

Interviewing as a Technique in Research

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I. Meaning of Interviewing

Skill in interviewing is pre-requisite in many types of research and business and professional service—lawyers, doctors, nurses, journalists, ministers, counsellors, teachers, personnel managers, employers—all devote a considerable amount of time to talking with people, getting information from them, advising them, helping them. They have to acquire various degrees of skill in the art of interviewing, sometimes consciously, sometimes unconsciously.

It is a face-to-face conversation between two people—a meeting of persons face-to-face, especially for the purposes of formal conference on some point—a learning experience for both interviewer and interviewee.

II. The Use of Interview for Various Purposes, including Research

Interview used in many professional fields—the profession of law, journalism, the employee's selection, the counselling students as regards their personality maladjustments are concerned, in counselling with parents (case work), in vocational and educational guidance and in deep therapeutic work with patients, both children and adults. Interview also used in public opinion polls, commercial and health surveys, as well as a medium of examination in the civil service and defence services. Purposes vary from field to field. Roughly speaking, the main purposes are :

1. To get information of evidence on some problem that one tries to solve.
2. To obtain from the person a full report, not only of facts in the case, but of that individual's feeling and attitudes about the problem or

situation which a questionnaire or a checklist may or may not give.

3. To establish a rapport with the person who seeks help.

4. To acquire a better understanding of people.

5. To help an individual to make a good adjustment to oneself, to one's job, to other people, by developing 'insights'.

The last two purposes are paramount in a clinical interview or the diagnostic and treatment interviews.

The interview as a 'research technique' in the field of health has come to be used because of the realisation that information produced through interviews is rich in content, and provides clues to individual and social behaviour which could not be obtained in any other way. Interviews, it has been found provide additional information about a problem or a situation or an occurrence that cannot be found through a questionnaire or a checklist or through survey data. People generally do not care to put confidential information in writing ; they need the stimulation of personal contacts in order to be 'drawn out'. While writing out, they may fail to report or even to recall facts which may be easily brought to his mind during an interview. There are quite a number of studies in nursing in which interview has been used profitably as a research too. For example :

1. Pennsylvania Pilot study of nursing functions.
2. The Nurse Patient Relationship and the Healing Process.
3. Facial Deformities and Plastic Surgery (New York).
4. Fears of Pregnancy.
5. An investigation into the Child Rearing Practices as Ante-

cedents to Behaviour Problems of Children. (At College of Nursing, Child Guidance Clinic, New Delhi).

III. Types of Interviews

Pauline Young has the following classification :—

- (a) According to function (Treatment, Diagnostic or Research).

- (b) According to the number of people participating. (Individual or group).

- (c) According to the length of contact : (Short-contact or prolonged-contact).

- (d) According to the role of the interviewer. (Structured and directive (Set-questions) vs. Non-structured and non-directive or unstructured or unguided). Non-directive is also called client-centred—a term given to us by Rogers, used in counselling and therapy. No predetermined questions are asked in this type.

- (e) Focussed type of interview : (A word given by Merton and Kendall) : (i) It takes place with persons known to have been involved in a particular concrete situation. (ii) It refers to situations which have been analysed prior to the interview—A set of hypotheses have been already arrived at regarding the probable responses to the situation. (iii) It is focussed on the subjective experiences - attitudes and emotional responses regarding the particular concrete situation under study. (iv) An interview guide may be used. This guide may indicate the major areas of the inquiry and hypotheses.

- (f) The Depth Interview is intensive and searching, with emphasis on such psychological and social factors as attitudes, convictions or emotions. It aims to get the dynamic structure of the indi-

vidual. It answers the why of 'behaviour'. Psychoanalytical and clinical interviews are depth interviews.

(g) **The Repeated Interview** is used when we attempt to trace the development or growth of a social process on progressive actions or factors or attitudes which determine a given behaviour pattern.

(h) **Projective Interviews** or interviews through projective technique. Good for investigating the attitudes which may be unconscious in a certain behaviour or interpersonal relations. (Through projective pictures). Has been used in a study entitled "Change and Dilemma in the Nursing Profession" (Rohrer and Reissman).

IV. The Art of Interviewing

Essential conditions or principles of good interviewing.

It is an art that has to be learned by practice.

(a) **Physical Setting**—Some degree of privacy and a comfortable relaxed atmosphere. (No interruptions, no rushing about).

(b) Let the interviewee know ahead of time about the time to be spent. Not to last more than an hour or so. Long interviews are exhausting.

(c) **Recording**—Short notes to be taken with the permission to be expanded immediately after the interview. To go on taking notes as the interview is going on, is distracting. It may block communication or interviewer's participation.

(d) Background knowledge to be known to the interviewer.

(e) Confidentialness of the information imparted by the interviewee.

(f) **Preparatory Thinking**—Plan in mind but let the plan be flexible as your mind.

(g) The purpose of the interview should be clearly explained

after an exchange of greetings—His willingness should be obtained.

(h) Create an atmosphere which is conducive to free communication. Sympathetic listening is essential. A deep seated respect and warmth of feeling for human beings—Begin where the client is—Establishment of rapport.

(i) Observation of gestures, facial expressions, exclamations, evasions.

(j) Fine art of questioning—Do not put questions accusingly or suspiciously. Look for shifts in conversation, first words, spontaneous remarks, closing remarks, recurrent references and gaps.

(k) Answer personal questions without losing the professional relationship.

(l) Do not get worried if the interviewee 'goes astray' sometimes. Lead him gently to a pertinent area.

(m) The meaning of words used in an interview schedule must be clear to the person being interviewed. Rephrasing the question may be necessary.

(n) Avoid being judgmental or giving the impression of being shocked or of disapproving.

(o) Wait for the answer to your question patiently. Do not give the impression of being impatient.

(p) When interviewing an individual, do not forget his socio-economic and cultural background. The respondent is a person in a certain cultural set up.

V. Validating the Interview

Sometimes serious inconsistencies or misrepresentations may be inevitable.

After the interview is completed, let it go through a process of discerning or validating.

(a) Ask for more detail on important points.

(b) Cross-check the statements received from other sources.

(c) Test those portions of interviews which show cause-effect relationships.

VI. Limitations of Interview as a Research Tool

1. Interviewees may have faulty perceptions, faulty memory, lack of insight, inability to articulate.

2. The interviewer may start with some traces—a prior thinking due to difference in apprehension masses. He may not see the point of view of the interviewee.

3. Ill defined goals of the interviewer.

4. Interviewer's personality—It may be provocative of resistance. He may be so much pre-occupied with the information that he wants to have that he may miss necessary 'cues', or when he 'provokes' too much or touches the 'sore' points.

I Don't See Why Not?

In an interview with Miss M. B. Powell, Matron of St. George's Hospital, London, a question asked was—*What about men in nursing administration in general hospitals?* "I think there should be much more opportunity for men to get to the top. I know male nurses feel that there isn't the opportunity for promotion in the general field and I think there has been prejudice, which we ought to get rid of. If we are not going to have enough women, we shall have to have men anyway. Therefore we ought to be training them and having trained them, we should give them equal opportunity for promotion.

(With acknowledgements to the
Nursing Times.)