



Learning notes: Use of qualitative research methods and health systems research in post conflict contexts

By the ReBUILD consortium

Introduction:

The ReBUILD consortium

There are 5 ongoing research projects, each of which includes the use of qualitative methods, for example key-informant interviews; in-depth interviews and life histories.

Research Projects:

- ◆ Health Financing
- ◆ Health Worker Incentives
- ◆ Contracting
- ◆ Rural retention of health workers
- ◆ Networks

During our ReBUILD consortium meeting in September 2013 we met as a team to reflect on the challenges we encountered when undertaking qualitative research in post conflict contexts and to share learning. This document summarises the challenges and learning points of undertaking qualitative research in post conflict contexts.

The consent process: written or verbal?

ReBUILD research has received ethical approval from the LSTM ethics committee and all national ethics committees. In our applications we stated that we would follow a process of obtaining written informed consent, as this is the norm in international health research and often the expectation of ethics committees. However, in all contexts, some participants were reluctant to participate due to the consent procedure requiring a signature and the fear that the signature may have repercussions. After some careful and sensitive discussion most participants were reassured, participated and signed the consent form.

Learning point:

- On reflection we felt that in post conflict contexts where there is often a real and justified fear of putting pen to paper it would be appropriate to make a case for verbal consent and justify this to ethics committees.

Gaining access to participants – what do you do when the wrong contact information is given?

Some participants who followed the consent procedure deliberately gave false phone numbers or addresses, as a way to either avoid participating in the research without having to openly state this to the researchers or to avoid participating in a follow up interview. This posed a dilemma to researchers on the most appropriate way forward and on reflection we felt the following two approaches were an appropriate way forward:

Learning points:

- Once it becomes clear that a false address/number has been given researchers should not continue trying to contact the participant as it is clear that they do not want to participate. With a phone number this is straightforward but with an address less so, as addresses and house identification can be challenging and some participants have multiple homes.
- Try to understand as a team the reasons why participants may not feel comfortable to participate and bring learning to future interactions. Building rapport – discussed next – is important here.

How to build trust and rapport?

Establishing rapport is important in all qualitative research, but is particularly critical in post conflict contexts where there might be anxiety about discussing issues with researchers who are likely to be strangers.

Learning points:

Rapport needs to be thought about throughout the research cycle. It can be strengthened through:

- Ensuring time and care is taken over the consent process
- Ensuring interview takes place at a time and a place of the participants choosing (learn to be flexible and compromising and put the participants needs first)
- Good practice to reemphasise objectives and purpose of the study to convey reassurance as the interview progresses.
- Ensuring confidentiality
- Reassuring participants that they do not have to respond to any questions that make them feel uncomfortable
- Avoiding leading questions and probing sensitively
- Participant checking at the end of the interview
- Follow up through sharing draft analysis and report

What does the informed consent process cover?

Many researchers shared experiences of participants opening up and telling a different or 'the real story' once the tape recorder had been switched off and the formal interview was over, or whilst they were exiting the building in the company of the participant. In other cases participants requested that the researcher turned off the tape recorder for a while. This put the researcher in a dilemma, to what extent can they use information that emerged after the formal interview or while the tape recorder was turned off, which they felt was likely to be more trustworthy.

Learning points:

- The learning that emerged is that there is often a 'formal' (with the tape recorder on and within the consent process) and 'informal' story (after the tape recorder has been turned off). We felt that the ethical and trustworthy approach is to write notes on the informal story and use this to inform the analytical process but only include quotations from the formal story in the report (to ensure confidentiality). We also felt researchers can follow up with participants and ask them if they are happy with the information being used. In these situations it is particularly important to go back to respondents with the draft analysis and report and ask for their feedback. This in turn builds trust.

To record or not record the conversation?

Some participants were not comfortable with conversations being recorded so researchers did their best to take comprehensive notes. The challenge is that researchers were not able to predict when/if a participant would refuse recording. If so, they would have been better prepared. When there were two researchers, they could 'team up' as one would interview and the other would take detailed notes. When there was only one researcher this was more challenging.

Learning points:

- In post conflict contexts, participants are more likely to request no tape recording due to concerns about confidentiality (again stressing this in the consent procedure is important). Researchers need to sensitively explain why the norm is to use the recorder without putting any undue pressure on the participants. They can then go ahead with the interview (particularly if there are 2 researchers or rearrange for the interview to be conducted at another time with 2 researchers present)
- Writing up notes immediately after the interview is good practice to help with maximum recall. Where there are 2 researchers a team approach to writing and checking supports the quality.
- Where possible try to have 2 researchers undertaking the interviews.

Why is participant checking important?

Participant checking involves the researcher summarising the contents of the interview at the end of the interaction.

Learning points:

- To support the trustworthiness of the research process, i.e. by summarising the key issues, the researchers were able to check their understanding of the discussion with the participant.
- As a way to continue the rapport building with the participant. It was felt that in contexts where challenging and sensitive issues were discussed (and the participant might have felt worried about leaving a negative impression) it was important to firstly stress the positive key messages and learning points and successes first, then categorise challenges leaving the participant with the opportunity to offer further reflections.

In summary it was felt that in post conflict contexts participants may be more vulnerable and have reasons to be fearful of research encounters. There is need to act with integrity and honesty and be aware of the legacy they leave. Conducting qualitative research is always challenging, working in post-conflict contexts may pose additional challenges and these, together with learning points from the ReBUILD consortium, are discussed here. The consortium looks forward to continue the conversation as part of addressing the neglect of health systems research in post conflict and conflict affected settings.

Additional reading – please see:

Emanuel EJ et al. 2004 *What makes clinical research in developing countries ethical? The benchmarks of ethical research.* Journal of Infectious Diseases 189: 930-7.

Kass NE. 2001. *An ethics framework for public health.* Public Health Matters 91: 1776 – 1782.

Nuffield Council on Bioethics 2002. *The Ethics of Research Related to health care in developing countries.* London, Nuffield Council on Bioethics.

ESRC 2010. *Research Ethics Framework.* Swindon, ESRC.

MSF 2005. *Ethics Framework for Medical Research*. MSF.

Ford N et al. 2009. *Ethics of conducting research in conflict settings*.
BMC Conflict and Health 3: 7.

Hill P. 2004. *Ethics and health systems research in "post"-conflict situations*.
Developing World Bioethics 4: 139-153.

Schopper et al. 2009. *Research Ethics Review in Humanitarian Contexts: The Experience of the Independent Ethics Review Board of Medecins Sans Frontieres*.
PLOS Medicine 6: 7.