

INTERVIEW GUIDE Glenn Robert, December 2007

The following guide for a successful patient and/or carer interview draws on 'best practice' guidelines from a number of sources:

- NHS Modernisation Agency (2004). *Learning From Patients and Carer Experience: A guide for using discovery interviews to improve care*. Leicester: NHS Modernisation Agency.
- Bate, SP and Robert G (2007). *Bringing User Experience to Health Care Improvement: The concepts, methods and practices of experience-based design*. Oxford: Radcliffe Publishing.
- Heyl B (2001). 'Ethnographic interviewing' in Atkinson P, Coffey A, Delamont S, Lofland J, Lofland LH (eds), *Handbook of Ethnography*. London: Sage.
- Chantler P and Stewart P (2003). 'How to win friends and interview people' in *Basic Radio Journalism*. Oxford: Focal Press.

Further, more detailed, advice and guidance can be found in these publications.

Before you start

Preparations

The initial approach to a patient or carer inviting them to participate is best made by face-to-face contact. Ideally, the invitation should be made by a member of staff who is known to the patient or carer, and involved with the wider project so that they can answer any immediate questions or queries that may arise.

A follow-up letter should be sent to the patient or carer soon after this invitation enclosing a detailed information sheet describing the purpose of the interview as well as the project of which the interviews are a part.

Interviewing can take place anywhere the patient or carer requests – the workplace, the home, the place where the experience is taking or has taken place – the best guide being to take the project out to wherever people are using or contemplating using the service. If the interview is being tape-recorded or filmed then consideration will need to be given to the environment (for example, likely noise, interruptions, lighting) in which the interview will take place.

It should be made clear that partners or carers of patients are very welcome to be present at – and participate in – the interview, if the patient would like them to do so.

Briefing patients/carers

Before starting, the purpose of the interview should be reiterated to the interviewee (based on the written information previously provided).

Confirming consent

Explain to the interviewee they can withdraw, either before, or during the interview, if they wish. They also need to know there is no compunction to answer any questions they feel uncomfortable with. Make sure that you have obtained a signed consent form before the interview begins.

Recording the interviews

Make sure the recorder is positioned in the best place to record the interviewee's voice even if it appears to be prominent. Its presence is quite quickly forgotten as the patient or carer tells their story. Check again that the recorder is working before beginning to record the actual interview. Always carry spare batteries and tapes.

The interview itself

Interviews are first and foremost interaction; a conversation between the researcher and the interviewee in which they explore the experiences of the patient/carer. It is important to remember that the aim of a patient/carer interview is to hear the patient or carer's own story in their own words. This means asking as few questions as possible and making sure those that are asked are open-ended and designed to encourage the patient or carer to keep telling their story. Asking too many questions puts the interviewer in control and reduces the opportunity to hear about what is really important to the person telling the story.

The following general tips should help.

- Develop a real interest in your interviewee; make them feel important and show interest and curiosity about their ideas and opinions.
- Have a chat or a conversation with them; try to think 'story' (chronology) rather than a more formal 'interview' (questions).
- Listen well and respectfully.
- Use open-ended prompts that keep the flow going; think of your task as being to help the patient/carer reconstruct the story of their personal experience.
- Do not keep jumping from one subject to another.
- Encourage the patient/carer with eye contact.
- Use nods of the head to show that you are listening and understanding.

- Do not say 'yes...' or 'I see...' and other audible means of encouragement we typically use in conversation. Your words will be a real nuisance when the film is played back.

Introductions

Interviewers should introduce themselves and make it clear that they are not part of the clinical team that directly provides or provided the patient's care. The introduction should focus on their role as an interviewer rather than being a representative of the services. The way the interviewer introduces themselves sets the context for the interview and will influence what the patient or carer feels comfortable saying.

Questions

The best and most effective way of eliciting information is to use open-ended questions, such as:

- What do you remember about what happened?
- Can you tell us your story from the beginning?
- Tell me what you know about ...

One opening statement and question that has worked well in previous projects is to say: 'We would prefer you to tell us your story in your own words with as few interruptions from us as possible, but we have some prompts if you would prefer that... So... let's begin at the beginning. Tell us your story in your own words ...'

Responding to feelings and distress that may arise

The well-being of the person being interviewed should always take precedence over the interview itself. Telling their story may arouse feelings that need to be acknowledged and responded to sensitively. When this has happened in the past, interviewees have been happy to carry on with the interview after a short break and have declined the offer of additional help. If the patient or carer becomes too distressed, it may be necessary to finish the interview. The interviewer must be able to provide appropriate contact names and telephone numbers so that the patient or carer can seek further support if they wish.

Ending the interview

When the interviewee has finished telling their story or the agreed duration of the interview has been reached, the interviewer should provide one further opportunity for the interviewee to add anything before thanking them for their time and sharing their experience. It is important that the interviewee is clear about what will happen following the interview and how their story will be used to improve services. As well as informing the patient of these plans at the end of the interview it is good practice to also send a letter detailing how the material will be used and

giving them the opportunity to add to – or correct – the transcript of the interview.

In summary, some key aspects of a successful interview are to:

- describe the purpose of the interview and confirm consent
- refer to the suggested interview prompts (if necessary) but keep questions to a minimum
- use open questions that encourage the interviewee to expand their story when appropriate
- use active listening skills to encourage the interviewee to continue their story
- remain neutral and avoid implying value judgments about what you are hearing
- consider your use of body language and that of the interviewee
- allow silences
- close the interview positively, leaving behind any contact details that the interviewee may need in order to follow up any issues.

[Adapted from NHS Modernisation Agency, 2004]