CONDUCTING QUALITATIVE RESEARCH DURING A PERIOD OF LOCKDOWN AND SOCIAL DISTANCING

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Background

Over the past few weeks I have been approached on several occasions by researchers or research ethics committees (RECs) regarding several issues related to undertaking gualitative research in this time of COVID-19. Qualitative researchers are suddenly challenged with several issues related to community engagement and community entry, difficulties to adhere to the normal informed consent processes e.g. informed consent obtained by an independent person being present during the signing of consent or not being able to use the planned usual face-to-face data gathering methods during the COVID-19 pandemic due to various aspects e.g. lockdown, restricted travelling, travel permits, not being allowed to enter participant's homes or have them come to another site e.g. the university. Add to this the reality that digitisation brings different ways of embodying, communication delays, decreased non-verbal signalling e.g. loss of picture quality due to poor connectivity and being distracted by images of yourself should they use an online platform like Zoom, Teams or Skype. Add to this the use of facial masks, results in researchers only being able to follow non-verbal cues through eye contact. This becomes very challenging for qualitative researchers, as they are used to observing facial expressions to obtain non-verbal cues, during interviewing. The richness of having face-to-face interviews, in-person focus groups, and actual observation are thus challenged by all of the previously mentioned issues. These aspects are further complicated due to Higher Education Institutions still being in lockdown under level 4 restrictions, with no certainty as to when students will be allowed to return to campuses due to the peak of the pandemic only being predicted for September 2020. July through to September are traditionally busy data collection months within the typical project life cycle of a postgraduate student.

RECs are also challenged, during this time, as they have to continue their work, while dealing with the numerous issues arising from the COVID-19 pandemic. The RECs have received and reviewed numerous applications that were still in progress when the COVID-19 pandemic occurred, and thus need to manage the amendment of these applications, as they were written for "normal" circumstances, that no longer apply. This process is further complicated by the fact that we do not have an idea as to how the pandemic will play out in South Africa, therefore it could be months before qualitative research will be able to be conducted as before. We, therefore, find ourselves in unprecedented circumstances due to this pandemic, which has changed our personal and academic lives, yet expectations exist that academics and postgraduate students should continue with their work and studies. Academics and postgraduate students, as researchers, in collaboration with the RECs, thus have to find ways

to bridge these challenges and try and continue with research to meet expected dates and outcomes. RECs are thus inundated with amendment requests from qualitative researchers, and others, to amend the designs or data gathering methods of studies but no guidance exists as to what would be applicable and what not. This is further complicated as access to literature to be consulted for guidance, might be limited due to several unforeseen reasons e.g. no internet access etc.

Further complications for the RECs are brought about by the fact that most of the research efforts currently being undertaken, are focussed on COVID-19 related clinical trials or vaccine development, in order to find a treatment for this disease. RECs are thus challenged to ensure expedited review of these urgent studies, while continuing with the processing of their normal load of applications, as well as the expedited review of all the amendment requests that are received from researchers. REC members, who are mostly academics themselves, are suddenly finding themselves in a situation where they have to find ways to cope with various new challenges i.e. having changed personal circumstances e.g. increased child care requirements and domestic responsibilities; having to do their normal expected workload e.g. REC work; having to change their usual teaching-learning practices for undergraduate students to multimodal approaches; keeping up their personal research and postgraduate student supervision; having to guide students how to navigate their studies around the COVID-19 pandemic; and then as REC members, having an additional review workload due to the many requests for expedited reviews of either COVID-19 related research or the masses of amendments to research studies being undertaken, due to the COVID-19 pandemic and the changed circumstances. In order to support the RECs, their members and the researchers making use of the RECs, in managing this increased load, the following document has been setup to provide some guidance on how to navigate certain key ethical guandaries that have arisen due to the COVID-19 pandemic.

Queries specific to qualitative research, that have reached me to date are mainly related to issues pertaining to community engagement and community entry, informed consent and researchers changing their data gathering methods to those that favour online platforms for data collection e.g. Teams/Skype/Zoom etc., in order to try and virtually replicate the face-to-face interview or focus group processes. Concerns have been raised about the security of these platforms during data gathering e.g. the latest hacking of Zoom. As such, both RECs and researchers are struggling with what to change in the research processes, how to change it and what would be acceptable practices, whilst still protecting the privacy and confidentiality of the participants. Whatever they decide to do they must ensure that the trustworthiness, validity, reliability and credibility of their research is upheld, as a priority.

No clear guidelines for handling these mentioned challenges exist in any South African documentation and, as such, I have therefore decided to provide certain guidelines which can be used by both qualitative researchers and RECs. This undertaking is done in my personal capacity and not in any other formal capacity but is provided as a possible support mechanism to researchers and RECs. RECs will also always have the decision-making power to what they see as acceptable or not.

Guidelines for qualitative research during lockdown and social distancing:

It should be clear that these guidelines are applicable to qualitative research during the COVID-19 pandemic only.

• Community engagement and community entry

Researchers are challenged to engage and enter communities, due to them not being able to link up with the gatekeepers and mediators of specified research communities in the usual way. Community in this context means any group of participants that the researcher wishes to approach to participate in a specific study using certain scientific grounds to decide on their inclusion. The qualitative researcher is used to initially linking up with gatekeepers, through personal appointments and face to face contact, in order to build rapport and trust with these individuals and have them assist in identifying the most appropriate mediators to reach out to the potential participants. Although it is currently more challenging to do so, this process is still possible through alternative strategies. Contact can perhaps still be made with the gatekeepers via email and telephonic discussion or, if possible, making use of one of the online platforms e.g. Skype, Zoom. The gatekeeper/s can still indicate which mediators can be used and these individuals can be approached in a similar manner to that indicated above for the gatekeepers. This will, unfortunately, take much more effort, time and creativity on the side of the researcher but it is doable. Mediators, after obtaining permission from the possible participants that adhere to the inclusion criteria as set by the researcher, will then be able to provide the researchers with either the telephone numbers or email addresses of the potential participants, depending on what is available or most accessible for the participant. The researcher then has the opportunity to make contact with these possible participants.

• Informed consent processes

In the South African context, *written* informed consent should always be obtained. For more clinical oriented research in times of an major incident like the present pandemic, guidelines do exist in the Department of Health's, "Ethics in Health Research. Principles, Processes and Structures" (2015) document (section 3.4.1) as well as on how to use either "*delayed*" or "*proxy*" informed consent but never waived (sections 3.2.4.3 and 3.2.4.3). However, informed consent can never be waived when working with a living human participant.

The latter is also true in the case of *qualitative research*. The researcher will always have the responsibility to ensure that the research participant is well informed about the research. The process of obtaining informed consent, is complicated and time consuming during this time of physical distancing and the travel restrictions placed on both the researchers and the participants. Internet access for both the researcher and the participants is essential, to any strategy implemented to ensure that the informed consent documentation reaches the participant through email. What then could be a way of possibly handling the dilemma of the researchers and participants not being in close proximity i.e. being in different places when having to obtain informed consent?

For email and online platform interviewing:

If the researchers will be making use of email or online platform interviewing then it means that access to the internet is possible. If this is the case, then the informed consent documentation must be mailed to the participant beforehand, after which an appointment should be set up between the researcher and the participant via telephone or the online platform of choice, during which the research process should be discussed. The use of an audio-visual option e.g. Skype or Zoom would be preferred as it adds visual contact between the researchers and the participants, during the signing process. The signing process will have to differ from that which is described

in the DoH 2015 guidelines e.g. independent person obtaining informed consent and being together in the same place when signing. To mitigate the impact of this change, it is suggested that the participant has a person present to co-sign and witness the signing process, while the researcher does the same, therefore four people should be present during the signing process as being visibly undertaken over the video link. The researcher and participant can then agree to in future confirm the informed consent process by signing the form together when both parties are allowed to be present i.e. a form of delayed consent or a further process of confirmation in another format will be possible should the lockdown continue. Therefore, during this process, four parties will sign at the same time but will be present at two different places. The informed consent document should outline this process clearly, at the beginning of the document. Following the signing of the document, the participant then scans or fax the signed document to the researcher and keeps the original until such time that they can meet in future, to obtain the original document. Alternatively, the participant can take a photograph of the document on his/her cell phone and send it via WhatsApp to the researcher. During the actual interview or focus group, this process of obtaining informed consent remotely, should be repeated and the informed consent should be confirmed by the participants verbally and recorded. The disadvantage of the aforementioned process is that an independent person is not obtaining the informed consent, however, by having two witnesses present on both sides ensures that informed consent was obtained in a fair and safe manner.

For telephone interviewing:

If telephonic interviewing is to be used, then a similar process as previously described can be used, with the participant having prior access to the informed consent document, which should have been emailed to him/her prior to the discussion. The process followed should ensure that the four people involved in the process i.e. the researcher and their designated witness and the participant and their designated witness, must be able to hear the process of informed consent. The same process is then followed as previously described with the difference being that the four parties will not be visible via the online platform but should be recorded.

• Variations to interviews and focus groups

Should researchers choose to adjust their qualitative data gathering method/s for interviewing and focus groups, these adjustments should be based on sound, scientifically proven and previously described methods available in the qualitative literature. Over the years, several new methods of data gathering via telephone or the use of online platforms, have been described but are not necessarily widely used. Researchers should therefore clearly reference their sources when motivating their changing of the data gathering methods.

For the purpose of these guidelines, I will be referring to *e-mail, on-line*, and *telephonic interviewing methods* as mentioned in existing qualitative research literature. In all cases, informed consent should have been obtained prior to the interview:

The e-mail interview takes place in a single electronic screen based script and is asynchronous in nature. It consists of several interactions over time and it takes place 'at a distance'. The researcher initiates the interview by explaining the purpose of the interview and either setting out one open ended question, as for an unstructured interview or five to seven open ended questions, as for a semistructured interview, in the initiating email. The participant then answers these questions via email and sends it back to the researcher in an email, which is then followed up by probing questions and requests for clarifications or expansion, by the researcher. This is a long process and involves numerous emails being sent back and forth between the researcher and the participant. This process continues until the interview is exhausted. The person being interviewed by email should be comfortable with typing and should be able to express themselves in written language. The advantage of this method is that no transcription of the interview is needed as the emails form the transcribed interview. The disadvantage is that no non-verbal cues can be determined and that this method can only be done with participants who are comfortable with typing and expressing themselves in writing. This method is not advised for focus groups, due to the possible difficulty in managing the multiple interactions.

- Online platform interviews or online platform focus groups are more synchronous in nature and consist of computer-mediated interactions. A disadvantage of this method is that often the use of video has to be limited, so as not to compromise voice quality and thus the authenticity of a direct interaction is sacrificed. It would be preferable to have video contact, as the participant is visible and then at least some possible non-verbal cues can be determined, to facilitate the interaction. The latter brings depth to the interview. The challenge of these methods, however, lies in being able to record these various forms of interviews or focus groups for future transcriptions. The quality of the sound is thus extremely important and should be tested beforehand. If possible, backup recordings should be made. Unfortunately, not even the COVID-19 pandemic can allow the researcher to purely depend on memory, and therefore transcription of the interviews remains essential.
- Telephone interviews provide the best source of information when the researcher or the participant does not have direct internet access, however, not all types of studies lend themselves to telephone interviews, and selecting the right situation to use this is vital. Special arrangements have to be made to record the telephonic interview for future transcription, and as such it is critical that the quality of the recording be tested first. Unfortunately, the richness of observation while interviewing, is lost, when using this method, which is a major disadvantage.

• Other challenges

• Recording of interviews or focus groups

Mention has been made of the necessity to record the interview or focus group, while it is being undertaken. Usually interviews or focus groups are tape/digitally recorded, so that the events recounted and experiences described are made more substantial through the recording. It ensures accuracy, as transcription of the recording is possible and allows for a much fuller record. Permission must, however, be obtained during the informed consent process, as well as confirmed at the onset of the interview or focus group, for the use of a tape/digital recording during an interview or focus group. It is recommended that more than one type of recording is used to ensure quality data capturing. The researcher should listen to the recorded interview as soon as possible, after the interview or focus group is over, to check for audibility and completeness. If there were problems, the interview should be reconstructed in as much detail as possible.

o Changing sites

Specific COVID-19 regulations and lockdown restriction levels will make it impossible for researchers to access their planned sampling sites. The challenge will be to find more accessible and suitable sites within the restrictions as instituted due to the pandemic, without losing the scientific foundation of the original context. When sites are changed, the reason provided for the change cannot only be "to accommodate the COVID-19 restrictions" but must also be motivated on the grounds that the changed context is still appropriate, based on scientific grounding.

• Security of the online platform and data

There have been numerous news reports of online platforms being hacked, which holds great risk that the researcher will not be able to protect the collected data and may experience possible data loss, confidentiality issues, and identity theft. Special preventative measures should be in place when using these methods, and care must be taken when choosing an online platform to collect data. Data should be stored as soon as possible to separate and safe data storage sites and deleted from these online platforms.

• Following minimal ethical norms and standards

In South Africa, we are guided by the second edition of the guidelines set by the Department of Health, entitled "Ethics in Health Research. Principles, Processes and Structures" (2015). As researchers we are very clearly aware of the minimum norms and standards for research ethics practices that we should follow. The COVID-19 pandemic should not deter us from following these minimum norms and standards. One of the important principles to adhere to, will most probably be to ensure that we follow the correct route to *amend planned research* that cannot follow the process as outlined in the approved research proposal, due to the COVID-19 pandemic. An amendment should 1) be done in time, 2) follow the required process described in the standard operating procedure (SOP) for expedited review, and 3) clearly amended documentation should be attached. On the other hand the REC should also be ready to handle these amendments in an expedited fashion, following the SOP for expedited review. No research should be conducted without approval of the amendments by a REC.

• Personal challenges e.g. lack of technical skills, limited support over distance, emotional discomfort

Both academics and postgraduate students as researchers are being challenged and will still be challenged in the coming months during the pandemic with a variety of issues e.g. lack of technical and computer skills needed to download and manage different online platforms and operate them with limited technical support over distance. In this lies a risk of loss of data and as such, everything that can possibly be done to prevent this from occurring, should be done, as repeating an interview or focus group is not possible. Choosing one of the above-mentioned methods brings about financial issues regarding availability of funds, data, and internet access. This might limit the choices and possibilities as discussed in the sections above. The digitisation of communication, the different ways of embodiment, the communication delays, additional effort to act on non-verbal signals and the self-judging distraction of one's own image are all distracting, implying greater effort to connect with participants and places a stronger focus on active listening. These are personal and professional growth points for researchers, students and supervisors alike.

o Digital divide, high cost of airtime and connectivity

Despite being a country with a high mobile phone adoption, South Africa presents a digital divide exacerbated by expensive airtime, mobile data and connectivity. Internet access and appropriate hard- and software for online conferencing services are less likely present in resource-constraint communities, making mobile phones (not even smart phones) probably the dominant device. Researchers should be familiar with the contextual realities and technology ecosystem in which participants are likely to participate. Additional costs will incur when researchers have to support participants with airtime and data vouchers. The latter might take up to 24 hours to be redeemed or activated. Sufficient time for technical preparation is therefore necessary.

In conclusion

I trust that this document will provide some help to you as qualitative researchers during these challenging and trying times and that I have addressed some of the difficult issues you have had to and will have to face. I also would like to thank prof Wayne Towers for editing the documents for me and Prof Petra bester for adding a few valuable inputs on digitisation. I wish you all success with your research.