

INTERVIEWING

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STRUCTURED INTERVIEWING (OVERVIEW)

Exploratory Interviewing & Item Generation

- A. Taxonomies
- B. Free-recall listing

Structured Interviewing

- A. General Information Questions
- B. Knowledge Tests
- C. Attitudinal Scales & Tests
- D. Classification Studies
- E. Beliefs

STRUCTURED INTERVIEWING (OVERVIEW)

Phase 1

1. Item generation/Domain definition
 - A. Getting the questions right!
 - B. Literature: previous study and/or standardized instruments
 - C. New or additional items:
 1. Free-listing
 2. Focus groups

Phase 2

2. Structured interviewing
 - A. "Questionnaire" items
 - Socio-demographic questions
(and general info)
 - Wording/ordering of items

STRUCTURED INTERVIEWING (OVERVIEW)

Phase 2

B. Assessment of knowledge

1. Define subject area
2. "Correct" answer is known; responses scored as correct/incorrect

C. Exploration of attitudes

1. A priori "dimensions"
2. Responses summed into scales
3. Responses "reflected" to sum in the right direction

STRUCTURED INTERVIEWING (OVERVIEW)

Phase 2 Structured interviewing

D. Exploration of classification or categorization of items

1. No a priori dimensions nor criteria for making comparisons
2. Classification/similarity data: sorting and triadic comparisons

E. Exploration of beliefs

1. A series of items on a single topic like Attitude & Knowledge, except:
2. Answers are not "reflected" or recoded because the purpose is to estimate the "answer."

CHAPTER: Structured Interviewing and Questionnaire Construction

BLUE BOOK READINGS

1. Domain definition/item generation
Chapter 2
2. Questionnaire items: Multiple
choice formats: Chapter 10
3. Attitudes: Rating scales
Chapter 6 (& 10)
4. Classification Studies: Similarity
data: Chapters 3 & 5
5. Beliefs: All formats
Chapters 10, 7 (& 6)

The Ethnographic Interview Spradley (1979)

Broad → Specific
(less structure) (more structure)

Bottom-Up

A. De Novo Elicitation →
Description (Spradley)

B. A + F/U Structured “Task” →
Description (D’ Andrade)

Top-Down

C. Items established → Elicit →
Interpretation (Baer)

D. Items → Elicit → “Task” →
Interpretation (Kempton)

GETTING STARTED (Spradley)

1. Select unfamiliar topic:
assume role of 'student'
2. Select informant(s):
 - selection strategy
(purposeful v. haphazard)
 - expertise on topic
(1 yr full-time, 3-4 yr part-time)
 - currently active, not retired
 - time to talk
 - speak as member, not as
interpreter

GETTING STARTED

3. Intro questions

Grand Tour =

typical day, procedure

Mini Tour =

focus on subset

4. How to ask Q' s:

Explain purpose/ role
(repeat)

Asymmetry in ask/answer
(v. conversation)

GETTING STARTED

5. Taxonomic Structure

What's that?

What do you call ___?

What kinds of _____ are there?
(attributes, types, sequences,
categories)

All the causes/ ways to _____

Goal: Getting the questions right

* Role of Language

language transmits culture, local
dialect/ terminology

Goal:

- Learning about the topic,
- Mapping out areas of importance &
- Getting the questions right

DOMAIN DEFINITION

You now know the question(s) you want to ask.

1. Domain definition/item generation
 - A. Literature: previous study and/or standardized instruments
 - B. New or additional items: (Free-listing or Focus groups)

INTEGRATED APPROACH

Advantages/disadvantages:

Why not simply report the results of open-ended questions, eg., the % that mentioned each answer?

1. If someone didn't mention an item, you don't know if it wasn't important to them or if they simply forgot to say it.
2. People recall less than they recognize
3. List length: short vs. long lists

Why not just use “borrowed” items & questions?

‘Background’ or open-ended’ interviews assure validity of questions for your population

PHASE I: DOMAIN DEFINITION

1. Domain

A. Words, concepts, a related set

B. At same level of contrast

What kinds of _____'s are there?

(omit inclusive relations)

C. Items defined by informants

(VERBATIM)

2. How to establish domain items?

(Can borrow items from other sources,
But need exploratory interviews so that
ideas of informants are included)

Free-recall listing

Tell me all the Xs you know...

A. More salient items appear higher-up in
individual lists

B. And are named by more people

FREE-LISTING: HOW TO DO IT

1. Meaningful question
should yield 6-12 responses

Record statements that have meaning in their words, clarify all phrases and “thoughts”.
(Ex: convenience)

2. Can use variations
 - a. Multiple questions
 - b. Contrasting questions
(why a doctor and not hospital)

GROUP INTERVIEWS?

Focus groups

- a. Collect [written] lists at the beginning, before people interact. (n=# people)
- b. After interaction, responses are not independent (n=#groups)
- c. Responses sensitive to interaction, etc in group
- d. Saturation may be reached with 4 groups 8 ea, but more ideas generated in individual interviews (hours of interviews)

Nominal groups (Process)

DOMAIN DEFINITION ITEM GENERATION

1. Free-listing from individuals
“Name all the illnesses that you have heard of”
(Illness perception – Weller)
2. Variations on listing:
Using multiple questions to access one domain
(Breast-feeding study – Weller & Dungy)

Combining lists with other sources
(Child abuse study – Weller, Romney & Orr)

Using contrasting questions
(Health Care sources – Young & Garro)

DOMAIN DEFINITION

- The goal is to get a set of items from a coherent domain.
- Items are recorded in the respondents' own words.
- Items are tabulated across respondents.
- Items are tabulated across respondents to give a frequency distribution that reflects ***the number or proportion of respondents*** that named each item.
- Thus, items with low occurrence (and less importance) may be eliminated.

DOMAIN DEFINITION

- Each respondent should be able to name about a dozen items.

If you are only getting a few items, then you need to

--- probe more

(“You said ____ and _____. Which others are there?”)

--- or, change your question.

- If multiple or contrasting questions are used to generate items, be sure to ***count only unique items per person***. Do not count the same item twice if one person mentioned it more than once.

- Lists generated in a group setting are not independent and thus only one list is really generated per group.

EXAMPLE 1: PERCEPTION OF ILLNESSES (Weller 1984)

A comparison of urban Guatemalan women with urban US women

- Disease terms elicited with free-listing (20 Women in each country)
- Names of illnesses printed on 3x5 cards (29 English and 27 Spanish).
- To understand the perceptual categories of illnesses, an additional 24 women in each country were asked to sort the cards into piles according to their similarity, making as few or as many piles as they wished.

English Disease Terms

<u>Frequency</u>	<u>Disease Term</u>
15	Cancer*
13	Mumps*
12	Measles*
9	Chicken Pox*
9	Leukemia
9	Tuberculosis
7	Diabetes*
7	Multiple Sclerosis
7	Pneumonia
6	Cold
6	Flu*
6	Muscular Dystrophy
5	Emphysema
5	Heart Disease
5	Polio*
5	Scarlet Fever
5	Venereal Disease
4	Arthritis*
4	Migraine
4	Whooping Cough*
3	Diphtheria*
3	Headache
3	Hepatitis*
3	Mental Illness
3	Mononucleosis
3	Rubella*
3	Smallpox*
3	Strep Throat
3	Stroke
3	Ulcers

* Items that appear on the Spanish list

TO UNDERSTAND THE PREFERENCES OF ANGLO AND HISPANIC WOMEN FOR BREAST OR BOTTLEFEEDING (Weller & Dungy)

Much evidence has accumulated regarding the advantages of breast milk:

- Anti-infective properties
- Inhibits ovulation
- More economical

Given the advantages of breast milk, why do so many women choose to bottle feed?

- Choose breast feeding for their infant because it is the best for their baby
- Choose bottle feeding because they are too embarrassed to breast feed or because they wish to work.

Unfortunately, many projects have:

- Recorded responses to open-ended questions, OR
- Recorded agreement to a series of statements

These approaches are limited by:

- Memory bias (in open-ended questions)
 - People “recall” less than they “recognize”
 - Some give short and others long lists
- By using a standardized set of statements the problem of obtaining inconsistent or non-comparable data across respondents can be avoided. However, if the list is researcher generated it is subject to personal biases

Preferable to combine approaches:

- Use open-ended questions to generate items
- Use those statements to collect data systematically

INFANT FEEDING: Subjects

- Women were interviewed at the University of California Irvine Medical Center, approximately 100 miles north of the U.S-Mexican border on the California coast.
- Approximately 75% of births at the University hospital are to Hispanic women and approximately 55% of women report an intention to breastfeed.
- Women were sampled according to their chosen feeding method and ethnicity/language.
- Women were interviewed within the first 48 hours of birth.

Procedure

Interviews were conducted in two phases:

- First, lengthy open-ended interviews were conducted with women in each category:

	Anglo	Hispanic	
Breast feeder	14	14	28
Bottle feeder	13	14	27
	27	28	55

Procedure

- Second,
- Items obtained from the preliminary interviews were ranked in subsequent interviews

	Anglo	Hispanic	
Breast	50	46	96
Bottle	48	51	99
	98	97	195

MOTHERS' REASONS FOR CHOOSING AN INFANT FEEDING METHOD

Generated with multiple questions

During the open-ended interviews women were asked:

1. What are the advantages of breast feeding/ breast milk?
2. What are the disadvantages of breast feeding?
3. What are the advantages of bottle feeding?
4. What are the disadvantages of bottle feeding?
5. Why would one (not) choose (bottle) breast feeding etc.?

For each question, women were asked to list as many items as possible.

Unique, verbatim answers were tabulated across respondents. The most frequently mentioned items were thus identified and put into a common format for further study.

1. Can you tell me the reasons why you want to breastfeed your baby? (Probe: “you mentioned _____. What other reasons are there?”)

2. Why do you think some people breastfeed? (What other reasons might cause someone to choose breastfeeding?)

3. Why do you decide not to bottle feed?

4. What are the advantages of breastfeeding?

5. What are the disadvantages of breastfeeding?

6. What are all the things you like about breast feeding?

7. What are all the things you dislike about breast feeding?

8. What are all the things you dislike about breast feeding?

9. In what situations would you not want to breast feed?

10. A. Do you know someone who has breast fed?

Item Selection

The 18 most frequently mentioned items from each list were chosen for further study.

The statements were changed to a neutral form “A way to feed your baby that...”

Half of the statements contained “positive” attributes and half were “negative”

“Breastfeeding” and “Bottle feeding” were added to the list to create 20 statements. (Table 2 in Weller & Dungy)

The 26 most frequently mentioned statements for both English-speaking Anglos and Spanish-speaking Hispanics appear as Appendices A and B in the Weller & Dungy (1986) article.

Table 1: ENGLISH LIST OF REASONS IN APPROXIMATE ORDER OF IMPORTANCE

1. Many women are embarrassed to breast feed in public or in front of strangers. Bottle feeding can be done anytime, anywhere, (breast, go off and relax).
2. When breast feeding you don't have to wash and sterilize or fix bottles.
3. Breastfeeding allows you to feel closer to your baby.
4. Breast feeding is healthier/better for your baby.
5. Breast feeding is cheaper and more economical.
6. Bottle feeders are less tied down; breast feeders have to stay home a lot; they can go more places and do more things; for people who can't be at home.
7. Breast feeding is easier and more convenient.
8. Bottle feeding is better if you work or want to go back to work; pumping your breasts is difficult.

ENGLISH LIST IN ORDER OF IMPORTANCE

9. There is no soreness and pain with bottle feeding.
10. Breast fed babies don't seem to get sick or spit-up like formula fed babies.
11. Bottle feeding is safer, in case you get sick; or, if you get sick & can't breastfeed
12. Breast feeding is more convenient.
13. Mother's milk protects the baby; the baby gets natural immunities from mother's milk.
14. Mother's milk is the one, perfect formula made for babies.
15. Bottle feeding is better if the mother is taking medication (methadone).
16. With bottle-feeding, you don't have to worry about emotions interfering and your milk not coming or drying up.
17. Formula has as many vitamins as mother's milk.
18. Formulas have chemicals in them and sometimes these are dangerous to the baby.

Table 2: SPANISH LIST OF REASONS IN ORDER

1. Because many people work they cannot take care of the baby.

Bottle feeding is beneficial for women when they are working.

2. It is less risky to bottle feed than breastfeed, as with women who get angry easily. If the mother is angry this will affect the baby.

3. Breastfed babies grow-up to be healthier.

4. I would not like to be seen breastfeeding around men or in a public place.

5. One does not have to spend money in buying milk; breastfeeding is cheaper/ less expensive.

6. I feel I am closer to my baby. I love my baby more because I spend more time with him.

Table 2: SPANISH LIST OF REASONS IN ORDER

7. With breastfeeding, you don't have to get-up in the middle of the night and prepare bottles; breastfeeding mothers don't have to clean bottles or prepare and store milk.
8. Mother's milk is richer/better than formula.
9. Many women don't want their breasts to sag.
10. You can't let anyone feed the baby, you don't have to be there all the time; one is free to do more things.
11. Breastfed babies get sick less, bottles get dirtier and many women do not clean them well.
12. A woman tends to age faster or get wasted breastfeeding.

Table 3: OVERLAPPING THEMES

1. Work
2. Anger
3. Healthier
4. Modesty
5. Economics
6. Closer to baby
7. Prepare bottles
8. Less tied down
9. Convenient
10. Soreness
11. Not sick as often; protects the baby
12. Natural
13. If mother is sick or on medication
14. Perfect formula for babies, vitamins and minerals it needs
15. Milk richer, better
16. Saggy breasts
17. Free to do more things; anyone can feed
18. Age fast; waste
19. Practical; easier
20. Baby is full
21. Husband

FINAL STATEMENTS

1. A way that's convenient because you don't have to prepare bottles.
2. A way that allows you to feel closer to your baby.
3. A cheaper and more economical way.
4. A way that is convenient because it allows you to feed your baby anywhere, without embarrassment.
5. A way so your baby will grow up healthier.
6. A way that won't hurt your baby even when you are angry or upset
7. A way that will allow you to go to work.
8. A way that will provide all the vitamins and nutrients your baby needs.
9. A way that protects your baby from getting sick as often.
10. A way so that your baby feels full and satisfied.
11. A way to feed your baby even when you are sick or taking medications.
12. Breast feed.
13. With a bottle

FINAL STATEMENTS

- 14.* A way that doesn't tie you down, so that you are free to do more things.
- 15.* A way that your husband (or boyfriend) likes too.
- 16.* A way to feed your baby with milk that's richer and better.
- 17.* A way that allows you to loose weight and regain your figure.
- 18.* A way so that your breasts won't sag.
- 19.* A way that is nutritious for your baby, even if you are not eating right.
- 20.* A way so that others can help feed your baby.

* Items used only with literates

DISCIPLINARY BELIEFS OF ANGLO AND HISPANIC ADOLESCENTS (Weller, Romney, Orr 1987)

A study was undertaken to explore cultural differences in the definition of “child abuse.”

Interviews were conducted in two stages with Anglo and Hispanic adolescents.

In the first stage, a list of adolescent “misbehaviors” and “punishments” were obtained.

In the second stage, 9 misbehaviors were paired with each of 15 punishments creating 135 questions on the appropriateness of disciplinary responses.

DISCIPLINARY BELIEFS QUESTIONNAIRE DEVELOPMENT

- In-depth interviews were conducted to obtain a comprehensive list of adolescent misbehaviors and adult disciplinary responses.
- Verbatim responses of 29 Anglo and 27 Hispanic adolescents were recorded.
- Individual interviews were conducted with approximately equal numbers of males and females.

DISCIPLINARY BELIEFS QUESTIONNAIRE DEVELOPMENT

The following issues were explored

1. “What things do you (or other teenagers) do that make your parents, mother, father, adults, etc. angry?” (the purpose was to elicit as exhaustive a list of “misbehaviors as possible.)
2. (For each response to the previous question) “When do you _____, what do your parents, etc. do?”
3. “What others things might be likely to make adults upset or angry?”
4. (For each item mentioned) “And if _____ makes adults angry, what might they do in response?”

DISCIPLINARY BELIEFS QUESTIONNAIRE DEVELOPMENT

- Responses were tabulated from the 56 adolescents.
- In addition, because extreme forms of “punishment” and child abuse are relatively rare, a list of “punishments” reported most frequently by abused adolescents in the University Hospital Emergency Department were included.
- A final list of 9 adolescent behaviors and 15 adult responses was chosen.

Adolescent

Behavior

1. Stay out late
2. Don't do their chores
3. Lie
4. Get bad grades or don't study
5. Get drunk
6. Talk back
7. Break the law
8. Take drugs
9. Don't do what they are told

Adult

Response

1. Take things away (bike, phone...)
2. Ground them and don't let them go out
3. Whip them with a belt
4. Ask why they did it and tell them it better not happen again.
5. Shake them
6. Don't let them do something they want to
7. Spank them
8. Sit down and talk to them about it
9. Send them to their room
10. Hit them with a broomstick or rod
11. Hit them with a fist or punch them
12. Don't trust them as much and check up on them all of the time
13. Yell at them
14. Put them down
15. Slap them

CLASS EXAMPLES

Large group demonstration &
Tabulate

1. Soda Pops

Class Examples

- Examples:
Practice interviewing in pairs
 1. Desirable Characteristics in a mate
 2. Societal Problems

HOMEWORK: Draft the first page of your interview.

List the questions you will need to collect general information from each participant

TABLE 4
Most frequently freelisted risk factors for breast cancer.

Salvadoran women (N = 28)	Mexican women % ^a (N = 39)	Chicanas % (N = 27)	Anglo women % (N = 27)	Physicians % (N = 30)	%				
Blows, bruises	29	Blows, bruises	64	Chemicals in food	30	Family history	67	Family history	100
Problems producing milk	29	Never breast-feeding	33	Environmental pollution	26	Radiation	26	Obesity	37
Breast implants	21	Chemicals in food	28	Blows, bruises	26	Unhealthy diet	19	Hormone supplements	33
Disorderly, wild life	16	Excessive fondling	23	Lack of medical atten.	26	Smoking	19	First child after 30	30
Excessive fondling	14	Problem producing milk	23	Family history	26	Birth control pills	19	High fat diet	30
Smoking	14	Birth control pills	18	Never breast-feeding	22	Environmental pollution	19	Prior history of cancer	30
Never breast-feeding	14	Breast-feeding	15	Smoking	19	It just happens	15	Age	27
Lack of hygiene	14	Lack of medical atten.	15	High fat diet	11	Blows, bruises	15	No children	20
Family history	11	Smoking	13	Large breasts	11	Never breast feeding	11	Smoking	17
Abortions	11	Too much alcohol	13	Too much caffeine	11	Fibrocystic breasts	11	Fibrocystic breasts	13
Illegal drugs	11	No children	13	Birth control pills	11	High fat diet	11	Ethnicity	13
Dirty work environment	11	Lack of hygiene	8					Early menses	13
		Illegal drugs	8					Birth control pills	13
		Family history	8						

^aRespondents often listed more than one risk factor. Consequently, percentages do not add up to 100.

ALTERNATIVES TO LISTING

1. Group interview listing sample size?
2. Taxonomic elicitation best initial interview
3. Narratives: Case Descriptions and Cultural Models Searching Text for Themes