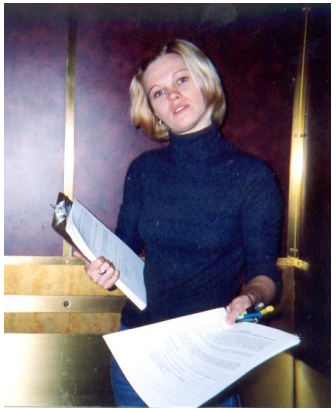

Curriculum for Rapid, Participatory Research & Evaluation
Designed for use in community studies of STDs and HIV/AIDS

Section 3
Data Collection—Qualitative Strategies

Jill Florence Lackey & Associates

Milwaukee, WI 53215

Office: (414) 271-9417

Fax: (414) 217-9417

Contributing writers:

Jill Florence Lackey, PhD

Barbara Daley, PhD

Tim Welnetz, MS

D. Paul Moberg, PhD

Jamie Merkel, BA

Paul Rivas, PhD

Kira Kaufman, PhD

Abena Black, BA

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Section 3: Data Collection — Qualitative Strategies

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Section 3: Data Collection — Qualitative Strategies

Intended learning outcomes

This section is designed to acquaint the implementation team (the group conducting the study) with the uses of the qualitative approach and qualitative data collection in the Rapid Ethnographic Assessment. The intended learning skills follow.

Upon completion of this section, the implementation team will be able to:

1. Describes advantages and disadvantages of specific qualitative strategies for rapidly assessing needs (or protective factors) in an ethnographic context.
2. Demonstrate ways that these strategies have been used and can be used to study specific STD-related topics.
3. Use these strategies in streamlined and efficient ways.

Chapter One introduces the uses of the qualitative approach.

Section 3, Chapter 1: Introduction to qualitative approaches in the Rapid Ethnographic Assessment

3.1.1 Introduction to qualitative approached in the Rapid Ethnographic Assessment.

Qualitative inquiry is appropriate when researchers want to describe, understand and interpret data composed of words rather than numbers. These data are often collected through direct observation (commonly through fieldwork), interviews, focus groups, or life histories. The findings are usually presented in narrative or categorical forms.

Qualitative research is preferred when the implementation team:

- Desires a *fluid model* for the research design, where some strategies, protocols and questions can be modified as the study proceeds (Lincoln & Guba, 1985);
- Hopes to discover *unknown* information, as opposed to documenting information that the researchers expected to find (this is an advantage even to implementation teams that are already familiar with the target community, such as in community-based participatory research studies, since there may be an inclination to follow "hunches" based on individual experiences that are not truly representative of the phenomenon being studied);
- Is interested in collecting data *inductively*, where theories and hypotheses are derived from the data (Merriam, 1998);
- Has an interest in *meanings*, or how people make sense of their lives, experiences and the structures of their worlds;
- Is concerned primarily with collecting data on processes rather than outcomes or products;
- Wants highly valid data, as data collection strategies such as observation and interviewing are the closest the researchers can get to the individuals and groups under investigation;
- Needs an understanding of "the underlying social and cultural characteristics influencing, or associated with, specific patterns of behavior" (Scrimshaw et al, 1991, p. 112).

Qualitative research alone is not preferred when the implementation team:

- Is concerned primarily with collecting data on outcomes (such as whether a particular practice/event/intervention resulted in a significant change in the target community);
- Wants to repeat the study over time to compare results, as qualitative research is not commonly designed with unwavering data collection strategies in mind (see section on reliability);
- Expects to present findings in a time-efficient way, as qualitative findings usually take considerable time to describe (as opposed to findings presented in, say, percentages).

Why qualitative inquiry is a must for REA

This curriculum advocates for use of mixed methods in the Rapid Ethnographic Assessment. Qualitative research is absolutely necessary for the process.

First, questions associated with the introduction or transmission of STDs and their prevention/treatment nearly always require an understanding of associated processes, meanings, and currently unknown information. Some of the questions that might be addressed in the assessment through qualitative data collection are the following:

- How have cases of this STD moved from one area to another?
- How do members of the infected population describe their disease? Do they interpret the disease as life altering? Do they feel the need to make behavioral changes to protect their health and the health of others? Do they deny the disease? Do they shrug off the disease's possible consequences, or leave the consequences in the hands of "fate" (including assumed religious determinations)?
- How has this STD affected the quality of life for the infected population and their "significant others"?
- What protective factors might exist in some populations to avert infection? Are these protective factors transferable to another population?
- What are the emerging needs of the affected population?
- What types of services currently exist to fill the needs?
- Are there programs or organizations available that could meet any new challenges, if identified?

Second, while quantitative inquiry is effective in measuring frequencies of behaviors and choices, one cannot assume that a high frequency alone tells the complete story. Often differences in relationships to power are the mediating factors. For example, a social service agency might conduct a survey to learn preferences for proposed prevention strategies. Agency personnel might learn that 80 percent of the members of this community report a preference for a particular strategy, but might fail to learn that 100 percent of the popular role models in this community would prefer another option. Over time it is possible that others would follow the lead of the role models rather than their original choices.

The need to lead with qualitative research in the REA cannot be overemphasized. The following chapters will introduce the implementation team to various types of qualitative data collection strategies and streamlined techniques in implementing these.

Before beginning any form of data collection, the implementation team should have reviewed the chapters on "Ethical issues involving research participants" and "Establishing rapport with the research participants" in the section on Research Participants. It is critical to review research ethics, have any needed human subjects protocols in place, and understand the ways that rapport can be established with target communities before collecting most forms of data.

The next chapter will discuss observation.

Section 3, Chapter 1: Introduction to qualitative approaches in the Rapid Ethnographic Assessment

3.1.2 Resources

Chapter references

Merrian, S.D. (1998). *Qualitative research and case study applications in education: A qualitative approach*. San Francisco: John Wiley & Sons.

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.

Scrimshaw, S., Carballo, M., Ramos, L., Blair, B. (1991). The AIDS anthropological assessment procedures: A tool for health education planning and evaluation. *Health Education Quarterly, 18*(1): 111-123.

Additional resources

Denzin, N.K., & Lincoln, Y.S. (Eds.). (2005). *Handbook of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.

Denzin, N.K., & Lincoln, Y.S. (Eds.). (2003). *Collecting and interpreting qualitative materials* (2nd ed.). Thousand Oaks, CA: Sage.

Section 3, Chapter 2: Observation

3.2.1 Intended learning outcomes

The intended learning outcomes of this chapter on observation follow.

Upon completion of this chapter, the implementation team (the group conducting the study) will be able to:

1. Discuss advantages and limitations of observation as a qualitative data collection strategy.
2. Differentiate five types of participant observation.
3. Develop an observation protocol.
4. Document qualitative observations.
5. Develop criteria for conducting systematic observations.
6. Integrate quality control mechanisms into observations.

Section 3, Chapter 2: Observation

3.2.2 Introduction

Wherever possible, observation should be the first data collection strategy implemented. The section on Pre-Assessment Research included a section called "Go meet the target community." In that section, the implementation team was advised to find ways to "preview" the target population (those being studied) before moving into the data collection stage. This could include negotiating agreements with stakeholders so that observation is possible. This "preview," along with the information gathered from the stakeholder meeting on research settings, should provide the team with enough information to know where initial observation should take place and what groups or individuals should be observed. The team should have already reviewed the section on Research Participants and have an initial sampling plan outlined and fulfilled any human subjects or IRB responsibilities.

Terms. People who are conducting observation can be called "observers" or "researchers." Those being observed are usually called "research participants" (an older term, "research subjects," is rarely used today). An observation "protocol" includes all human subjects forms or instructions and a guide to direct observation (see more on this later in this chapter).

Advantages and limitations of observation

Advantages. The chief advantage of observation is simply this--the researchers were there. Observing events and interactions as they actually happen will increase the validity of the study and help build researcher confidence in their study findings.

A second advantage of observation is that the implementation team will learn (through watching and listening) those topics that are *relevant* to the target community. What do members of the target community discuss most often? What criteria do they appear to use to evaluate others? What do they consider to be important events, places, and things? Whose advice do they seek? What information do they consider to be reliable--true? What information do they mistrust? How formal or intimate are their interactions? What interactions or discussions are not present?

A third advantage of observation is that the implementation team will be able to use their observations to help gather additional data. They will have a better understanding of how to develop questionnaire items in language the target community understands. The team might gain clues on watershed events that suggest the value of conducting life histories. The team may learn the existence of documents that should be reviewed. And certainly the team will learn more about events, other settings, or specific people that they might want to observe in the future.

Limitations. One limitation of observation is the effect that the observing might have on those being observed. Despite negotiated agreements ahead of time, some members of the target community might object to the observation. In other cases, those being observed might alter their behavior because they are being observed. For example, suppose the implementation team was studying various levels of medical compliance, including taking medication. Perhaps a program existed that would insure free access to medication if compliance was maintained. In this case it would be unlikely that those observed would fail to take their medication exactly on schedule if the program could be cut due to negative findings on compliance.

Another limitation of observation is subjectivity. The person[s] conducting the observation might document the information that appears to be most important and fail to document other information that could also be important.

A third limitation is representation. Observation is time consuming. In a rapid assessment process, the implementation team must select a limited number of sites, times, or events to observe. The question then becomes: How does the implementation team know that these observations were more-or-less "typical" of the target community that the team, sponsoring organization and collaborating stakeholders chose to study?

A fourth limitation in observation is guilty knowledge. The observer conducting any assessment on STDs has a good chance of stumbling on information dealing with the transmission of the infections that will involve ethical issues and decisions about what can or should be done with the information. For more on this, see the chapters on ethical issues and protecting human subjects in the section, Research Participants.

Ways to address some of these limitations will be discussed later in the chapter under "Quality control" and throughout this section.

"Participant" observation

Some observations involve no participation at all in the target community under study, and some observations involve various levels of participation.

James Spradley, in *Participant Observation* (1980), discusses a five-level continuum of researcher involvement in observation. The levels are summarized below, with examples of how these levels might be used in an STD assessment.

Nonparticipation. Here the observer has no involvement with the research targets. An example of complete nonparticipation in an STD assessment might be observation and documentation of TV messages on sexual risk taking.

Passive participation. Here the observer will be present at the research site but does not routinely participate or interact with the target community. For example, a researcher who is observing doctor-patient counseling sessions on STD treatment would not be likely to engage in conversations during the appointments or participate in any way in the sessions.

Moderate participation. Here the observer "seeks to maintain a balance between being an insider and an outsider" (p. 60). An example might be an observer participating in some of the events or activities of the target community, such as joining an STD affected community in support group discussions.

Active participation. Here the observer "tries to learn the same behavior" (p. 60) as the people under study. This probably would not be a good choice for an REA because of time (and other) constraints.

Complete participation. Here the observer already is a participant in the target community but seeks to document activity in a systematic way. For example, this could happen in the REA if someone from the implementation team is a member of the STD resource network or the STD affected community.

Members of the implementation team will want to discuss the above options and decide which level of participation might be appropriate for each observation setting they select. The level of participation could be critical to the study. See the example below.

We at Jill Florence Lackey & Associates have conducted a wide range of studies among the homeless. My very first full ethnography with this target community was conducted in the late 1990s. I (and my research colleague) had negotiated access points at a soup kitchen and a homeless day center, but the supervisors of these sites would only allow us access if we made ourselves "useful." Thus we became food servers and volunteer file clerks.

However, we soon realized that these functions allowed us the chance to collect much information on the homeless service providers but very little on the homeless themselves. Thus we began to eat meals with the homeless at the soup kitchen and play cards with them at the day center. The experience at the day center was altering in unexpected ways. To fill their empty hours at the day center, the homeless routinely played the card game of Spades. While I knew the rules of the game, I was completely unprepared for the level of expertise I was expected to have when playing with this population. The game had been part of their everyday practices for years on the streets (and in some cases in correctional facilities). Proficiency at Spades was a status marker in the group. Certain individuals were respected for their skills and they made decisions on who would play at what tables. I worked very hard to increase my skills but was never assigned to tables other than the newcomers' or those of the mentally ill. My failure to meet the ideal proficiency level at Spades slowly decreased my status in the group (my colleague fared somewhat better). I had come into the setting as a researcher with letters after my name and over time the "tables turned" completely. I was almost completely ignored by the mainstream homeless. I worked very hard to try and regain their respect—no longer as a researcher but just as a fellow human being. While the experience I gained as a "participant" observer did not do much to increase the information I was collecting, it provided me with a profound understanding of what it meant to be marginalized, invisible, insignificant —basically the situation the homeless faced the moment they walked out of the doors of the day center.

Developing an observation protocol

Most of the time the observation will be recorded in written or computer files. To maintain consistency, the observers should follow some protocol. The protocol should include the information that must be recorded during (or immediately after) every observation period. Below are examples of protocols that can be used to record observation.

The levels of difficulty presented throughout this curriculum are designed to alert the implementation team to the time that may be involved in learning and implementing procedures early in the REA planning process. However, the actual procedures *must be selected because they would best answer the questions that the REA is asking or the information being gathered, not the level of difficulty*.

Lowest degree of difficulty. Here the implementation team should agree to record the following minimal information in the fieldwork journal:

- Name of person observing
- Name of site (in code if necessary)
- Date
- Event or activity
- Names, general descriptions, or coded designations of those being observed
- General observations (using rich detail to describe conversations, behavior, and activity observed)
- Space for reflective notes (e.g., concerns, hunches, further data needed, the observer's impact on the situation)
- Any relevant issues regarding the human subjects process

Medium degree of difficulty. Most of the time the implementation team already has developed focused topics or questions that they hope to answer from their observations. These topics may have been developed during the preliminary stages (e.g., the stakeholder meeting[s]) and may have become more focused during literature reviews and pre-assessment contact with the target community. If the implementation team has these topics or questions formulated, these should be included in the protocol. Thus the minimal information recorded in the fieldwork journal should include:

- Name of person observing
- Name of site (in code if necessary)
- Date
- Event or activity
- Names, general descriptions, or coded designations of those being observed
- General observations (using rich detail to describe conversations, behavior, and activity observed)
- Space for reflective notes (e.g., concerns, hunches, further data needed, the observer's impact on the situation)
- Topic of inquiry (list each separately with detailed relevant observations)
- Any relevant issues regarding the human subjects process

At Jill Florence Lackey & Associates we usually design observation guides with this information pre-printed on them and leave space for observers to write in the information. Computerized versions are an option for those using laptops.

Highest degree of difficulty. At times, the focus of the study might be a highly complex set of relationships that are nearly completely unknown by those implementing the study. Imagine, for example, that the purpose of the REA is discovering why there is an outbreak of a particular STD in a specific organization. The implementation team might need to know a great deal about interactions in this organization—who is associated with whom, where are different groups at different times, what knowledge do they seem to have about the STDs, how are employees linked in the outside world, what assumptions relating to relationships and STDs are prevalent in this workplace, what are the power relations in the organization? When the implementation team needs holistic information about a particular topic, the observation may require a more rigorous form of data gathering.

A more sophisticated form of data gathering involves early use of semantic relationships. The information presented below will become important in a later section on data analysis. Spradley (1980) argues that some forms of data analysis should be concurrent with data collection. He recommends conducting a cultural domain analysis while making observations. A domain is a "category of cultural meaning that includes other smaller categories" (p. 88). According to

Spradley, all cultural situations involve semantic relationships, some of which are universal. The author lists the following semantic relationships (p. 93).

1. Strict inclusion	X is a kind of Y
2. Spatial	X is a place in Y
	X is a part of Y
3. Cause-effect	X is a result of Y
4. Rationale	X is a reason for doing Y
5. Location-for-action	X is a place for doing Y
6. Function	X is used for Y
7. Means-end	X is a way to do Y
8. Sequence	X is a step (stage) in Y
9. Attribution	X is an attribution (characteristic) of Y

Spradley then recommends selecting one or more relevant semantic relationships and developing worksheets for these. For example, a study of an organization where an STD outbreak has occurred might benefit by focusing on the "location-for-action" relationship. Perhaps the researcher wishes to explore the possibility that a significant amount of sexual contact is taking place within the walls of the organization. By exploring where, for example, intimate gatherings could take place, patterns might develop that place certain people together in ways that could have some bearing on the transmission of the STD. Spradley suggests the researchers develop a list of the included terms (e.g., "the utility room" is a place for "potentially intimate meetings") from the observation notes already taken, then return to the site[s] and make selective observations.

Thus the minimal information the observer will record in the fieldwork journal for this type of domain analysis should include:

- Name of person observing
- Name of site (in code if necessary)
- Date
- Event or activity
- Names, general descriptions, or coded designations of those being observed
- General observations (using rich detail)
- Semantic relationship being explored
- Selective observations to make (list each separately)
- Space for reflective notes (e.g., concerns, hunches, further data needed)
- Any relevant issues regarding the human subjects process

For additional information on domain analysis, see Spradley's "Step Five: Making a Domain Analysis" (pp. 85-99).

Documenting observation

Usually the researcher will maintain records of observation in written or computer documents. When the observer is a nonparticipant, passive participant, or at times a moderate participant, these records are often transcribed as the activities are in progress. At times events may be audiotaped. Audiotape records are useful when the observer wants to make sure that all conversations (including simultaneous conversations) are documented and that the conversations are documented accurately. Videotape records are useful when the researcher needs to record information on activities where the visual element is critical. The latter form of documentation is rarely used in STD studies because of confidentiality issues, but might be used to record events involving only service providers[1]. Once these records are transcribed into written or computer documents, the original audio- or videotapes should be destroyed. In cases where anonymity and confidentiality are important factors under consideration, the researcher should use these tapes only for his/her own records. (See more on this in the chapter on ethics in the section on Research Participants.)

At times it is not possible to transcribe activities in progress. This happens when the observer increases his/her participation in the activities of the target community. It may be too difficult to take notes. When this occurs, the researcher should devise ways to increase memory of activities. In the homeless study described earlier, I was not in any position to take notes while struggling to avoid further embarrassment over my card playing. I devised a "key word" system. When some activity transpired that I wanted to record later, I tried to reduce the activity down to a key word or phrase. When I had the opportunity I transcribed the key word into a 3x5 notebook I kept in my pocket. At the end of a four-hour observation session I usually had over 20 new key words in the notebook. I always made sure that I wrote up my field notes immediately after the session ended, based on these key words.

An important note.

Whenever a member of the implementation team is writing up field notes—either at the scene or from memory—it is important that the observer distinguishes exact quotes from notes that paraphrase a conversation. Use quotation marks to make this distinction.

Whenever activities are written (as opposed to taped), the researcher should try to include as much detail as possible, and only write down activities and conversations that are seen and heard, not an impression of what is seen and heard. For example, suppose the implementation team is observing interactions between a client and a counselor over STD-related issues. Perhaps the researcher wants to convey a message that the counselor is not attentive to the client's needs.

Wrong way	Right way
"The case worker seemed like he had no interest in helping the client."	"The case worker seldom made eye contact with the client. He looked at his watch twice while

	the client was describing his current relationship with his partner. He was going through his assessment questionnaire and asked: 'What is your relationship with your current partner?' to which the client responded, 'Well, I was just telling you.' Then the case worker said: 'Try and repeat it in as few words as possible."

Another important issue in documenting observation is avoiding observer bias. One of the reasons the implementation team must include at least two members is to provide multiple versions of what is seen and heard. During observation, it is rarely possible to record every interaction or conversation going on, thus the researchers must constantly make conscious and unconscious decisions on what will be included in the record. Members of the implementation team should rotate their observation schedules so that no one will be the sole observer at one site. Later the team members should compare notes and reach a consensus on the more significant observations.

Now would be a good time to watch the video on *Participant Observation* for ways to increase observation skills while in the field. Learn how two observers can see and hear different things, and how they resolve these discrepancies.

Members of the implementation team should practice some of these exercises on the video by setting up an observation scene of their own. They should then compare notes on what was captured in the documentation.

Observation records may at times be quantified. For examples of how this can be done, see the section, Data Analysis.

[1] Note however that the service providers who have direct contact with members of STD affected communities will not want their identities known because it might identify some of their clients For example, a caseworker visiting clients in their homes or workplaces could identify themselves as "housing" or "healthcare" caseworkers to the clients' family members, coworkers, or friends; but if the caseworkers appear on video as specialists in STD work, they risk exposing the status of their clients.

Section 3, Chapter 2: Observation

3.2.3 Learning activities

Time to review

The implementation team should now try the following exercises.

1. Explain why qualitative methods are a must for the Rapid Ethnographic Assessment (REA).
2. Think back to a work situation where you wanted to collect qualitative data. What types of observation would be most helpful and why?
3. List at least three advantages and limitations of observation.
4. List five elements that need to be included in an observation protocol. Include five ideas to help foster systematic observation.
5. Select a simple activity of daily living and observe a colleague, family member, or significant other performing that activity (i.e., ordering off a menu, removing a coat). Describe that activity in detail.

Observing systematically

One way to maintain rigor in observation is to develop systematic plans for observation. The implementation team should respond to the following questions for each observation site. (The more detailed worksheets are available at the end of this chapter.) Maintaining these records will also add to the reliability of the study.

OBSERVING SYSTEMATICALLY

Site No. 1 _____

1. At what intervals must we observe at this site (e.g., weekly, monthly, during specific events)?
2. When is our tentative start and stop date for this observation?
3. Has this schedule been negotiated with the target community?
4. Are all protocols involving human subjects in place?
5. Who will observe at this site, and will the observations be done by one person at a time or together?
6. What level of participation will be expected at this site?
7. What aspects of the setting, interactions, and individual behavior at the site are most important to observe?
8. How will the observation be documented (e.g., by writing in a journal, entering into a laptop, audiotaping, videotaping)?

The time has now come to select a design from the section on Mixed Methods and begin observing.

Quality control: Checking progress

Once observation is underway, the implementation team should do quality checks on the work at agreed-upon intervals. The researchers can accomplish this by responding to a series of questions. (The more detailed worksheets are available at the end of this chapter.)

QUALITY CONTROL ASSESSMENT: OBSERVATION

1. Have team members developed an observation plan that includes (at minimum) the name of the site, name of observer, date, activity or event covered, place for reflective notes, any relevant issues regarding the human subjects process, observation schedule, level of participation at each site, ways the observation is documented, and records of general observations?
2. Do the people the team is observing appear to have overcome any initial self-consciousness they may have had because of the team's presence? (If not, team members may need to extend observation at that site or make changes in the protocol until the target community becomes more comfortable.)
3. Have all observers reached consensus on the most relevant activities and interactions in their observation records?
4. Have members of the implementation team selected other forms of data collection to verify that the findings from these observations adequately represent the target community?

Section 3, Chapter 2: Observation

3.2.4 Resources

Chapter references

Spradley, J.P. (1980). *Participant observation*. New York: Holt, Rinehart, and Winston.

Additional resources on observation

Bernard, R.H. (1995). *Research methods in anthropology: Qualitative and quantitative approaches*. Walnut Creek: AltaMira.

Adler, P.A. & Adler, P. (1994). *Observational techniques*. In N. Denzin and Y.S. Lincoln (Eds.) Handbook of qualitative research. Newbury Park: Sage, 1994.

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Jorgensen, D.L. (1993). *Participant Observation: A Methododology for Human Studies* (Applied Social Research Methods, Vol. 15). Thousand Oaks: Sage.

Zelditch, M. (1962). Some methodological problems of field studies. *American Journal of Sociology*, 67 (5): 566-576.

(Also see the section on Pre-Assessment Research for additional resources.)

Section 3, Chapter 2: Appendix

Example of observation protocol

The following observation protocol is an example of a guide that could be used for the hypothetical study of the transmission of STDs in the workplace that was described in the chapter on "Observation." To complete the protocol, some human subjects materials would also be included (such as a informed consent forms or other materials). To learn about these materials, the team should turn refer to the chapter on ethics in the section, *Research Participants.*

OBSERVATION GUIDE/STUDY 001

Observer's name

_____

Name of site (e.g., inside workplace/outside workplace)

_____

Event/activity (e.g., routine workday, formal meeting)

_____

Research participants (i.e., those observed: e.g., staff/supervisors in Department X; water cooler/Xerox room chatters; business customers/suppliers)

_____

_____

Date (include hours) _____

Observer's comments

General observations

Observer's comments

General observations

Observer's comments

LOCATION FOR ACTION

_____ is a place for potentially intimate meetings. [EXPLAIN BELOW]

_____ is a place for potentially intimate meetings. [EXPLAIN BELOW]

_____ is a place for potentially intimate meetings. [EXPLAIN BELOW]

_____ is a place for potentially intimate meetings. [EXPLAIN BELOW]

_____ is a place for potentially intimate meetings. [EXPLAIN BELOW]

_____ is a place for potentially intimate meetings. [EXPLAIN BELOW]

_____ is a place for potentially intimate meetings. [EXPLAIN BELOW]

_____ is a place for potentially intimate meetings. [EXPLAIN BELOW]

WORKSHEET CHAPTER 2A: OBSERVING SYSTEMATICALLY

Site (use a different worksheet for each site):_____

1. At what intervals must we observe at this site (e.g., weekly, monthly, during specific events)?

When is the tentative start and stop date for this observation?

START DATE: _____

STOP DATE: _____

2. Has this schedule been negotiated with the target community? Yes ___ No ___

If "no," what other arrangements have been made that are acceptable to the target community and consistent with research ethics (per the section, *Research Participants)*?

4. Are all protocols involving human subjects in place? Yes __ No ___ If "no," why? What other alternative arrangements have been made that are consistent with research ethics per the section, *Research Participants*?
5. Who will observe at this site, and will the observations be done by one person at a time or together?
1. What level of participation will be expected at this site?

NON-PARTICIPATION ____
PASSIVE PARTICIPATION ___
MODERATE PARTICIPATION ____
ACTIVE PARTICIPATION (not appropriate for REA)
COMPLETE PARTICIPATION ___

Comments:

2. What aspects of the setting, interactions, and individual behavior at the site are most important to observe?

3. How will the observation be documented (e.g., by writing in a journal, entering into a laptop, audiotaping, videotaping)? Where applicable, explain each documentation form in detail.

WORKSHEET CHAPTER 2B: QUALITY CONTROL ASSESSMENT-OBSERVATION

1. Have team members developed an observation plan (with printed protocol) that includes the following minimal features:

   a. Name of the site — Yes ___ No ___
   Explain

   b. Name of observer — Yes ___ No ___
   Explain

   c. Date — Yes ___ No ___
   Explain

d. Activity or event covered — Yes ___ No ___
Explain

e. Space for reflective notes — Yes ___ No___
Explain

f. Any relevant issues regarding the human subjects process — Yes ___ No ___
Explain

g. Observation schedule — Yes ___ No ___
Explain

h. Level of participation at each site — Yes ___ No ___
Explain

i. Ways the observation is documented — Yes ___ No ___
Explain

j. Records of general observations? Yes ___ No ___
Explain

4. Do the people the team is observing appear to have overcome any initial self-consciousness they may have had because of the team's presence? Yes ___ No ___

Explain

(If not, the team may need to extend the observation at that site or make changes in the protocol until the target community becomes more comfortable.)

5. Have all observers reached consensus on the most relevant activities and interactions in their observation records?

Yes ___ No ___

Explain

(If not, the team may need to go back over the video on observation and try the practice exercises again.)

6. Have members of the implementation team selected other forms of data collection to verify that the findings from these observations adequately represent the target community?

Yes ___ No ___

Explain

(If not, now is the time to do so before moving on.)

Section 3, Chapter 3: Qualitative interviewing

3.3.1 Intended learning outcomes

The intended learning outcomes of this chapter on qualitative interviewing follow.

Upon completion of this chapter, the implementation team (the group conducting the study) will be able to:

1. List advantages and limitations of qualitative interviewing as a research strategy.
2. Explain types of interview protocols.
3. Describe some of the skills and preparation needed in interviewing.
4. Conduct interviews systematically.
5. Integrate quality control mechanisms into qualitative interviewing.

Section 3, Chapter 3: Qualitative interviewing

3.3.2 Introduction

At this point the implementation team has reviewed some of the literature on STD-related topics, previewed the target population, decided on one or more sampling plans, and completed the human subjects or IRB responsibilities. The implementation team may have also conducted some observation.

***Terms*.** This chapter will introduce the subject of qualitative interviewing. Those that the implementation team has selected to interview in the sampling plan are either called "informants," "respondents," "interviewees," or "participants." The term "informant" usually refers to someone who will be interviewed more than once over the study period. "Respondent" is a term usually reserved for someone who is interviewed only once—most often with a highly structured questionnaire (such as in survey research). The term "interviewee" or "participant" can be used to describe both informants and respondents. Those conducting the interviews are called "interviewers."

An interview "guide" is often nothing more than a list of questions to be asked (usually called a "questionnaire" in purely quantitative research). An interview "protocol" includes all human subjects forms or instructions and other pertinent information (see more on this later in chapter).

Qualitative interviewing does not necessarily always mean that the interviewer is the one documenting all the information given (e.g., writes down or records the data). At times those interviewed may fill out parts of interview guides themselves or engage in interactive activities with props, such as forming lists or piles from illustrated cards.

Advantages and limitations of qualitative interviewing

Advantages. *Perhaps the strongest advantage in qualitative interviewing is* that observation is not always possible (Creswell, 2003, p. 186). For example, if the purpose of the study was to learn about the transmission of an STD, members of the implementation team surely will not be observing this transmission in progress, but can interview members of the affected community about this transmission.

Another advantage of qualitative interviewing is that the researchers are able to learn the meanings that informants attribute to behavior. For example, what attributes do informants attach to sex? What about STD prevention behaviors? Are these attributes contradictory or can they serve some of the informants' same needs or desires?

A third advantage of qualitative interviewing is that structured or closed-ended interviews (used in quantitative research) predefine relevant questions and (usually) relevant responses, coding everything else as "other"—a code usually ignored by data analysts. Qualitative interviewing is open to all responses.

A fourth advantage of qualitative interviewing is the opportunity it provides to get "insider information" through assurance of confidentiality and anonymity. By assuring informants that their identities are not revealed and that the data will never be connected to them through names or other identifiers, the people interviewed may divulge important information that could not be gotten elsewhere. For example, the implementation team might be observing interactions of clients and healthcare providers in an STD-related program, but the clients may not provide some relevant information to the healthcare staff because of feared consequences. However, the clients may provide this information to an interviewer who is independent of the program and who offers assurance of confidentiality. The data are both guaranteed to be confidential and collected in an interactional setting which has no consequences for the participant.

***Limitations*.** A clear limitation in qualitative interviewing is the reliability of information collected. When the interviewer is asking people questions about actual activity (as opposed to, say, opinions), the data offered are "indirect" and are "filtered through the views of the interviewees" (Creswell, 2003, p. 186). For example, I recall interviewing a woman living with HIV. I was asking her about the ways she protected her sexual and IV drug-using partners from the virus. The woman kept expressing anger at her long-term partner whom she believed had passed the virus on to her through sexual intercourse. She was so focused on this event that she kept repeating that she did not have intercourse with anyone, thus was not putting anyone at risk "as that S___ had done." During other interviews she had discussed sharing needles with friends. According to her interpretation, intercourse was the way she had gotten the virus, thus this was the only way she could transmit it.

Memory and articulateness may also play roles in reliability of information. Some interviewees will attempt to answer all questions presented to them, whether they actually have the information or not.

Another limitation of qualitative interviewing that is relevant to the REA is that the process is not "rapid." Qualitative interviewing can take up to several hours a person, which limits the number of interviews that the implementation team can conduct in a short period of time. It also requires a great deal of time in analysis of information obtained.

Developing an interview protocol

All printed or oral interview protocols should begin with a statement on the purpose of the study, the way the interviewee was selected, and an explanation of the steps taken to assure the confidentiality of the information and anonymity of the interviewee (where these apply). Depending on the human subjects process, some interviewees may be required to sign an informed consent form. Having taken all these steps through the training process in the section on Research Participants, this end of the protocol should already be part of the plan. (Where "informal interviews" are conducted during observation, the human subjects issues may have been covered in the observation process.) The interviewer should always ask permission to take notes and/or tape the interview (where this permission is not given, the value of the interview is negligible). This process should also be outlined in the informed consent form (if the form is required). Several ways that interviewing may proceed are discussed below, and are also listed by their levels of difficulty.

The levels of difficulty presented throughout this curriculum are designed to alert the implementation team to the time that may be involved in learning and implementing procedures early in the REA planning process. However, the actual procedures *must be selected because they would best answer the questions that the REA is asking or the information being gathered, not the level of difficulty*.

Lowest degree of difficulty. An "informal" interview usually requires no printed interview guide with research topics and questions already in place. The informal interview is usually conducted during an observation process. Here the researchers might realize that they need certain information to make sense out of their observations, and the questions might be impromptu in nature. In other cases the researchers might be collecting data in the form of "lists." For example, the purpose of the REA might be to gather information on STD-related services currently available in a locale in order to identify service gaps and duplications. If observation is selected as the chief data collecting strategy for documenting major services, then a time-constrained interviewer might also ask service providers at the observation sites to describe what other STD-related services they provide.

The interview "guide" here will follow a similar format as documentation of field notes.

The minimal information recorded in the observation notes or journal should include:

- Name of person observing /informally interviewing
- Name of site (coded if necessary)
- Date
- Names [coded if necessary], or designation of person being observed
- Question[s] asked
- Response[s]
- Interviewee's suggestion of another good informant on this topic to contact for a qualitative interview
- Space for reflective notes (e.g., concerns, hunches, further data needed)

An important note.

Whenever a member of the implementation team is writing down interview responses it is important that the observer distinguishes exact quotes from notes that paraphrase a conversation. Use quotation marks to make this distinction.

***Medium degree of difficulty*.** "Formal" interviews using the standard question and answer format occur when the interviewer sits down with someone and actually conducts the interview. There is no assumption that this is a casual conversation. Both parties understand that this is an interview.

Qualitative interview data may at times be quantified. For examples of how this can be done, see the section, Data Analysis.

Bernard (2006) identifies three kinds of formal interviews: unstructured, semi-structured, and structured. Unstructured interviews usually involve no systematic set of questions or topics to follow and are not recommended for studies where more than one interviewer is used, such as in the REA. Fully structured interview guides (or questionnaires) will be discussed in the next section on Data Collection: Quantitative Strategies . For the REA purposes, the semi-structured interview guides will be most appropriate for qualitative interviewing. These guides will include very general questions or research topics to cover at each interview. The topics or questions should be those that were selected during the meeting with the collaborating stakeholders, as long as they are appropriate questions for qualitative interviewing (as opposed to some other data gathering strategy). The questions or topics should be broad-based and general to give informants every opportunity to interpret the questions according to their own cultural understandings.

Semi-structured interview guides should minimally include:

- Name of person interviewing
- Name of site (coded if necessary)
- Date
- Name (coded if necessary) of person interviewed
- Questions or topics that had been selected through earlier processes
- Room for response[s]
- Interviewee's suggestion of another good informant on this topic to contact for a qualitative interview
- Space for reflective notes (e.g., concerns, hunches, further data needed)

Probes, or ways of stimulating the interviewee to add more information, are used in semi-structured interviews. At times these probes may be specific follow-up questions in the interview guide, or they may just be worded as follows — "probe for [topic] and [topic]." See an example of a semi-structured interview guide in the appendix. Other ways of stimulating the interviewee to add more information can include the following:

1. Silence. The interviewer pauses for several seconds in the hope that the person being interviewed will recall something else and continue.
2. Expression of ignorance. The interviewer admits to knowing nothing at all about something the person interviewed just said, and asks for more information.

3. Repeating something just said. As a way to stimulate the interviewee to add more information, the interviewer might say something like the following: "You said that your clinic is seeing more cases of HIV in females…..?" In most cases the person being interviewed will complete this sentence.

See the next section and the accompanying video for more information on interview techniques.

***Highest degree of difficulty*.** Interviewing through interactive props constitutes the highest degree of difficulty because the props usually have to be carefully thought out and created by the implementation team. Laura Ramos (1992) described a good example of use of interactive props in conducting a rapid assessment. Her research was concerned with the biomedical knowledge that a group of Latinas had on how they could contract HIV. Her team created a set of illustrated cards—some portraying "factual" ways the AIDS virus could be transmitted and others portraying "fictional" ways. The research participants were asked to put the cards into piles of "fact" or "fiction." The process also included a follow-up discussion on the correct responses, which was an effective way of merging the rapid assessment with education. Use of illustrated cards is appropriate for populations where language or illiteracy may be an issue.

Ethnographers have often used props in contrast questions in the interviewing process. In some cases the research team would only have to write words on 3x5 cards rather than illustrating them. For example, the implementation team might want to learn what kind of insider knowledge (and opinions) an STD-affected community had on local services. The team might jot the names of two services on cards and ask the participants how the two were different. Or the team might jot the names of three services on cards and ask the participants to explain which are most alike in some way and different from the third (Spradley, 1979). This kind of dyadic and triadic probing elicits information on what the affected community actually knows about the services, how they evaluate the services, and the meanings they ascribe to them. This is also a good way of searching for gaps and duplications in services.

Interview guides used with interactive props should include:

- Name of person interviewing
- Name of site (coded if necessary)
- Date
- Name (coded if necessary) of person interviewed
- Introduction with appropriate human subjects language (to be read to interviewee) with informed consent form (to be signed by interviewee)
- Directions for use of props

- Space for describing activity with props
- Space for describing reasons interviewee gave for decisions using the props
- Interviewee's suggestion of another good informant on this topic to contact for a qualitative interview
- Space for reflective notes (e.g., concerns, hunches, further data needed)

Conducting and documenting interviews

***Conducting interviews*.** One of the questions that new researchers often ask is: "How am I going to talk anyone into being interviewed?" Actually, this is not likely to be a problem at all. In over 60 full studies conducted by Jill Florence Lackey & Associates (and some involving thousands of interviews), "talking people into the interviews" has been a cakewalk. Rarely will the researcher get turned down. In our experience, people appear to enjoy the act of being interviewed. My conservative estimate is that over 80 percent of the interviewees we have approached have consented to do the interview (somewhat fewer when interviewing over the telephone). Perhaps people simply enjoy having someone ask them questions, particularly where their responses should carry no negative consequences.

However, conducting an interview well is a different story. Qualitative interviewing requires (a) in-depth knowledge of the subject matter of the study (e.g., the target community, STDs, the settings); (b) fine-tuned interpersonal skills; and (c) specific techniques that can be used to probe for additional information.

Now would be a good time to watch the video on Qualitative Interviewing for ways to probe for additional information. The video also offers examples of the best and the worst in interviewing styles and what can happen if the interviewer has not pre-researched the subject matter. In addition, see an example of how people with different styles can interview the same person and collect very different information. Follow the practice exercises offered.

The implementation team should reach consensus on the most appropriate venue for conducing the interviews. Will all the interviews be in-person? Will they be over the telephone? Will the interviewee be required to write out some responses? Might interviews be conducted by email? Wherever possible the venue should be consistent. Here is where expediency needs to be an issue. We at Jill Florence Lackey & Associates have always found that in-person interviews at

sites where large numbers of interviewees can be reached at once is the fastest way of collecting these data. This could include programs in which the interviewees participate, specific events, door-to-door surveys in a few neighborhoods, places where the interviewees hang out, or healthcare facilities.

A problem to watch for when conducting qualitative interviews is determining whether the informants originally selected in the sampling plan were the most knowledgeable informants. A good way to check on the sampling plan is by asking each person that the team interviews to identify people with the best knowledge of the issues the study is addressing. The implementation team may learn (as we do often) that the information we had from those who were supposed to be "in the know" was flawed. The implementation team may have to revise the sampling plan during the process. The advantage in qualitative data gathering is that these kinds of changes do not radically affect the validity of the study.

Another question that new researchers often ask is: "Should I come from the same ethnic background as the person I am interviewing?" Weeks and Moore (1981) found that unless the questions specifically addressed the subject of race, responses were not likely to be significantly different when researchers interviewed respondents of different ethnic backgrounds. These findings reflect our experiences as well. However, a rule of thumb we have developed over years of experience conducting ethnography with diverse populations is the following: Try to maintain close to the same proportion of ethnic backgrounds in the interview team as one expects to find in the target community, but do not be concerned with individual "matching" by background.

***Documenting interviews*.** Wherever possible, interviews should be audiotaped. One of the strengths of qualitative interviews is that the interviewers end up with responses in the exact words of the target community. However, two issues should be stressed with tape recorders. First, one must make sure that the tape recorder and the tapes are high quality (and avoid the voice-activated ones as pauses are sometimes as important to gaining an understanding of the interviewee's nuance as words). But even with high quality equipment, we find that tape recording fails in about one in seven cases. Problems can occur over background noise, forgetting to turn on the recorder, loss of battery power, and general equipment failure. *The implementation team should always back up tape recording with detailed written notes*. Notes should be reviewed and edited as soon as possible after each interview[2]. Second, transcribing tapes is very time-consuming. Even with transcription equipment, one should expect to spend at least twice the length of time transcribing the interview as was spent conducting the interview.

Some interviews can be videotaped when confidentiality and anonymity are not at issue. This rarely happens, but when it does the implementation team should bring along a hand-held or lavaliere microphone, as vocal sound quality using video cameras alone is quite poor.

Computer and/or hand-written notes should always be used during interviews. These are often the only pragmatic options when conducting informal interviews, as the interviews tend to be impromptu in nature and tape recorders may not be available at that particular moment. Computer and/or hand-written notes are also often the only pragmatic options when interviewing through interactive props, because the researcher needs to describe what the interviewee is doing as well as what the interviewee is saying (such as putting cards in one pile or another).

[2]Notes are also important because important conversations often occur after the tape recorder is turned off.

Section 3, Chapter 3: Qualitative interviewing

3.3.3 Learning activities

Time to review

The implementation team should now complete the following exercises.

1. List at least three advantages and limitations of qualitative interviewing.
2. What are some of the ways that an interviewer can stimulate the person being interviewed to provide additional information?
3. List as many elements as you can that should be included in a semi-structured interview guide.
4. Write out a short, semi-structured interview guide that could be used to interview team members about their jobs. Each member of the team should then interview each other member of the team. Critique the results. What was learned?

Interviewing systematically

One way to maintain rigor in interviewing is to develop systematic protocols. The implementation team should respond to the following questions to check for consistency (also see more detailed worksheets in the appendix).

INTERVIEWING SYSTEMATICALLY

1. How many interviews will be conducted over what period of time?
2. When is the tentative start and stop date for qualitative interviewing?
3. Are all protocols involving human subjects in place for any kind of interview?
4. Who will interview whom? If more than one category of interviewee will be interviewed, does every member of the implementation team have an opportunity to interview someone in each category (this is to assure checks on the validity of the information)?

5. What consistent venue[s] will be followed during interviews (or in each category of interview) (i.e., in-person interviews, telephone interviews, email interviews)?
6. How will the interviews (in each category) be documented (e.g., by audiotaping, videotaping, note-taking)?

The implementation team should now review the section, Data Collection—Mixed Methods Strategies, to select a study design and then begin interviewing.

Quality control: Checking progress

Once interviewing is underway, the implementation team should perform quality checks on the work at agreed-on intervals. The researchers can accomplish this by responding to a series of questions. (The more detailed worksheets are printed at the end of this chapter.)

QUALITY CONTROL ASSESSMENT: QUALITATIVE INTERVIEWING

1. Are team members following an interviewing plan that includes (at minimum) an interview /observation guide with the appropriate information on it (from least to most difficult); a consistent form of documentation (e.g., note-taking, audiotaping); and consistent venue (e.g., interviewing in-person, over the telephone)?
2. Have team members rechecked the original sampling plan with the suggestions the informants are now making? If the two lists do not correspond reasonably well, have team members modified the sampling plan?
3. Are the interviewers agreeing on the most relevant findings at this point?
4. Have members of the implementation team selected other forms of data collection to verify that the findings from these interviews are valid?

The next chapter will discuss another form of qualitative data collection—the focus group.

Section 3, Chapter 3: Qualitative interviewing

3.3.4 Resources

Chapter references

Bernard, H.R. (2006). *Research methods in anthropology: Qualitative and quantitative approaches* (4th ed.). Lanham, MD: AltaMira.

Creswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks: Sage.

Ramos, R. (1992). *Rapid assessment procedures and the Latinas and AIDS research project.* In N.S. Scrimshaw & G.R. Gleason (Eds.)*, Rapid assessment procedures: Qualitative methodologies for planning and evaluation of health related programmes.* Boston: International Nutrition Foundation for Developing Countries.

Spradley, J.P. (1979). *The ethnographic interview.* Belmont: Wadsworth Group/Thomas Learning.

Weeks, M.F. & Moore, R.P. (1981). Ethnicity of interviewer effects on ethnic respondents. *Public Opinion Quarterly, 45*, 245-249.

Additional resources on qualitative interviewing

Gubrium, J.F., & Holstein, J.A. (Eds.). (2001). *Handbook of interview research: Context and method*. Thousand Oaks, CA: Sage.

Holstein, J. A. & Gubrium, J. F. (1995). *The active interview*. Thousand Oaks, CA: Sage.

Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.

Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data* (2nd ed.). Thousand Oaks, CA: Sage.

Seidman, Irving. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences* (3rd ed.). New York: Teachers College Press.

Also see the section on Pre-Assessment Research for additional ideas.

Section 3, Chapter 3: Appendix

WORKSHEET CHAPTER 3A: INTERVIEWING SYSTEMATICALLY

1. How many interviews will be conducted over what period of time?

   NUMBER _____ OVERALL TIME PERIOD (insert a number) _____

   CIRCLE: days weeks months

2. When is the tentative start and stop date for qualitative interviewing?

   START DATE: _____

   STOP DATE: _____

3. Are all protocols involving human subjects in place?

   Yes ___ No ___

   If "no," why? What other alternative arrangements have been made that are consistent with research ethics per the section, *Research Participants)*?

4. Who will interview whom (list)?

_____

_____

_____

_____

_____

_____

_____

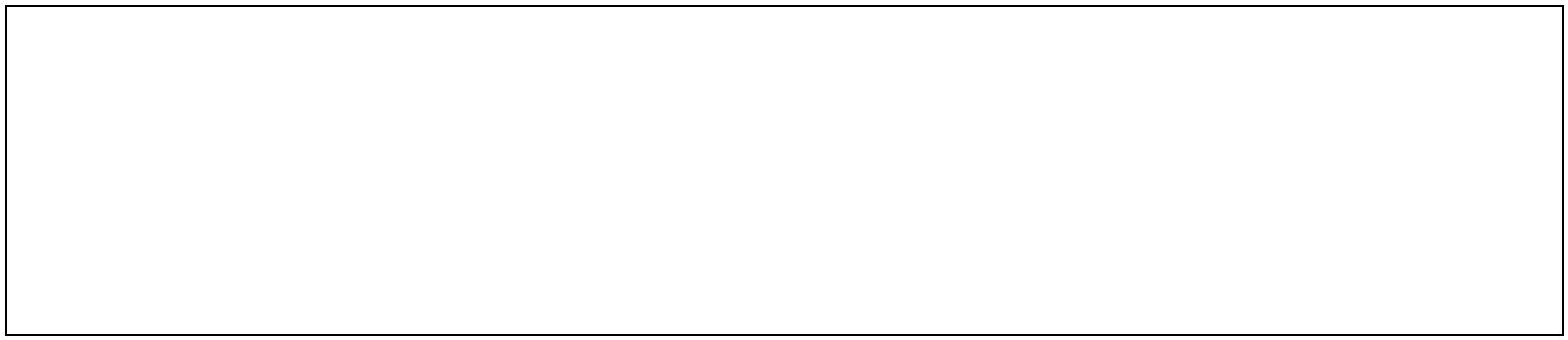
If more than one category of interviewee will be interviewed, does every member of the implementation team have an opportunity to interview someone in each category (this is to assure checks on the validity of the information?

Yes ___ No ___

Explain:

5. What consistent venue[s] will be followed during interviews (or in each category of interview) (i.e., in-person interviews, telephone interviews, email interviews)?
   Explain

6. How will the interviews be documented (e.g., note-taking, entering into a laptop, audiotaping, videotaping)? Where applicable, explain each documentation form in detail.



EXAMPLE OF SEMI-STRUCTURED INTERVIEW GUIDE

In this hypothetical study, an implementation team is interviewing program directors of various healthcare and social service agencies that serve people with STDs. One of the main purposes of these interviews is to learn more about gaps in services. Before this interview actually began, the interviewer asked the interviewee to sign an informed consent form, which also gave permission to tape record the interview.

Name of interviewer _____Name of site (code if needed) _____

Name and office of person interviewed (code if needed) _____ Date _____

[HAVE INTERVIEWEE SIGN INFORMED CONSENT FORM BEFORE INTERVIEW BEGINS, WHICH WILL INCLUDE CONSENT TO TAPE RECORD THE INTERVIEW]

	INTERVIEWER'S NOTES
Interviewer: "As I had indicated to you in our [TELEPHONE, EMAIL, IN-PERSON] communication, the purpose of this study is to learn about the services available in this area that relate to sexually transmitted diseases. I am going to ask you about the services your [HEALTHCARE, SOCIAL SERVICE] organization provides, and any service gaps that you are seeing in preventing and treating STDs. Shall we begin?"	
1. Please list the programs or services that your organization provides that relate directly to prevention or treatment of STDs. [IF NOT MENTIONED…..] [FOR EACH SERVICE, PROBE FOR **TYPES OF CLIENTS/PATIENTS SERVED**—E.G., MEN, WOMEN, CHILDREN, PRISONERS, MEN HAVING SEX WITH MEN, HOMELESS, ETC.] [FOR EACH SERVICE, PROBE FOR **TYPE OF STD** THE SERVICE TREATS OR PREVENTS] [FOR EACH SERVICE, PROBE FOR **NUMBERS OF CLIENTS/PATIENTS** SERVED MONTHLY]	

INTERVIEWER'S NOTES

2. Are there any services or programs you provide where you are seeing a significant increase in needs? [PROBE FOR HOW INTERVIEWEE KNOWS THERE IS THIS NEED—E.G., NEEDS ASSESSMENT, REPORTS FROM STAFF, NUMBER OF REPORTED CASES, RESULTS FROM TESTING]	INTERVIEWER NOTES
3. Are there any services or programs you do NOT provide that you think you need to provide in the future? [PROBE FOR HOW INTERVIEWEE KNOWS THERE IS THIS NEED—E.G., NEEDS ASSESSMENT, REPORTS FROM STAFF, NUMBER OF REPORTED CASES, RESULTS FROM TESTING]	
4. Here are the names of organizations on our interview list for this study. Can you see any we are missing? [HAND THE INTERVIEWEE THE LIST]	

WORKSHEET CHAPTER 3B: QUALITY CONTROL ASSESSMENT—QUALITATIVE INTERVIEWING

1. Has the team developed an interviewing plan (with printed interview guide) that includes the following minimal features:

   a. Name of the site — Yes ___ No ___
   Explain

   b. Name of interviewer — Yes ___ No ___
   Explain

   c. Date — Yes ___ No ___
   Explain

d. Name (or coded designation) of person interviewed Explain	Yes ___ No ___
e. Place for reflective notes Explain	Yes ___ No___
f. Any relevant issues regarding the human subjects process Explain	Yes ___ No ___
g. Ways the interview is documented Explain	Yes ___ No ___
h. Consistent venue (e.g., interviewing in-person, over the telephone) Explain	Yes ___ No ___

2. Has the team rechecked the original sampling plan with the suggestions the informants are now making? Yes ___ No ___
Explain

If the two lists do not correspond reasonably well, has the team modified the sampling plan? Yes ___ No ___
Explain

3. Have all interviewers reached consensus on the most relevant findings from these interviews?
Yes ___ No ___

Explain

(If not, the team may need to go back over the video on qualitative interviewing and try the practice exercises again.)

4. Have members of the implementation team selected other forms of data collection to verify that the findings from these interviews adequately represent the target community?

   Yes ___ No ___

   Explain

(If not, now is the time to do so before moving on.)

Section 3, Chapter 4: Focus groups

3.4.1 Intended learning outcomes

The intended learning outcomes of this chapter on focus groups follow.

Upon completion of this chapter, the implementation team (the group conducting the study) should be able to:

1. List advantages and limitations of conducting focus groups.
2. Develop a focus group protocol.
3. Document focus group data.
4. Conduct a focus group systematically.
5. Integrate quality control mechanisms into focus groups.

Section, Chapter 4: Focus groups

3.4.2 Introduction

At this point the implementation team (the group conducting the study) has reviewed some of the literature on STD-related topics, previewed the target population, decided on one or more sampling plans, and completed the human subjects protocols. The implementation team may have also engaged in other data collection strategies.

Bader & Rossi (2002, p. 2) define a focus group as follows:

> *"Focus group" is the label given to a special type of group interview that is structured to gather detailed opinions and knowledge about a particular topic from selected participants.*

***Terms*.** Those individuals who comprise the focus groups are called focus group "members" or "participants." The researcher conducting the focus group is usually called a "moderator" or "facilitator." The researcher writing down notes during the focus group is usually called a "recorder."

A focus group "guide" is often nothing more than a list of questions to be asked (usually called a "questionnaire" in purely quantitative research). A focus group "protocol" includes all human subjects forms or instructions and other pertinent information (see more on this later in the chapter).

Advantages and limitations of focus groups

***Advantages*.** A chief strength of focus groups is their makeup. From the previously read chapter on sampling in the section, Research Participants, the implementation team has already learned that the ideal focus group will be homogeneous in some key way but made up of members who do not know each other. We at Jill Florence Lackey & Associates have found that people tend to feel more comfortable and exchange more information in a group with shared characteristics or experiences. But the point that focus group members do not actually know the other participants also allows them more freedom to express personal information without the fear that the information will become known to their family and friends. The strategy is thus a good one when conducting focus groups among people with STDs. An infected person might be more willing to discuss their experiences when in the company of other infected people (rather than, say, being alone with an interviewer), yet because they do not know the other focus group members they have minimal fear of their status being revealed to their family, friends, or neighbors.

Another advantage of focus groups is their function as a memory prompter. For example, perhaps the implementation team is studying the use of local services for treatment of STDs. One person being interviewed by a member of the implementation team might be asked a question such as, "What are the treatment services you have used in the last six months?" The interviewee might recall two or three. However, when in the company of other STD-affected people s/he might recall several additional services when other participants mention them.

An advantage of focus groups that clearly benefits the Rapid Ethnographic Assessment is their expediency. Because focus groups typically include six to twelve members, it is an opportunity to accumulate data quickly at minimal expense. However, it must be considered as a single group, not as six to twelve separate interviews.

The focus group can also act as a check on wrong information. Focus group members can correct each other "and prevent an atypical situation from being confused with the average" (Beebe, 2001, p. 46). For example, in the hypothetical study of use of STD treatment services mentioned above, it is likely that the interviewers intend to quantify their findings. They may simply count the number of discrete services mentioned by each interviewee, and then calculate the average. But imagine that the team interviewed 15 people individually and 14 listed an average of 4 discrete services used in six months and one listed 30 discrete services. If the implementation team has no solid reason to disregard the responses of the latter interviewee, the average of 4 services in six months jumps to nearly 6. However in a focus group setting, other participants may respond to that individual's listing of 30 with comments such as "no way," "impossible," or "that program isn't even around any more." This could prompt the participant with the long list to modify or qualify the information.

Another advantage of focus groups is that they are good venues for people to express opinions openly. The focus group has been a chief methodology for marketing firms for generations. These firms have found that people in groups will not only discuss what kind of products or services they prefer (when exposed to the entities) but will engage in wide-ranging discussions about why they prefer one over another (Krueger & Casey, 2000, p. 8).

A final advantage of focus groups is the opportunity they afford to determine the feasibility of questionnaire wording during the formative stages. A facilitator can go over the questions with focus group members and solicit feedback on relevance and understandability of questions. It is also an opportunity to learn insider terms.

***Limitations*.** The chief limitation in focus group research is that one or two members can influence conversations because they are the most vocal or quickly assume leadership roles in the group. Some members of the group might be reluctant to speak up, especially if they believe their input contradicts that of the informal leaders. The "minority voice" may be lost. Thus we again caution the implementation team that a focus group of six to twelve individuals is not equivalent to six to twelve separate interviews.

Another problem with focus groups is that they are difficult to transcribe. Special microphones often must be purchased to assure that all voices are recorded on tape, but those doing the transcription often cannot distinguish one voice from another, hence may not know if this is another point of view being offered or just a restatement of the point of view already offered by a participant. At least one facilitator needs to take notes during the process to offset the potential for recorder failure and to keep a record of who said what. If the group has only one facilitator, this added task might interfere with his/her ability to keep the group discussions on task. Thus both a facilitator and a recorder are required.

It is also difficult to determine the intensity of meanings in focus groups during data analysis. Is something that is said more often an important finding? Is something stated more vigorously an important finding? (However, a way of measuring intensity is discussed in the chapter on "Qualitative data analysis" in the section, Data Analysis.)

Developing a focus group protocol

All printed or oral focus group protocols should begin with a statement on the purpose and uses of the study, the way the participants were selected, and an explanation of the steps taken to assure the confidentiality of the information and anonymity of the participant (where these apply). Depending on the human subjects process, some participants may be required to sign an informed consent form. Having taken all these steps through the training process in the section on Research Participants, this end of the protocol should already be part of the plan. The moderator/facilitator should always ask permission to take notes and/or tape the discussions (where this permission is not given, the value of the focus group is negligible). This process should also be outlined in the informed consent form (if the form is required). Several ways that focus groups may proceed and facilitator's guides are developed are discussed below. We have also listed these by their levels of difficulty.

The levels of difficulty presented throughout this curriculum are designed to alert the implementation team to the time that may be involved in learning and implementing procedures early in the REA planning process. However, the actual procedures must be selected because they would best answer the questions that the REA is asking or the information being gathered, not the level of difficulty.

Lowest degree of difficulty. We recommend that no implementation team using focus groups as an REA methodology should conduct less than three. At the lowest degree of difficulty the team might conduct a series of focus groups of participants with at least one homogeneous trait. Homogeneity depends on the focus of the study. For example, if the study is supposed to assess housing needs of people living with HIV, the participants might be HIV-infected people with low incomes (this would be their homogeneous traits). If the study is supposed to investigate transmission of gonorrhea in the workplace, the participants might be employees of that organization who have contracted gonorrhea, but have no contact with each other. If the study is supposed to determine the potential for adding STD services to a certain area, the participants might be local social service and healthcare providers.

At this degree of difficulty, facilitator guides should minimally include:

- Title of focus group
- Names and relevant characteristics of participants (coded if necessary)
- Names of facilitator and recorder
- Location of site (coded if necessary)
- Date
- Introduction with appropriate human subjects language (to be read to participants), with informed consent form, if required (to be signed by participants)
- Questions or topics that had been selected through earlier processes
- Room for response[s] with names (coded if necessary) of person speaking
- Space for reflective notes (e.g., concerns, hunches, further data needed)

Bader & Rossi (2002, p. 24) provide the following tips for developing effective questions.

- *Normal sessions run for 1-2 hours, allowing 3-4 broad questions with 2-3 follow-up questions each.*
- *For each issue, start with general questions and move to more detailed questions (probes).*
- *Rank questions in order of importance, and start with the most important.*
- *Use an open-ended format such as:*
  "What do you like about . . .?"
  "How do you feel about . . .?"
  "Tell me about . . .?"
  "Give me an example of . . .?"

Outlining thorough questions for each specific issue keeps the facilitator focused on the purpose of the session and helps maintain that focus in the face of any unplanned events.

Facilitators must demonstrate flexibility in allowing participants to express themselves but must also address each important specific issue in order to derive useful information from the group.

***Medium degree of difficulty*.** At the medium degree of difficulty the team might conduct a series of focus groups with two target communities (each target community having at least one homogeneous trait). For example, if the study is supposed to assess housing needs of people living with HIV, one series of (at least three) focus groups might be HIV-infected people with low incomes (the homogeneous traits). But the implementation team might also conduct a series of focus groups with people in the resource community who have knowledge of the housing needs of the low-income people living with HIV, such as social service and healthcare providers currently serving those with HIV (the homogeneous traits). If the study is supposed to investigate transmission of gonorrhea in the workplace, the participants might be employees of that organization who have contracted gonorrhea (the homogeneous traits). But the team might also conduct a series of focus groups with employees in this organization who have not contracted gonorrhea (the homogeneous traits) to determine the knowledge they have of the STD and the ways the infection can be transmitted. The latter focus groups might be a strategy for assessing primary prevention needs in this population.

As with the lowest degree of difficulty, facilitator's guides for medium degree of difficulty should minimally include:

- Title of focus group
- Names and relevant characteristics of participants (coded if necessary)
- Names of facilitator and recorder
- Location of site (coded if necessary)
- Date
- Introduction with appropriate human subjects language (to be read to participants), with informed consent form, if required (to be signed by participants)
- Questions or topics that had been selected through earlier processes
- Room for response[s] with names (coded if necessary) of person speaking
- Space for reflective notes (e.g., concerns, hunches, further data needed)

***Highest degree of difficulty*.** At the highest degree of difficulty the team might conduct a series of focus groups with one or more target communities, but where the implementation team will organize groups around varying homogeneous traits. Focus group participants may be asked to address the same questions or topics, but some might be organized by specific gender, others by age, and still others by geographic area, etc. The purpose of this design is to compare findings by specific traits of the participants. As Bernard (1995) argues, "the method is always at its best when you can compare the reactions of at least two groups (men and women for example)" (p. 228).

Lackey & Moberg (1996) conducted an assessment of sexual risk taking by youth in five neighborhoods. Door-to-door neighborhood surveys revealed significantly different levels of risk-taking. Statistical analysis demonstrated that youth who reported more gang and drug activity in their neighborhoods also reported more sexual risk-taking.

Focus groups were also conducted with youth in each of these neighborhoods—some with all males, some coed, and some with all females in the different neighborhoods. The focus groups helped the researchers explore the relationship between gang and drug activity and sexual risk-taking in the neighborhoods. For example, in one coed focus group in a neighborhood where gangs and drug activity had recently emerged, two females argued that neighborhood had little to do with having sex. The youth should be listening to the advice of parents. To this, several males suggested that peer pressure was more influential than parental teaching.

Male #3: "But some of it is peer pressure."

Male #2: "Kids that's in gangs and stuff—they don't care what their parents say. They don't care about nothin'. Their mind is in the gang and on the streets."

Male #3: "Those kids in the gang, they'll do it [have sex] because they think it's the only way they'll be able to get inside the gang, they're gonna be able to keep their friends. They think to have sex is really cool. They try to keep a reputation."

In neighborhoods with little gang or drug activity, participants rarely mentioned the influence of peer pressure on their sexual practices. Instead they focused on the impact of the media, family members, and individual decisions.

Focus group guides for highest degree of difficulty should minimally include:

- Title of focus group
- Names and relevant characteristics of participants (coded if necessary)
- Names of facilitator and recorder
- Location of site (coded if necessary)
- Date
- Introduction with appropriate human subjects language (to be read to participants), with informed consent form, if required (to be signed by participants)
- Questions or topics that had been selected through earlier processes
- Room for response[s] with names (coded if necessary) of person speaking
- Space for reflective notes (e.g., concerns, hunches, further data needed)

Conducting and documenting focus groups

Conducting focus groups. As previously mentioned, the focus groups should be comprised of 6 to 12 members who are "more or less homogeneous and, in general, should not know one another" (Bernard, 2006, p. 237).

Settings for focus groups are important. The settings should insure privacy to protect the confidentiality and anonymity of participants. The settings should also be places that will help the participants feel as comfortable as possible and are easy to access. The settings should have been addressed during the initial stakeholders meeting and the pre-research conducted on the target community.

Probes, or ways of stimulating the interviewee to add more information, are used in focus groups as they are used in qualitative interviews. At times these probes may be specific follow-up questions in the focus group guide, or they may just be worded as follows — "probe for [topic] and [topic]." See examples of how facilitators can achieve the most (and the least) from focus groups in the video below.

Now would be a good time to watch the video on Focus Group Moderating for ways to help participants feel comfortable, introduce topics or questions, probe for additional information, keep the discussion going, and maintain the focus of the discussion. The video also offers examples of the best and the worst in facilitator styles and what can happen if the facilitators have not pre-researched the subject matter. In addition, the video shows ways that stories can be used to elicit opinions from focus group members. The video will suggest practice opportunities for the implementation team.

***Documenting focus groups*.** Members of the implementation team should plan on using more than one facilitator for the group. One facilitator might act as a "recorder" and take notes while the other introduces the topics or questions. Tape or video recorders should be used to document the dialogue (with back-up notes). Check with audio/video suppliers for the appropriate microphones to record all voices. If confidentiality and/or anonymity are issues that need to be addressed, the video- and audiotapes should be destroyed as soon as the tapes are transcribed (although videotaping is not a good option where confidentiality/anonymity must be maintained).

The recorder taking notes might want to place numbers in front of the participants in the form of place cards. Then the recorder can take notes such as the following: "#1 replied that he had used a Family Service counseling service in the past week. #9 said he'd used the same service. #3 and #6 said they had used a different counseling service. #3 could not recall the name of the service, but #6 said he'd used a service at the Forest Avenue Clinic." This format keeps the speaker anonymous and will help the transcriber identify who is speaking, particularly where the transcription is done from audiotapes.

Section 3, Chapter 4: Focus groups

3.4.3 Learning activities

Time to review

The implementation team should now complete the following exercises.

1. List at least three advantages and limitations of focus groups.
2. How are focus groups constructed (i.e., traits of participants)?
3. List as many elements as you can that should be included in a facilitator's guide.
4. What are some ways that facilitators can achieve the best results in focus groups?

Conducting focus groups systematically

One way to maintain rigor in conducting focus groups is to develop systematic protocols. The implementation team should respond to the following questions to check for consistency (also see more detailed worksheets in the appendix).

CONDUCTING FOCUS GROUPS SYSTEMATICALLY

1. How many focus groups will be conducted with each population under study?
2. If more than one homogeneous trait is selected for a population, please list (list separately for each population under study, if this applies).
3. When is the tentative start and stop date for the focus groups?
4. Are all protocols involving human subjects in place?
5. Will the same general recruitment practices be used for each focus group of the same population? What are the recruitment practices (e.g., recruitment from clinics, programs, coalitions)?

6. When focus groups of the same population are organized, will the implementation team conduct them at the same site? If different geographical areas are being compared, will the sites be similar in function (e.g., all at community centers or library rooms)?
7. Identify the facilitators for the focus groups, and what will be each facilitator's role (i.e., facilitator, recorder)?
8. Where comparison focus groups are conducted, can all of the core topics and questions be addressed?
9. Has a time limit been set for each category of focus group? How will this time limit be maintained?
10. How will the focus groups (in each category) be consistently documented (e.g., by audiotaping, videotaping, note-taking)?

The implementation team should now review the section Data Collection—Mixed Methods Strategies to select a study design and then begin the focus group.

Quality control: Checking progress

Once focus groups are underway, the implementation team should perform quality checks on the work at agreed-upon intervals. The researchers can accomplish this by responding to a series of questions. (The more detailed worksheets are available at the end of this chapter.)

QUALITY CONTROL ASSESSMENT: FOCUS GROUPS

1. Are team members following a focus group plan that includes (at minimum) the full protocol, compliance with numbers and types of focus groups chosen (e.g., target populations and traits); consistency in type[s] of documentation (e.g., note-taking, audiotaping); and consistent patterns for focus group sites?
2. Are most of the focus group participants engaging in discussions that are on-topic and yielding relevant information?

3. Are the researchers agreeing on the most relevant findings at this point?
4. Have members of the implementation team selected other forms of data collection to verify that the findings from these focus groups are valid?

The next chapter will discuss another form of qualitative data collection—the life history.

3.4.4 Resources

Chapter references

Beebe, J. (2001). *Rapid assessment process: An introduction*. Walnut Creek, CA: AltaMira.

Bernard, R.H. (1995). *Research methods in anthropology: Qualitative and quantitative approaches*. Walnut Creek, CA: AltaMira.

Bernard, H.R. (2006). *Research methods in anthropology: Qualitative and quantitative approaches* (4th ed.). Lanham, MD: AltaMira.

Bader, G.E., & Rossi, C.A. (2002). *Focus groups: A step-by-step guide* (3rd Ed). Thousand Oaks, CA: Sage.

Krueger, R.A., & Casey, M.A. (2000). *Focus groups* (3rd Ed.). Thousand Oaks, CA: Sage.

Lackey, J.F., & Moberg, D.P. (1998). Understanding the onset of intercourse among urban American adolescents: A cultural process framework using qualitative and quantitative data. *Human Organization 57*(4).

Additional resources on focus groups

Basch, C. E. (1987). Focus group interview: An underutilized research technique for improving theory and practice in health education. *Health Education Quarterly, 14*, 411-48.

Goldman, A. E., & McDonald, S. Schwartz. (1987). *The group depth interview: Principles and practices*. Englewood Cliffs, NJ: Prentice-Hall.

Greenbaum, T.L. (1998). *The handbook for focus group research* (2nd ed.). Thousand Oaks, CA: Sage.

Morgan, D. L. (1996). *Focus groups as qualitative research* (2nd ed.). Qualitative Research Methods Series 16. Thousand Oaks, CA: Sage.

Morgan, D. L., & Krueger, R. A. (1998). *The focus group kit*. Thousand Oaks: Sage.

Stewart, D. W., Shamdasani, P. N., & Rook, D.W. (2007). *Focus groups: Theory and practice* (2nd ed).Thousand Oaks, CA: Sage.

(Also see the section on Pre-Assessment Research for additional information.)

Section, Chapter 4: Appendix

WORKSHEET CHAPTER 4A: CONDUCTING FOCUS GROUPS SYSTEMATICALLY

1. How many focus groups will be conducted with each population under study?

   TARGET POPULATION #1 (identify) _____

   NUMBER OF GROUPS _____ OVERALL TIME PERIOD (insert a number) _____

   Circle : days weeks months

   TARGET POPULATION #2 (identify) _____

   NUMBER OF GROUPS _____ OVERALL TIME PERIOD (insert a number) _____

   Circle : days weeks

   months

2. If more than one pattern of homogeneous trait is selected for a population, please list. (List separately for each population under study, if this applies). (If this does not apply, skip to question 3).

   TARGET POPULATION #1 (identify) _____

HOMOGENEOUS TRAIT[S] #1 (identify) _____

HOMOGENEOUS TRAIT[S] #2 (identify) _____

HOMOGENEOUS TRAIT[S] #3 (identify) _____

HOMOGENEOUS TRAIT[S] #4 (identify) _____

TARGET POPULATION #2 (identify) _____

HOMOGENEOUS TRAIT[S] #1 (identify) _____

HOMOGENEOUS TRAIT[S] #2 (identify) _____

HOMOGENEOUS TRAIT[S] #3 (identify) _____

HOMOGENEOUS TRAIT[S] #4 (identify) _____

3. When is our tentative start and stop date for the total number of focus groups?

START DATE: _____

STOP DATE: _____

4. Are all protocols involving human subjects in place?

Yes __ No __

If "no," why? What other alternative arrangements have been made that are consistent with research ethics per the section, *Research Participants*?

5. Will the same general recruitment practices be used for each focus group of the same population? (This should have been decided when the sampling plan was developed.)

Yes ___ No ___

What are the recruitment practices (e.g., recruitment from clinics, programs, coalitions)?

TARGET POPULATION #1 (identify) _____

CONSISTENT RECRUITMENT PLAN _____

TARGET POPULATION #1 (identify) _____

CONSISTENT RECRUITMENT PLAN _____

6. When focus groups of the same population are organized, will the implementation team conduct them at the same site?

Yes ___ No ___

Explain and identify sites.

TARGET POPULATION #1 (identify) _____

SITE _____

TARGET POPULATION #1 (identify) _____

SITE _____

If different geographical areas are being compared, will the sites be similar in function (e.g., all at community centers or library rooms)?

Yes ___ No ___

Explain and identify sites.

7. Identify the facilitators for the focus groups, and what will be each facilitator's role (i.e., facilitator, recorder)?

Focus group title	Facilitator name[s]	Role of facilitator[s]

8. Where comparison focus groups are conducted, can all of the core topics and questions be addressed?

Yes ___ No ___

Explain

9. Has a time limit been set for each category of focus group? How will this time limit be maintained?

Yes ___ No ___

Focus group category _____

Time limit _____

How will time limit be maintained? _____

_____

Focus group category _____

Time limit _____

How will time limit be maintained? _____

_____

Focus group category _____

Time limit _____

How will time limit be maintained? _____

_____

Focus group category _____

Time limit _____

How will time limit be maintained? _____

_____

Focus group category _____

Time limit _____

How will time limit be maintained? _____

_____

10. How will the focus groups be documented (e.g., note-taking, entering into a laptop, audiotaping, videotaping)? Where applicable, explain each documentation form in detail.

WORKSHEET CHAPTER 4B: QUALITY CONTROL ASSESSMENT—FOCUS GROUPS

1. Has the team developed a focus group plan (with full protocol) that includes the following minimal features:

   a. Name and category (target population/trait[s]) of focus group Yes ___ No ___
   Explain

   b. Name of the site Yes ___ No ___
   Explain

   c. Name of facilitator & recorder Yes ___ No - ___
   Explain

   d. Date Yes ___ No ___

Explain

e. Name (or coded designation) of participants Yes ___ No ___
Explain

f. Place for reflective notes Yes ___ No___
Explain

g. Any relevant issues regarding the human subjects process Yes ___ No ___
Explain

h. Ways the focus group is documented Yes ___ No ___

Explain

2. Are most of the focus group participants engaging in discussions that are on-topic and yielding relevant information?

Yes ___ No ___

Explain

(If not, the team may need to go back over the video on focus groups and try the practice exercises again. The team may also want to modify the questions being asked.)

3. Are the researchers agreeing on the most relevant findings at this point?

Yes ___ No ___

Explain

(If not, the team may need to go back over the video on focus groups and try the practice exercises again.)

4. Have members of the implementation team selected other forms of data collection to verify that the findings from these focus groups adequately represent the target community?

Yes ___ No ___

Explain

(If not, now is the time to do so before moving on.)

Section 3, Chapter 5: Life histories

3.5.1 Intended learning outcomes

The intended learning outcomes of this chapter on life histories follow.

Upon completion of this chapter, the implementation team will be able to:

1. List advantages and disadvantages of collecting life histories.
2. Develop a life history protocol.
3. Document life histories.
4. Gather life history data systematically.
5. Integrate quality control mechanisms into life histories.

Section 3, Chapter 5: Life histories

3.5.2 Introduction

At this point the implementation team has reviewed some of the literature on STD-related topics, previewed the target population, decided on one or more sampling plans, and completed the human subjects protocols. The implementation team may have also engaged in other data collection strategies.

A life history is an oral or written account of all or some part of an individual's life, usually told in the individual's own words. Atkinson (1998) makes a subtle distinction between "life stories" and "life histories." He states that a life story can take on a "factual form, a metaphorical form, a poetic form, or any other expressive form" (p. 8). A life history provides more concrete information, and can focus on "a special role in some part of the life of a community" or "what someone remembers about a specific event, issue, time, or place" (p. 8). For our purposes, the information collected from the more concrete life histories is more appropriate for the REA.

***Terms*.** Those individuals who provide their life histories are usually called "informants" or (less often) "interviewees." The researcher assembling the life histories is usually called an "interviewer" or [rarely] a "collector" of life histories.

A life history "guide" is often nothing more than a list of topics to be covered in the account. A life history "protocol" includes all human subjects forms or instructions and other pertinent information (see more on this later in chapter).

Advantages and limitations of life histories

***Advantages*.** A chief strength of the life history method is that the stories really reveal the insider's perspective. Bloom (1997) conducted an ethnographic study of HIV-infected gay men based on life stories. The life stories demonstrated ways the men experienced communitas (comradship of a community of persons without place attachment) in a liminal (or "interlude") state, as the men lived through loss of friends due to AIDS and deterioration of their own health. A major source of communitas for these men was Twelve Step support groups. Understanding the effects of liminality and comradeship for the affected community can help service providers design support groups and programs.

Another strength of the life history method is the way they can demonstrate the process of change over time, both at the individual and social (or structural) level (Atkinson, 1998, p. 13). For example, perhaps the implementation team wished to conduct a study to assess the cumulative effects of an HIV+ status on individuals in order to prioritize services. By asking those living with HIV to discuss their life histories before and after knowledge of their HIV status, the implementation team would be likely to gain an understanding of the greatest difficulties the informants have encountered.

Still another strength of the life history is the way the method reveals the underlying assumptions and/or reflective thought (or lack thereof) that may play roles in attitudes and behavior. What is not said is sometimes as important for the narrative as what is said.

Over the years Jill Florence Lackey & Associates has conducted a number of ethnographic studies on the homeless in Midwestern cities. The studies include over 100 life histories. In nearly every case, the life history interviewers asked the informants to focus the history on the years just before becoming homeless and the time the informants were homeless. Most of the homeless who told their stories during the early 1990s focused on the loss of the industrial jobs in these cities that were transitioning from industrial to service/information economies. Employees with low skill levels once were able to access family-supporting factory jobs that could usually assure their access to stable housing, but this was no longer the situation with service sector jobs.

However, by the late 1990s this issue was seldom mentioned in the accounts. The homeless tended to organize their stories around personal events that had led to their failure to pay rent, such as missing work due to illness or substance use or loss of a loved one. Very few reflected any longer on the fact that their jobs simply did not pay enough to enable them to withstand any setback. When homeless advocates noted the research findings, they recognized that they needed to educate the homeless on all the socioeconomic (as well as personal) factors that played roles in their housing problems. By "forgetting" the link to the recent past, the homeless were no longer in the active position they once were to become a force to advocate for policies that would improve their workforce opportunities.

Another advantage of using the life history method is the way the narratives reveal meanings. For example, the implementation team might be conducting an assessment to determine the best types of STD prevention services for certain categories of people (e.g., gender-, culturally-, or lifestyle-specific categories). The team might then ask informants in at-risk populations to focus their narratives on their sexual histories. The informants might reveal information that helps researchers better understand their personal meaning of sex. Does sex help them feel more attractive, or help them attract partners? Is it a means of escape from daily routines and problems? By understanding various reasons why sex is meaningful to certain groups, program personnel will be in better positions to develop prevention measures for specific groups that address and coordinate with the underlying motives.

Life histories are also an excellent way to collect relevant information on the exceptional person (as well as just the typical) (Pelto and Pelto, 1987, p. 75). For example, the implementation team might only want to collect sexual history narratives from those individuals who have been identified as active agents in the transmission of STDs. By learning the ways that these individuals access partners, much can be learned about the spread of the infection[s].

A final advantage of life histories is the ease in which they can be collected. We at Jill Florence Lackey & Associates rarely experience anyone turning us down for a life history interview (with of course the proper assurance of confidentiality/anonymity). People appear to find it therapeutic to tell their stories to someone. Often informants are flattered to be asked.

***Limitations*.** Life histories are difficult to validate. How does one know that the informant has told the "truth?" If the purpose of the method is to gather "factual" data on topics such as introduction or transmission patterns of an STD, then this may require a larger sample size or additional methods to gain support for the life history data.

Life histories are also very time consuming. The implementation team should expect to allow for approximately ten hours per each story (considering the time it takes to listen to the story and transcribe it).

A last limitation of the life history method is representativeness. Some informants may be selected for life histories for specific reasons (e.g., because they have a particular angle that needs to be shared to complete a larger picture), but the ultimate audience for the study might assume they are typical (and the implementation team might do so as well if care is not taken). For example, in the 1960s, anthropologist Oscar Lewis was conducting life histories of people living below the poverty line and was selling books in both academic and popular venues on these stories. His informants led adventurous and often violent lives. But when Lewis decided to develop a "culture of poverty" theory based on his life history data (1969), other anthropologists balked (e.g., Stack, 1974; Valentine, 1968). Lewis had never claimed to select his informants because they were in some way representative of poor people everywhere. Other anthropologists quickly pointed out that the theory could not apply to low-income populations in the broader ethnographic record.

Developing a life history protocol

A life history for the REA should have a relatively narrow and relevant focus, because of the limited time available for the assessment. This focus should have already been narrowed down during the previous processes. While a life history interview is designed to give the informant the most possible freedom in telling his/her story, the interviewer should have some questions prepared just in case the informant gets off track or cannot seem to think of things to say. Those questions should be included in the printed protocol. They must relate to the focus of the life histories and should only be interjected when absolutely necessary.

All printed or oral life history protocols should begin with a statement on the purpose and uses of the study, the way the informants were selected, and an explanation of the steps taken to assure the confidentiality of the information and anonymity of the informant (where these apply). Depending on the human subjects process, some informants may be required to sign an informed consent form. Having taken all these steps through the training process in the section on Research Participants, this end of the protocol should already be part of the plan. The interviewer should always ask permission to take notes and/or tape the discussions (where this permission is not given, the value of the life history is negligible). This process should also be outlined in the informed consent form (if the form is required). Several ways that life histories may proceed and life history guides are developed are discussed below. We have also listed these by their levels of difficulty.

The levels of difficulty presented throughout this curriculum are designed to alert the implementation team to the time that may be involved in learning and implementing procedures early in the REA planning process. However, the actual procedures must be selected because they would best answer the questions that the REA is asking or the information being gathered, not the level of difficulty.

***Lowest degree of difficulty*.** We recommend that no implementation team using the life history as an REA methodology should conduct less than five. At the lowest degree of difficulty the team might collect a series of life histories on a minimal number of atypical people, focusing on limited areas of their life experiences. These stories will be added to other methods in order to gain a perspective not necessarily captured through the other methods. One example cited earlier might be active agents in transmitting STDs.

At this degree of difficulty, life history guides should minimally include:

- Designation of informant (person telling the story) (name may be in code)
- Name of interviewer
- Location of site (in code if necessary)
- Date
- Introduction with appropriate human subjects language (to be read to participants), with informed consent form (to be signed by participants)
- Statement of the focus of the life history (Example: "We are asking you to describe events in your life that relate only to your sexual activity. Please begin with your first sexual experience, however you interpret this.")
- Room for general notes on life history
- Follow-up questions or topics that will be asked only if informant falters
- Room for response[s] to questions, when asked o Informant's suggestion of another good informant on this topic to contact for a life history interview
- Space for reflective notes (e.g., concerns, hunches, further data needed)

In the homeless life history project done by Jill Florence Lackey & Associates, the actual life history "questions" were very simple. Staff first fulfilled the requirements of our protocol for the study (informed consent forms, statements of purpose/uses of study, assurance of confidentiality/anonymity), and then handed a sheet of paper to each informant that included the following information. (We read it aloud to those with literacy problems and also gave each informant a "gift" at the end of each session.)

Please describe your circumstances to us by answering the following questions. Tell your story any way that you wish and take as long as you want.

1. Describe your life before you became homeless.
2. How did you happen to become homeless?
3. Describe your life while you were homeless.
4. (If applies) How did you manage to get yourself off the streets?

Because one purpose of gathering life history information is to understand the "ways" people tell their stories, the researchers in this study probed for additional information rarely--only when the information was completely unclear or when the informants had difficulty proceeding. The interviewer's guide follows.

[PROBE ONLY WHEN INFORMANT IS HAVING DIFFICULTY PROCEEDING OR IS COMPLETELY UNCLEAR.]

1. Describe your life before you became homeless.
   [PROBE FOR ECONOMIC, FAMILY, COMMUNITY, PERSONAL, HOUSING ISSUES]
2. How did you happen to become homeless?
   [PROBE FOR EMPLOYMENT, FAMILY, PERSONAL, HOUSING, HEALTH ISSUES]
3. Describe your life while you were homeless.
   [PROBE FOR DAILY LIVING ISSUES]

4. (If applies) How did you manage to get yourself off the streets?

***Medium degree of difficulty*.** At the medium degree of difficulty the team might collect a series of life histories on a single topic, but the stories might be drawn from different categories of informants on the topic. (The minimal number of people should be five in each category.) For example, the implementation team might want to study the circumstances surrounding the escalation of sexual risk-taking in individuals' lives. The categories of informants might then be by gender, cultural background, age cohort, or lifestyle choice. These stories could be added to other methods in order to gain an added perspective not necessarily captured through the other methods.

At this degree of difficulty, life history guides should minimally include:

- Designation of informant (person telling story) (name may be in code)
- Category of informant
- Name of interviewer
- Location of site (in code if necessary)
- Date
- Introduction with appropriate human subjects language (to be read to participants), with informed consent form (to be signed by participants)
- Statement of the focus of the life history (Example: "We are asking you to describe events in your life that relate only to your sexual activity. Please begin with your first sexual experience, however you interpret this.")
- Room for general notes on life history
- Questions or topics that will be asked only if informant falters
- Room for response[s] to questions, when asked
- Informant's suggestion of another good informant on this topic to contact for a life history interview
- Space for reflective notes (e.g., concerns, hunches, further data needed)

***Highest degree of difficulty*.** At the highest degree of difficulty the team might collect a larger series of life histories (at least 20) on a single topic, with the purpose of looking for common features that run through the lives of the people. For example, the implementation team might want to know if an STD-infected community had some common experiences (such as child abuse or living in high crime neighborhoods) prior to contracting the disease[s]. These stories

could be added to other methods in order to gain an added perspective not necessarily captured through the other methods.

At this degree of difficulty, life history guides should minimally include:

- Designation of informant (person telling story) (name may be in code)
- Category of informant
- Name of interviewer
- Location of site (in code if necessary)
- Date
- Introduction with appropriate human subjects language (to be read to participants), with informed consent form (to be signed by participants)
- Statement of the focus of the life history (Example: "We are asking you to describe events in your life that relate only to your sexual activity. Please begin with your first sexual experience, however you interpret this.")
- Room for general notes on life history
- Questions or topics that will be asked only if informant falters
- Room for general notes on life story
- Room for response[s] to questions, when asked
- Informant's suggestion of another good informant on this topic to contact for a life history
- Space for reflective notes (e.g., concerns, hunches, further data needed, notes on common threads)

Conducting and documenting life histories

***Conducting life histories*.** Life history interviews should involve as little intervention as possible on the part of the interviewer. Atkinson (1998) advises interviewers to "allow the person to hold the floor without interruption for as long as he or she can or wants to on a given topic in his or her life." How one tells a story may be just as important as what one has to say. See example below.

Our firm was asked to assess the reasons why case managers at a youth residential treatment facility for substance abuse were not implementing a treatment plan with very specific guidelines. All the staff were recovering addicts themselves and all said they were committed to the goals of the plan, but in practice their group sessions and their work with the clients ended up moving in all directions but the required guidelines. Some were probing the kids for problems in the family; others were emphasizing a "confessional" kind of therapy—demanding that the kids take responsibility for their own actions and not blame them on others. The director (who was a psychologist) and I agreed to implement a life history assessment, as there seemed to be an "interpretive" issue going on in failure to follow the plan properly. We conducted open-ended life histories with all five case managers. The stories followed two patterns. In pattern one, three of the case managers gave very sketchy accounts of their early years, then centered their entire life stories around the years they were abusing substances, reciting example after example of reprehensible behavior. The "climax" of their stories occurred when they entered an AA or NA group, and then they described their improvements briefly. In pattern two, the case manager's stories were focused on their childhood and problems they had with parents and siblings, and how they felt about these problems, and how their substance abuse began. The "climax" of their stories occurred when they entered psychotherapy and began dealing with these issues, and then they described their improvements briefly. We concluded that the way the case managers interpreted their lives had been strongly influenced by the type of help they sought (e.g., AA has members reliving their mistakes and "owning up to them"; psychotherapy—at least in their cases--had patients reliving their early years, analyzing their feelings and "owning up to the feelings," so to speak). The case managers were then projecting their own interpretations of their lives (which had been influenced by the help they sought) on the center clients, which in turn (regardless of pattern) undermined the treatment guidelines.

In nearly every situation, life history interviews should be conducted in-person and face-to-face. There may be times in which circumstances only allow an interview over the telephone (such as when the informant does not live in the area) or where the informant wishes to write out his/her own story. The latter should be avoided wherever possible because it eliminates the spontaneity of the account and if not written well, can appear very unnatural.

Now would be a good time to watch the video on Life History Interviews for ways to make the informant feel comfortable, help the informant get started, probe for additional information, keep the discussion going, and maintain the focus of the story. The video also offers an example of how different interviewers can draw out three very different types of life stories from one informant. The implementation team should take advantage of the practice exercises offered.

***Documenting life histories*.** The life history interview should always be audiotaped (rarely videotaped because of confidentiality issues). The interviewer will need to take back-up notes on the printed life history guide. Where confidentiality and/or anonymity are issues that need to be addressed, the tapes should be destroyed as soon as they are transcribed.

Transcribing tapes during life histories can be tricky. The transcriber needs to take great care to retain the participant's original meaning with punctuation and other additions (such as "long pause," "sigh," "laugh") in brackets. Where sentence fragments are used the transcriber might want to insert a word or phrase in brackets to clarify the sentence meaning. This is done because it is often easy to determine meaning from listening to tapes but much harder down the road to determine meaning from a printed text only. The transcriber should try and make the meaning as clear as possible so that a member of the implementation team will have little difficulty reading the material during data analysis stage (which could come much later). At times the person doing the transcription might consult with the implementation team on other forms of editing. For example, should false starts be eliminated? What about pet phrases such as "you know"[3]?

[3]Inserted interpretive information should *always* be differentiated from the informant's quotation in the transcription. (This applies to all forms of qualitative data.)

Section 3, Chapter 5: Life histories

3.5.3 Learning activities

Time to review

The implementation team should now complete the following exercises.

1. List at least three advantages and limitations of collecting life histories.
2. List as many elements as you can that should be included in a life history guide.
3. What are some strategies the team should know when transcribing tapes from life histories?
4. What are some ways that interviewers can achieve the best results in life histories?

Collecting life histories systematically

One way to maintain rigor in conducting life history interviews is to develop systematic protocols. The implementation team should respond to the following questions to check for consistency (also see more detailed worksheets in the appendix).

COLLECTING LIFE HISTORIES SYSTEMATICALLY

1. How many life histories will be conducted with each category of informant?
2. When is the tentative start and stop date for the life histories?
3. Are all protocols involving human subjects in place?
4. Who will interview whom? If more than one category of informant will be interviewed, does every member of the implementation team have an opportunity to interview someone in each category (this is to assure checks on the validity of the information)?
5. What consistent venue[s] will be followed during interviews (or in each category of interview) (i.e., in-person interviews, telephone interviews)? (Wherever possible, stay with in-person, face-to-face interviews.)

6. How will the interviews (in each category) be documented (e.g., by audiotaping, note-taking)?

The implementation team should now begin the life histories.

Quality control: Checking progress

Once the collection of life histories is underway, the implementation team should perform quality checks on the work at agreed-upon intervals. The researchers can accomplish this by responding to a series of questions. (The more detailed worksheets are printed at the end of this chapter.)

QUALITY CONTROL ASSESSMENT: LIFE HISTORY INTERVIEWS

1. Is the team following an interviewing plan that includes (at minimum) an interview guide with the appropriate information on it (from least to most difficult); a consistent form of documentation (e.g., note-taking, audiotaping); and consistent venue (e.g., interviewing in-person, over the telephone)?
2. Have team members rechecked the original sampling plan with the suggestions the informants are now making? If the two lists do not correspond reasonably well, have team members changed the sampling plan?
3. Is the team finding the information it hoped to find through the life history process?
4. Are the interviewers agreeing on the most relevant findings at this point?
5. Have members of the implementation team selected other forms of data collection to verify that the findings from these interviews are valid?

Section 3, Chapter 5: Life histories

3.5.4 Resources

Chapter references

Atkinson, R. (1998). *The life story interviews*. Thousand Oaks: Sage.

Bloom, F.R. (1997). Searching for meaning in everyday life: Gay men negotiating selves in the HIV spectrum. *Ethos* 25(4), 454-479.

Lewis, O. (1969). *On understanding poverty: Perspectives from the social sciences*. New York: Basic Books.

Pelto, P.J. & Pelto, G.H. (1987). *Anthropological research: The structure of inquiry* (2nd ed.). Cambridge: London.

Stack, C. (1974). *All our kin: Strategies for survival in a black community*. New York: Harper and Row.

Valentine, C. (1968). *Culture of poverty: Critique and counterproposals*. Chicago: University of Chicago Press.

Additional resources on life histories

Cole, A. L. & Knowles, J. G. (2001). *Lives in context: The art of life history research*. Walnut Creek, CA: AltaMira.

Jossleson, R. & Leiblich, A. (Eds.). (1995) *Narrative Study of Lives* (Vol.1-3). Thousand Oaks, CA: Sage.

Plummer, K. (2001). *Documents of Life 2: An invitation to critical humanism*. London: Sage.

(Also see the section on Pre-Assessment Research for additional ideas.)

Some researchers include "document review" as a form of qualitative research. Document review, as a method, is a reading (and sometimes analysis) of any documents produced by the target community/communities that describe some aspect of their activities and philosophies. The documents that the implementation team will want to access if the target community is a resource network might be program descriptions, goals, objectives, and reports. The documents that the implementation team may want to access if the target community is an affected community might be case management files and other types of client/patient records.

The advantage of accessing these kinds of documents is that the implementation team gets the "official" version of certain activities and philosophies, usually from the point of view of the healthcare or social service providers. The disadvantage is that the "official" version may not always accurately portray what is happening in practice. Document review is important but should never be used as a primary data collection strategy.

Section 3, Chapter 5: Appendix

WORKSHEET CHAPTER 5A: COLLECTING LIFE HISTORIES SYSTEMATICALLY

1. How many life histories will be conducted with each category of informant?

   LIFE HISTORY CATEGORY #1 _____ NUMBER _____

   LIFE HISTORY CATEGORY #2_____ NUMBER _____

   LIFE HISTORY CATEGORY #3 _____ NUMBER _____

   LIFE HISTORY CATEGORY #4_____ NUMBER _____

   OVERALL TIME PERIOD FOR COLLECTING LIFE HISTORIES (insert a number) _____

   CIRCLE: days weeks months

2. When is the tentative start and stop date for the life histories?

   START DATE: _____

   STOP DATE: _____

3. Are all protocols involving human subjects in place?

Yes ___ No ___

If "no," why? What other alternative arrangements have been made that are consistent with research ethics per the section, *Research Participants*?

4. Who will interview whom (list)?

_____

_____

_____

If more than one category of informant will be interviewed, does every member of the implementation team have an opportunity to interview someone in each category (this is to assure checks on the validity of the information?

Yes ___ No

___

Explain

5. What consistent venue[s] will be followed during life history interviews (or in each category of interview) (i.e., in-person interviews, telephone interviews—wherever possible do in-person, face-to-face interviews)?
   Explain

6. How will the life history interviews in each category be documented (e.g., note-taking, entering into a laptop, audiotaping, videotaping)? Where applicable, explain each documentation form in detail.

WORKSHEET CHAPTER 5B: QUALITY CONTROL ASSESSMENT—LIFE HISTORIES

1. Has the team developed a life history collection plan (with printed interview guide) that includes the following minimal features:

    a. Name of the site — Yes ___ No ___
    Explain

    b. Name of interviewer — Yes ___ No ___
    Explain

    c. Date — Yes ___ No ___
    Explain

d. Name (or coded designation) of informant Yes ___ No ___
Explain

e. Place for reflective notes Yes ___ No___
Explain

f. Any relevant issues regarding the human subjects process Yes ___ No __
Explain

g. Ways the interview is documented Yes ___ No ___
Explain

h. Consistent venue (e.g., interviewing in-person, over the telephone) Yes ___ No ___
Explain

2. Has the team rechecked the original sampling plan with the suggestions the informants are now making? Yes ___ No ___
Explain

If the two lists do not correspond reasonably well, has the team modified its sampling plan? Yes ___ No ___
Explain

3. Is the team finding the information it had hoped to find through the life history process? Yes ___ No ___

Describe

If "no," the team will want to redo the practice exercises from the video on life histories and/or revise the questions on the printed interview guide.

4. Are the interviewers agreeing on the most relevant findings at this point? ?

Yes ___ No ___

Explain

(If not, the team may need to go back over the video on life histories and try the practice exercises again.)

5. Have members of the implementation team selected other forms of data collection to verify that the findings from the life histories adequately represent the target community?

   Yes ___ No ___

   Explain

(If not, now is the time to do so before moving on.)