Challenges Associated with Qualitative Interviews: Perspectives of Graduate Students

By Melissa Perri (mperri@ualberta.ca), Sameera Jagan (jagan@ualberta.ca),
Kulpreet Sandhu (kksandhu@ualberta.ca),
Dr. Anna Santos Salas (avs@ualberta.ca)

Abstract

Background: Qualitative interviews are a common method of data collection used in healthcare research to gain in-depth knowledge of people's experiences from their own perspectives. While qualitative interviews provide an excellent mean to gain knowledge about a particular research topic, a few potential risks can emerge during their conduct.

Method: In this article, we present an in-depth exploration of three common risks associated with qualitative interviews from the perspective of nursing graduate students.

Results: Three common risks include: the risk of bias, risk of harm, and power imbalance. We also outline strategies recommended in the literature to prevent or minimize these risks.

Conclusion: Nurse researchers and particularly graduate students need to have a plan in place to timely prevent and address these risks. Nurse researchers are in a unique position to engage with research participants in a relation of equality and to recognize and honour their contributions to knowledge development.

Keywords: qualitative research, methods, data collection, graduate nursing students

Qualitative research is used to explore and understand people's experiences from their own point of view by analyzing data that is narrative in nature, identifying common themes and perspectives, as well as recognizing individual differences (Hadjistavropoulos & Smythe, 2001). This approach provides an excellent opportunity for graduate students to gain detailed information and understanding on a particular issue (Ryan, Coughlan, & Cronin, 2009). Interviews are a data collection method that is frequently used in qualitative studies to explore a

Perri, M., Jagan, S., Sandhu, K., & Santos Salas, A. *Challenges Associated with Qualitative Interviews: Perspective of Graduate Students.*

Page 2 of 10

phenomenon. Qualitative interviews also have the potential to bring forward significant issues from participants' perspectives that can then be addressed to improve people's experiences. While qualitative research tends to be very relational and person-centered in nature, there also exist potential issues that can emerge in the research process. In this article, we examine and critically analyze three important issues from the perspective of graduate students in nursing (first three authors) who recently participated in a qualitative research course. These include the risks of bias, risk of harm, and power imbalance. We also outline potential strategies to minimize these issues. Below, we begin with a brief overview of interviews followed by an in-depth exploration of these risks. First, we examine the risk of bias from both participants and researchers' perspectives. Then we discuss the risk of harms and outline several potential types of harm that can occur during the conduct of an interview. Finally, we examine potential power imbalances that can take place during a qualitative interview. We discuss strategies to counteract these throughout the paper.

Qualitative Interviews

Kvale (1996) regarded interviews as "an interchange of views between two persons about a theme of mutual interest" (p. 14). As a data collection method, interviews focus on the centrality of human interaction for knowledge production and emphasize the social context of research data. Qualitative interviews rely on social interaction between the nurse researcher and participant to extract information regarding the chosen topic. The questions are often open-ended, flexible, and new questions are generated in response to the story the participant provide (Kvale, 1996). The purpose of the qualitative interview is to gain in-depth knowledge of participants' experiences and to understand the world from their point of view (Kvale, 1996). Individual qualitative interviews are especially useful to explore sensitive issues that participants may not feel comfortable talking about in a group environment (Gill et al., 2008). While exploring the topic of qualitative interviews in the conduct of qualitative research, we learned about their significance to gain insight into participants' own experiences. In general, we tend to consider the risks of qualitative research similar to those people would encounter in their daily lives, given its predominant focus on participants' contexts, experiences, and stories, among others. Yet, we also pondered the potential risks that can arise while conducting interviews. Considering the importance of the relationship between the researcher and the participant in qualitative research, and particularly during the conduct of interviews, we sought to explore risks that can compromise this relationship, participants' wellbeing, and potentially interpretation of study findings.

Perri, M., Jagan, S., Sandhu, K., & Santos Salas, A. *Challenges Associated with Qualitative Interviews: Perspective of Graduate Students.*

Page 3 of 10

Risks Associated with Qualitative Interviews

Risk of Bias

Bias is an important issue associated with qualitative interviews. Lincoln and Guba (1985) described bias as subjective, unreliable, or opinionated where the participants' values affect study outcomes. There are several potential sources of bias in the context of qualitative interviews. Below we discuss biases related to the participants, and interviewers themselves.

Participants bias involves respondents answering questions in a way that they think will lead the interviewer to accept and like them. Some participants may report inaccurately on sensitive or personal topics to present themselves in the best possible light (Al-Busaidi, 2008). This can occur for example in studies where participants try to give answers in a desirable or acceptable way if they know that the researcher is a nurse (Al-Busaidi, 2008). Nurse researchers can minimize this bias by focusing on using an 'unconditional regard' strategy. This strategy entails further questioning following a participant's response to show researcher's interest in participants' words, instead of agreeing with participants' answers or using positive prompting words (Thorne, 2008). Another strategy that can be used to reduce the risk of bias concerns the use of indirect questioning for socially sensitive topics. Indirect questioning is defined as asking the participant's opinion on what a third-party might think or feel about a particular topic and how they would behave. For example, instead of asking how the participant has incorporated the treatment plan, the nurse researcher could ask the participant how another patient with the same diagnosis could implement the treatment plan. This allows respondents to project their own feelings onto others while still providing honest and representative answers (Kvale, 1996).

Another potential source of bias during qualitative interviews has to do with interviewers themselves. Pannucci and Wilkins (2010) described interviewer bias as the way the interviewer interprets, records, or analyze the data. The views, ontological beliefs, and epistemological underpinnings of a nurse researcher play a crucial role in the final data analysis and interpretation of findings in any qualitative research study. Nurse researchers develop meaning through their own experiences thus the findings can be influenced by such experiences (Anderson, 2010). The personal bias the nurse researcher brings to the study can be explored and minimized using reflexivity prior to and during the study. Reflexivity entails nurse researchers' awareness of their preconceived biases, beliefs, and knowledge regarding the research topic and their ability to express how these biases influence their interpretation of data (Creswell, 2013; Thorne, 2008). Thorne (2008) indicated that nurse researchers need to learn how to enter the research interview in a way where they are no longer perceived as the expert. This will prevent the nurse researcher from controlling and leading the interview. During a qualitative interview, it

Perri, M., Jagan, S., Sandhu, K., & Santos Salas, A. *Challenges Associated with Qualitative Interviews: Perspective of Graduate Students.*

Page 4 of 10

is important to enable participants to lead the direction of the interview and for nurse researchers to take on the role as learners (Thorne, 2008).

Risk of Harm

When conducting qualitative research, the nurse researcher needs to ensure that their proposed qualitative interviews do not result in harm that is considered more than minimal (Symthe & Murray, 2000). Minimal harm is the amount of potential harm the participants will encounter in their normal lives (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014). In addition to the risk of developing emotional harm during qualitative research, there also exist several types of harm such as emotional harm, breach of privacy, and breach of a participant's autonomy (Wolgemuth et al., 2015).

Emotional harm. Emotional harm can result from a number of situations. One-way emotional harm is created when sensitive issues are touched and participants are asked to recall those events. It is difficult for nurse researchers to anticipate if their question or topic will result in emotional harm because participants' situations and personal experiences being explored are very unique (Richards & Schwartz, 2002). It may also be difficult to avoid topics that might evoke emotional pain as the interview is in a way guided by participants and they may bring up emotionally sensitive topics (Richards & Schwartz, 2002). For example, the nurse researcher may want to explore the family's experience of visiting a patient in Intensive Care Unit (ICU). However, the nurse researcher may not want to ask direct questions related to the experience of finding out that the patient was admitted to ICU as this is often associated with extreme emotions.

Another way that qualitative interviews may result in emotional harm relates to studies conducted for longer periods of time. Frequent discussion of such delicate issues can cause further emotional disturbance among interviewees (Wolgemuth et al., 2015). For example, when someone is asked about the death of one's child repeatedly this could trigger intense pain because parents will relive the events surrounding their child's death every time. At the same time that they recall their experience, they may question whether they could have done something different to change the outcome.

The third challenge for nurse researchers relates to the inclusion of research participants who have a history of depression and molestation (Moyle, 2002). People with a history of severe depression and painful experiences may find it difficult to express themselves and the interview process could worsen their condition (Moyle, 2002). Nurse researchers need to understand the

Perri, M., Jagan, S., Sandhu, K., & Santos Salas, A. *Challenges Associated*
with Qualitative Interviews: Perspective of Graduate Students.

Page 5 of 10

above challenges associated with potential emotional harm with qualitative interviews and when planning their research project, they need to develop strategies to take action to minimize the risk for emotional harm.

Through qualitative interviews participants are asked to explore their experiences with the nurse researcher and this process may disrupt their coping mechanisms or reopen old emotional wounds. The nurse researcher needs to be able to assess the situation to ensure that the participant is not enduring any emotional harm during or after the interview. Participants may show that they are experiencing emotional harm through crying, feeling sad, having nightmares, or experiencing emotional distress (Corbin & Morse, 2003). The nurse researcher needs to have a plan in place regarding how they will help the participants cope with their emotions. One way this can be done is by offering debriefing sessions for the participants (Hadjistavropoulos & Symthe, 2001). A nurse researcher can incorporate a debriefing at the end of the interview or study depending on what content has been explored and how long the study will take to be completed. Another way to deal with the emotional harm is to have follow-up check-ins with the participants one to two days after the interview occurs to see if there are any emotions that participants are struggling with and if they need a referral for counselling (Brzuzy, Ault & Segal, 1997; Richards & Schwartz, 2002).

Breach of privacy. Another harm-related risk associated with qualitative interviews is the breach of privacy. During interviews when participants share their personal information, they are mostly concerned that their details will be kept secure (Wolgemuth et al., 2015). This is a major concern when conducting qualitative interviews as participant data can contain large amounts of personal information. Compromising data security might result in participant's identity being revealed (Richards & Schwartz, 2002). Participants' identity may be exposed during transcription, analysis, and publishing of findings as the data contains personal and confidential information (Richards & Schwartz, 2002). At the time of publishing research findings, there needs to be a balanced act of maintaining participants' anonymity and confidentiality and ensuring that they represent the participant's story as expressed by the participant.

Harm can also result when a story has been misinterpreted and presented in a different context than the participant's point of view (Richards & Schwartz, 2002). This can affect the participants' self-esteem when their narratives are altered and generalized in a different way than the participant intended (Richards & Schwartz, 2002). This can happen for example when participants share information on such topics as immigration experiences; this in turn, makes them worried about harm to themselves and others in their community if their story is not told in the way they intended the story to be heard (Wolgemuth et al., 2015).

Perri, M., Jagan, S., Sandhu, K., & Santos Salas, A. *Challenges Associated
with Qualitative Interviews: Perspective of Graduate Students.*

Page 6 of 10

Nurse researchers needs to consider how they can protect participants' privacy when conducting individual qualitative interviews. Moyle (2002) highlighted that the selection of an appropriate place with minimal disturbance is significant to consider in maintaining privacy. When participants are asked to share their views about the health care they received; a noisy place that is frequently visited by healthcare professionals can create the feeling of discomfort when sharing such information and creates a threat to privacy (Moyle, 2002). Richards and Schwartz (2002) described three ways to protect the privacy of the participants during the research process. Their first recommendation is to ensure that the participants understand how the data will be transcribed. Secondly, the participants need to understand how their identity will be protected, and finally how the data will be represented in the final reports and publications. Reassurance by the nurse researcher will provide comfort to the interviewees and allow them to share their information in more detail (Richards & Schwartz, 2002). De-identifying transcripts as soon as interviews are transcribed as well as storing participants' data in a secure health research data repository are also very important measures to protect participants' privacy, anonymity, and confidentiality.

Autonomy. There is also a risk of unintentional harm to the autonomy of a participant that relates to the ongoing nature of the consent process (Hewitt, 2007). The process of collecting consent needs to occur throughout the interview process (Richards & Schwartz, 2002). In cases where vulnerable groups such as older adults and patients with mental illness are involved, their condition may make giving informed consent voluntarily challenging due to their medical conditions. These participants may forget that they already consented to participate in a study (Hewitt, 2007). To ensure that written informed consent is obtained, Richard and Schwartz (2002) recommended explaining to participants the purpose and intent of the study and the types of questions that will be used in interviews. The participant should be made aware that they can withdraw from the study at any point if they are no longer comfortable with what is being discussed or explored (Richard & Schwartz, 2002). This can be outlined in the study information sheet and should be explained throughout the study. Since the topic evolves throughout the interview process the nurse researcher needs to remind the participant about the purpose of the study and ensure that the participant is still comfortable continuing with the study.

Power Imbalances

During an interview, a power relationship that involves both participants and the nurse researcher forms (Anyan, 2013). Both the nurse researcher and participants possess the power at different times throughout the interview; however, given their roles during the interview it may look like the nurse researcher has the power over the participants (Anyan, 2013). Power

imbalances between the nurse researcher and the participant can pressurize the participant to take part in the research (Richards & Schwartz, 2002). If the researcher is also a nurse, the patient may feel obliged to participate in the study. In addition, they could feel that their decision not to participate in a study could threaten their care from their nurses. This can also influence their responses during the qualitative interview as the participant will see the researcher as a nurse who has built rapport. Through this relationship the participant may divulge more information than they intended to as they feel safe in the interview (Richards & Schwartz, 2002). Nurse researchers need to assure participants that they are not involved in their care and that their decision to participate or not in the study will not affect their care.

Qualitative interviews explore the viewpoint of subjects and gain in-depth information about the worldviews of participants. Both participants and nurse researchers have an important role to play in qualitative interviews. It is imperative for the researcher to create a welcoming and non-threatening environment for the participant so that they feel comfortable sharing their stories. Kvale (1996) described that unstructured, informal, interviews are the best way to create a relationship of intimacy and power equality. Sometimes this relationship between the nurse researcher and participant becomes complex due to their conflicting roles. Although participants are the main storytellers, it is the nurse researcher who will situate the topic to explore the experiences of the participants. This role could pose a danger to the power relations in the interview.

When examining the power relation and benefit of qualitative interviews, Kvale (2006) described different viewpoints depending on the researcher's own worldview. From a critical social perspective, qualitative interviews are vital to hear the voice of marginalized people whose viewpoints otherwise remains unheard to society. On the other side, feminist researchers criticized qualitative interviews because of the hierarchical power relations they pose. Kvale (2006) described it as a "one-way dialogue" (p. 484) where the nurse researcher asks questions in relation to the project and the participant's role is to answer the questions. However, Edwards and Holland (2013) described that during an interview, a power shift occurs between the researcher and the participant. While the nurse researcher frames the question at the beginning of the interview, those questions will have no value without participants' responses. Kvale (2006) also described that qualitative interviews are used as a means to help nurse researchers' agenda where the interview becomes an instrument to explore participant's stories that are then interpreted by the nurse researcher according to their own interests.

One way to equalize the power among interview parties and reduce researcher dominance is to use member checks. Another way to combat power imbalance is the practice of self-disclosure by the nurse researcher. This will help gain trust and build rapport between the nurse

Perri, M., Jagan, S., Sandhu, K., & Santos Salas, A. *Challenges Associated with Qualitative Interviews: Perspective of Graduate Students.*

Page 8 of 10

researcher and the participant as both of them are sharing their experiences with each other. This approach has been criticized as it may lead to diversion from the research topic (Dixon, 2015).

Under a critical perspective, listening and understanding the language that participants employ to express themselves is an integral task for interviewers and researchers to ensure that the experiences of those living in conditions of oppression are heard. Freire (2007) explained that people who live in oppressive circumstances are often not well understood by those who oppress them and vice versa. Thus, a work of deciphering is needed to facilitate communication between those who experience marginalization and oppression and those who exert oppression. In order to decrease power imbalances and increase the likelihood that the voices of oppressed groups will be heard, interviewers and researchers need engage in the complex task of deciphering by paying close attention to participants' words, engaging with participants in their daily lives, and situating themselves to the extent possible within the context where their experiences come to be. This will enable them to both elucidate and convey the meanings participants assign to their experiences in a way that is true to these participants.

Closing Remarks

Qualitative interviews create the space to enter a dialogical encounter with participants that requires respectful engagement and commitment to how they reveal their experiences. Undoubtedly, qualitative interviews are an excellent way of exploring the viewpoints of subjects and gaining in-depth knowledge of participants' perspectives. Researchers need to keep in mind potential challenges and risks associated with the conduct of qualitative interviews and take action to minimize any adverse effects on the participants. Reducing the risk of bias as well as minimizing the risk of harm are important considerations to ensure the conduct of an ethically and methodologically sound study. Knowledge gained from a research study should never outweigh the risk of harm to participants. Nurse researchers also need to consider how to balance power in their interactions with participants. Nurse researchers and particularly graduate students new to the conduct of research need to consider the challenges explored in this paper when conducting qualitative interviews and have a plan in place to address these issues.

References

Al-Busaidi, Z. Q. (2008). Qualitative research and its uses in health care. *Sultan Qaboos University Medical Journal*, *8(1),* 11-19. Retrieved from https://journals.squ.edu.om/index.php/squmj/article/view/1317/1271

Anderson, C. (2010). Presenting and evaluating qualitative research. *American Journal of Pharmaceutical Education, 74*(8), 1-7, doi:10.5688/aj7408141

Anyan, F. (2013). The influence of power shifts in data collection and analysis stages: A focus on qualitative research interview. *Qualitative Report, 18*(36*),* 1-9. Retrieved from https://nsuworks.nova.edu/tqr/vol18/iss18/2/

Brzuzy, S., Ault, A., & Segal, E. A. (1997). Conducting qualitative interviews with women survivors of trauma. *Affilia: Journa of Women & Social Work, 12(1),* 76-83. doi: 10.1177/088610999701200105

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada (2014). *Tri-Council policy statement: Ethical conduct for research involving humans,* December 2014. Ottawa, Ontario, Canada: Secretariat on Responsible Conduct of Research. Retrieved from http://www.pre.ethics.gc.ca/pdf/eng/tcps2-2014/TCPS_2_FINAL_Web.pdf

Corbin J., & Morse, J., (2003). The unstructured interactive interview: Issues of reciprocity and risks when dealing with sensitive topics (English). *Qualitative Inquiry, 9*(3), 335-354. doi:10.1177/1077800403009003001

Creswell, J. W. (2013). Writing a qualitative study. In L. Habib, B. Bauhaus, M. Masson, A. Hutchinson (Eds.), *Qualitative inquiry and research design: Choosing among five approaches* (p. 213-242). Los Angeles, CA: SAGE.

Dixon, C. S. (2015). Interviewing adolescent females in qualitative research. *The Qualitative Report*, *20*, 2067-2077. Retrieved from http://nsuworks.nova.edu/tqr/vol20/iss12/12

Edwards, R., & Holland, J. (2013). *What is qualitative interviewing?* London, United Kingdom: Bloomsbury Publishing.

Freire, P. (2007). *Pedagogía de la Tolerancia* [*Pedagogy of Tolerance*] (M. Morales Castro, Trans.). Buenos Aires, Argentina: Fondo de Cultural Economica.

Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *British Dental Journal*, *204*, 291-295. doi:10.1038/bdj.2008.192

Hadjistavropoulos, T., & Smythe, W. E. (2001). Elements of risk in qualitative research. *Ethics and Behavior, 11*, 163-174. doi:10.1207/S15327019EB1102_4

Hewitt, J. (2007). Ethical components of researcher-researched relationships in qualitative interviewing. *Qualitative Health Research*, *17*, 1149-1159. doi:10.1177/1049732307308305

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

Kvale, S. (2006). Dominance through interviews and dialogues. *Qualitative Inquiry*, *12,* 480-500. doi:10.1177/1077800406286235

Lincoln, Y. S., & Guba, E.G. (1985). *Naturalistic inquiry*. Thousand Oaks, CA: Sage.

Moyle, W. (2002). Unstructured interviews: Challenges when participants have a major depressive illness. *Journal of Advanced Nursing*, *39,* 266-273. doi:10.1046/j.1365-2648.2002. 02273.x

Pannucci, C. J., & Wilkins, E. G. (2010). Identifying and avoiding bias in research. *Plastic and reconstructive surgery*, *126,* 619-625. doi:10.1097/PRS.0b013e3181de24bc

Richards, H, M., & Schwartz, L, J. (2002). Ethics of qualitative research: Are there special issues for health services research? *Family Practice*, *19*, 135-139. doi:10.1093/fampra/19.2.135

Ryan, F., Coughlan, M., & Cronin, P. (2009). Interviewing in qualitative research: The one-to-one interview. *International Journal of Therapy and Rehabilitation, 16,* 309-314. Retrieved from http://dx.doi.org/10.12968/ijtr.2009.16.6.42433

Smythe, W. E., & Murray, M. J. (2000). Owning the story: Ethical considerations in narrative research. *Ethics and Behavior, 10,* 311-336. doi:10.1207/S15327019EB1004_1

Thorne, S. E. (2008). *Interpretive description*. Walnut Creek, CA: Left Coast Press.

Wolgemuth, J.R., Erdil-Moody, Z., Opsal, T., Cross, J.E., Kaanta, T., Dickmann, E.M., & Colomer, S. (2015). Participants' experiences of the qualitative interview: Considering the importance of research paradigms. *Qualitative Research*, *15*, 351-372. doi:10.1177/1468794114524222