, like reducing courtship to a formula'* and ignores the influence of interpersonal issues. The interview relationship involves a fundamental power asymmetry (Popular Memory Group 2003, Duarte et al 2015) since the interview is an instrumental one-way dialogue over which the interviewer often has a monopoly of interpretation (Wall & Higgins 2006, Kvale 2006). Various researcher and respondent characteristics may exacerbate this power inequity, including differences in age, gender, ethnicity, class, hierarchical status and the nature and extent of any pre-existing relationship between both parties (Ball 1990, Gochros 2008, Miltiades 2008, Mann 2011).

Developing an effective rapport that enables respondents to relax, regard the interview as a collaborative activity, begin to trust the researcher and speak openly and honestly is regarded as fundamental to effective interviewing (Stiles 1993, Mears 2017, Gray 2018). Doing so also requires the interviewer to

carefully consider and manage power asymmetries if they are to move towards situational equality between both parties (Arksey & Knight 1999, Cohen et al 2011). Providing the opportunity for interviewees to comment on and revise their transcribed interview, or *'respondent validation'*, may be an important tool to reduce any perceived sense of power inequity (Morrissey 2003, Torrance 2012) and assist researchers to gain the full co-operation of respondents (Alvesson 2003b).

There will inevitably be age, status, gender or other differences between a researcher and many of their interviewees in most interviews, so it is essential that they reassure these stakeholders regarding the anonymity of any statements they make, the security surrounding raw interview data and the value of their contributions to developing better healthcare.

Other interviewer skills

Interviewers need to be non-judgemental (Bryman 2016), sensitive (Mann 2011), receptive to alternative perspectives and ensure respondents understand their role (Walmsley 2003). In addition, they should strive to appreciate the position of the interviewee, pursue detailed responses to questions, seek illustrative examples (Morrissey 2003) and avoid making hasty interpretations (Anderson & Jack 2003). R*eflexivity*, which Alvesson (2003b, p.25) suggests is evidenced by *'conscious and consistent efforts to view the subject matter from different angles and avoid or strongly a priori privilege a single, favored angle and vocabulary'*, is however, arguably the most important skill the interviewer needs to acquire if they are to ensure their work is robust, valid and reliable (Tomlinson 1989, Lapovsky Kennedy 2003, Sipe 2003).

Conclusion

Interviews can be a sensitive and powerful research tool in healthcare practice and education, but in themselves are *'neither ethical nor unethical, neither emancipating nor oppressing'* (Kvale 2006, p.497). The interview is not merely a data collection method, but a complex form of social interaction shaped by a wide range of social, physical, intrapersonal and interpersonal variables including beliefs, values, experiences, culture, class, language, socialisation, gender, age, ethnicity and context. The acquisition of any objective truth via interviews will therefore always be an unachievable goal. Nevertheless, when a study has a methodology congruent with its ontology and epistemology, exhibits compelling evidence of reliability and validity in its data collection and analysis, demonstrates high quality researcher reflexivity in relation to the planning, implementation and interpretation of interviews and provides *'a clear answer to the "so what?" question'* (Arksey & Knight 1999, p.49) then the results of such work may provide new and valuable insights that make an important contribution to the body of knowledge within healthcare.

Alvesson (2003a, p.169) comments that *'there are always sources of influence in an interview context that cannot be minimized or controlled'*; hence an interviewer may need to improve their appreciation of these influences, consider their impact on the data generated and accept their inability to implement an entirely consistent interview experience for all respondents. Proficient use of this data collection method is both complex and challenging but the nature of an investigator's research question may necessitate that they acquire the necessary knowledge and skills to effectively address these difficulties.

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