

# Challenges Faced by the Researcher in Obtaining an in-Depth Interview from the Participant During Pandemic

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## Abstract

Pandemic disrupted both clinical and research activities particularly while performing in-depth interview. An in-depth interview is one of the methods of collecting qualitative (face-to-face in-person) information. While collecting face-to-face in-depth interview during pandemic, researcher was hindered and faced challenges because of movement restrictions and protocol adherence. The challenges were Informed consent translation issues for non-speaking Dzongkha participant, interruption and disruption in-between the face-to-face interview such as ringing of phone and crying of the infant. Also, there was no separate room to conduct face-to-face interview in one of the study sites where both researcher and participant hesitant. The researcher was not allowed to enter in the healthcare unit even after easing the lockdown to collect the information from the potential participant. This paper would aid to develop the ethical guidelines for clinical research during humanitarian emergencies and disaster.

**Keywords:** Challenges, Informed Consent, Interruption, Distraction, Pandemic

## 1. Introduction

Pandemic has negatively impacted healthcare professionals, not only in terms of direct patient care, but in the advancement of research activities particularly [1] while collecting in an in-depth interview (IDI). IDI is one method of collecting qualitative data, usually gathering information and exploring their perceptions, experiences or opinions of a topic. Researcher is faced intense pressure and challenges to collect in-depth information during pandemic due to (i) healthcare professionals overwhelmed with overcrowded and inflow of COVID patient; (ii) those admitted patient's autonomy compromised temporarily or permanently due to difficulty in distinguishing between reliefs provided and research gears among them; (iii) apprehension to viral infection; (iv) adherence to protocol [1], [2], [3], [4]. Nonetheless, pandemic poses massive challenges and struggles in distributive recourses such as human resources, material and money, hampering the researcher activity especially in obtaining qualitative data face-to-face interview. This led to the researchers, deferred to collect in-depth information from the participant as well as failed to proceed the planned research activity [5], [6].

So, this article could aid in planning and prioritizing the research activity such as altering, modifying the study methodology according to pandemic situations, and planning additional protection both for potential participant and researcher prior

conducting the study. Additionally, this could also bring beneficial to the future researchers, in which they will understand on how to overcome the hurdles and challenges.

Thus, this paper emphasizes on the challenges faced by the researcher while conducting in-depth interviews during lockdown in the first quarter of the year, 2022 in Bhutan. The challenges were elucidated in three areas which were impeded in collecting information such as obtaining Informed Consent (researcher and potential participant), and communication (distractions and interruptions, virtual communication and adhering policies).

### 1.1 Informed Consent Issues

In this section, emphasized on the challenges faced on Informed Consent by the researcher and potential participant while collecting the information during pandemic in Bhutan.

### A) Researcher

Prior to conducting any scientific research involving human participants, a researcher's obligation is to respect an individual's decision and deliver relevant information [2], [3]. Informed consent should be delivered and translated in a local language thereby, should be understood by the potential participant [2]. Certainly, this translation is necessary to fit in the real world to protect participant's welfare in the study which could build a robust

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relationship between researcher and participant [7]. In Bhutan, the official language is Dzongkha and translated the informed consent. However, the participants who did not speak Dzongkha had limited access of getting translator as well as to translate the Informed consent into local context, which “was logistically not possible during pandemic” [8]. Even if translated Informed Consent was available, but the comprehension level is not evaluated, which could lead to invalid information [4], [7].

Additionally, researchers had arduous to provide relevant information in local language to an illiterate participant and those who are from remote villages both in virtual and physical face to face interview because of language barrier. They are the one who provides limited assertive or declarative information which ends in a single statement towards the open-ended questionnaires.

However, while collecting the data through phone call that was to limit the viral exposure during pandemic [1]. Nevertheless, there was unresponsive from the respondent which made data collector hesitant to call back, calling over 6-7 times via phone for the clarificatory. This is because the healthcare professional participants are overburdened with COVID patients which required urgent care [1], [3], in the isolation facilities with the advanced protective attires for more than 12 hours. The researcher was worried about research activity that would defer or would not complete on planned timeframe [6], [9].

### **B) Potential Participant**

Prior to enrolling the potential participant in any scientific research, participants should take enough time to read the informed consent, should discuss it with family or friends, and ask the researcher for clarification of any doubt [2]. Nevertheless, hospitalized participants are disallowed to take informed consent form to home and discuss it with their relatives or families during the pandemic [3]. Also, participant’s signed informed consent is left or kept in the healthcare unit due to protocol adherence during lockdown [4]. Likewise, the participant’s signed document was left in the hospital, later collected, after easing lockdown. Not only that, the participant reads incomplete Participant Information sheet because of “lengthy document” [4], [7] and urgency to leave. This was coupled with the evidence by Wisgalla & Hasford (2021), that there was a decreased comprehension level correlated with lengthy documents [7]. Eventually, participants listening incomplete information leading to unduly influence to participate in the research.

## **2. Communication Issues**

### **A) Interruptions and Distractions**

Conducive spacing for an interview was expected and necessary to avoid distraction and interruptions. However, there was no conducive separate room to conduct interviews in one of the study sites. In absence of this platform, researchers left no option rather than to conduct interviews in the open environment where there were lots of disturbances. The disturbance was from a non-research participant, present in the vicinity, staring and listening

towards interviewee causing a barrier to share information, thus could breach privacy and confidentiality. Another, interruption and distraction were the noises from the ventilator machine and beeping sound of the cardiac monitor, where the participant was anxious and concentrating towards ill individuals and avoiding the interviewer. Instantly, researchers had to halt the interview, following up the next day and reiterating the whole process to acquire adequate information, thereby, wasting the participant’s crucial time. Another interruption was doctors’ round because the doctor’s advice was essential to them also to share their concerns to the doctor. This could lead to recall bias. Next, the interruption was the infant’s crying, breastfeeding the infant and ringing of the mobile phone in-between the interview. This disrupted the researcher’s coherence; concentration and the interview became lengthy. Subsequently, generating mistakes, forgetfulness, resulting in vague outcomes [10]. This could lead to epistemic injustice

### **B) Virtual Conferences**

During the pandemic, researchers adopted various approaches on prevailing technology (virtual conferences) which resulted in curtailing the visiting frequency in the healthcare facilities; also, these podiums can approximately imitate in-person communication [3], [6], [11]. Moreover, the positive approach of virtual communication makes it easier and quicker to hold conferences, can even gather the people from various areas within a short period and reduce the expenses. This method succeeded over the traditional method (physical interaction/consent) [12]. Hence, researchers espoused virtual interviews and conducted less than 10% participants during nationwide lockdown to the highly specialized healthcare facility of Bhutan. Moreover, researchers were obliged to adhere to the rules and regulations that were bestowed by the ethics committee of Bhutan. An accessibility of the internet network was recognized as a “Social determinant of health during pandemic” however, there was inconsistent of internet connectivity and unreachable creating poor audio-visual quality [11]. Researchers faced similar experiences. The other issue was recording of a virtual interview by the researcher was due to lack of knowledge in technology. This could lead to misinterpretation towards informational dissemination. During movement restriction, Clinical staff’s laptop was used to conduct the virtual conferences in the healthcare facilities and clinical staff movement in-between where the participant had hesitancy to respond, pausing in-between causing distraction and interruption. Also, the place where the virtual interview conducted was in the clinical station. This could lead to testimonial injustice.

### **C) Adhering Polices**

The effective approach to curb the viral transmission is to adhere to public health and social measures, and movement restrictions [13]. This was further exacerbated during the pandemic. Researchers are restricted to conduct face-to-face interviews in the clinical arena even after easing the lockdown over three to four weeks, which could lead to widen the communication gap [1]. While, wearing face masks and face shield by researcher and participant, generating

undistinguishable voices while recording the information in the voice recorder machine. Also, when a researcher confronts or is near to participant while interviewing, the participant gets hesitant. Hesitancy could be, in Bhutanese context, direct eye contact to another individual is considered as disrespect. Both researcher and participant are uncomfortable in face masks and face shields.

### 3. Conclusions

In conclusion, challenges faced during the pandemic by researchers was finding a translator towards non-speaking Dzongkha participants, reading incomplete informed consent, interruption and distractions such as phone calls in-between the interview and restricting entries even after easing lockdown. This could lead to conflicts between researcher and participant, breaching privacy and confidentiality. During pandemic, researcher's anxiety while collecting interviews might have influenced and perceived in a different way. Requirement of ethical guidelines for research to safeguard the human participant as well as researcher during humanitarian emergencies and disasters in Bhutanese context.

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