Using Interviewing in Public Health Research: Experiences of Novice Researchers

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Abstract
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Keywords
Interviewing, Focus Groups, Qualitative, Vulnerable Populations, Public Health, Women, Disability, Children

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Using Interviewing in Public Health Research: Experiences of Novice Researchers

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In this article, we provide the experiences of three novice public health researchers conducting studies with several vulnerable populations: women, people with disabilities, and children. We describe all phases of our interview studies including developing data collection guides, planning the interview in an appropriate setting, conducting the interviews, and bringing the interview to a close. Specific components of the interviews that are discussed include establishing rapport and minimizing the power imbalance inherent between interviewer and interviewee, including the added power imbalance that vulnerable populations experience. Issues of maintaining quality and rigor, as well as ethical considerations for working with our specific populations are also discussed. Keywords: Interviewing, Focus Groups, Qualitative, Vulnerable Populations, Public Health, Women, Disability, Children

Introduction

Qualitative research seeks to understand how individuals make sense of their experiences (Merriam & Tisdell, 2016). Denzin and Lincoln (2013) describe qualitative research as a methodology that involves “an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them” (Denzin & Lincoln, 2013, pp. 399-401). Qualitative studies can be ideal for exploring new ideas for several reasons. First, qualitative studies are more hypothesis-generating than hypothesis-testing (Corbin & Strauss, 2008). In many exploratory studies, researchers lack the understanding needed to conduct a quantitative study and analysis. In these cases, use of qualitative methodology can help generate more insight into future concepts, hypotheses, measures, and variables worth exploring (Carter, Ritchie, & Sainsbury, 2009; Weiss, 1994). Second, qualitative research seeks to understand how individuals make sense of their experiences (Merriam & Tisdell, 2016), which can enhance a researcher’s understanding about a particular topic. Third, qualitative studies offer flexibility not typically available in quantitative research. For example, interview guides can change during the course of data collection as new information becomes available.

In the field of public health, qualitative research provides many advantages to researchers during the research process. Winslow (1920) described the purpose of public health as preventing disease, prolonging life, and promoting health through population, community, and individually-based interventions. This definition requires a comprehensive approach when investigating public health matters. To develop effective public health interventions, public health practitioners and researchers must consider the many interwoven influences on human
health. For example, smoking cessation interventions are most successful when they target multiple levels of behavior, including individual behavior (e.g., smoking), relationship behavior (e.g., social groups formed around the act of smoking), and societal behavior (e.g., modifying social norms around smoking; Golechha, 2016). Thus, qualitative research is ideal for the field of public health because qualitative research allows researchers to gain an understanding of the totality of a participant’s experience in the context of these levels of influence. As a field, public health values this ecological understanding of human health (Faltermaier, 1997).

One method of qualitative inquiry used in public health is interviewing. Interviews involve asking open-ended questions and follow-up probes designed to obtain an in-depth understanding of participants’ experiences, perceptions, opinions, feelings, and knowledge (Patton, 2002). Interviewing is a useful method for investigating emerging topics, as it allows researchers to modify questions based on the answers from participants (deMarrais, 2004). This allowance for modification can lead to a deeper exploration of new ideas and concepts that emerge during the interview.

There are several advantages to using interviewing. For researchers, interview studies provide an additional method of gathering information that adds substantial depth to our understanding of a particular area (Merriam & Tisdell, 2016). Interviews have been advantageous when working with vulnerable populations (e.g., children, women, people with disabilities), who may be especially challenging for novice researchers (Roulston, DeMarrais, & Lewis, 2003). Participating in interview research may actually be beneficial and/or therapeutic for these participants. For example, qualitative interviews can promote healing from past negative experiences, give a voice to the voiceless, increase self-awareness, and provide self-acknowledgement and validation (Hutchinson, 2001).

There are some disadvantages to the interviewing method of research. First, interviewing is time-consuming and resource-intensive (Kun, Kassim, Howze, & MacDonald, 2013). Second, there is a pervasive stigma toward interviewing, and more generally of qualitative research, that exists within the heavily-quantitative public health research community. For example, in an analysis of over 3000 health services research articles published over a 10-year period, only 11% of those articles used qualitative methodology (Weiner, Amick, Lund, Lee, & Hoff, 2011). This may be due to the perception that, in comparison to quantitative research, qualitative research is seen as less rigorous, less scientific, and as a supplementary methodology (Feder-Bubis, 2016). All three authors of this paper experienced some form of resistance (often in the form of questioning) from public health researchers for conducting qualitative research. This resistance stems from the positivist ideals perpetuated within the fields of public health. Despite these ideals, there has been discussion calling for the integration of qualitative methodologies within the field of public health. For example, Baum (1995) called for a range of methods, both qualitative and quantitative, to be used in public health as a means of capturing the entire scope of a health outcome. More recently, a letter to the editor of the British Medical Journal called for the integration and appreciation of qualitative methods within their journal (Feder-Bubis, 2016).

While interviewing research can add substantial knowledge to the body of public health literature, our experience indicates that most public health graduate students receive minimal, if any, training in qualitative research methodology. Conducting interview studies as a novice researcher can be a daunting task, even with formalized training. Roulston et al. (2003) conducted a case study of doctoral students in a course on interviewing for qualitative research, in which students described typical challenges they experienced while conducting interviews as novices. Several common challenges emerged including unexpected participant behaviors (e.g., interviewing in a noisy room), the unforeseen impact of interviewers’ existing attitudes and assumptions on the participants’ experiences (e.g., influencing how questions were asked),
flow of the interview (e.g., keeping the focus on the interview topic at hand), and handling sensitive issues during the interview (e.g., participant or researcher experiencing strong emotions). One of the most effective ways of learning a new skill is to practice that skill, but also to learn from the experiences of others. Thus, the main purpose of this paper is to inform novice researchers of potential challenges they may face during interviews with vulnerable populations, based on our personal experiences, and to describe methods we discovered to navigate those challenges.

**Developing Qualitative Data Collection Guides**

For the purposes of this paper, “qualitative data collection guides” refers to both the interview and focus group interview guides used to generate the data. In our respective studies, we used semi-structured interview guides to facilitate the interviews. Interview guides exist on a spectrum. Some guides consist of a list of topics with suggested questions which may or may not be asked in sequence; whereas, other guides may contain an inherent order with specific questions (Kvale & Brinkmann, 2009). Using a semi-structured guide for conducting interviews or focus groups interviews can provide a means for researchers to systematically explore different participants’ experiences while also allowing for conversations unique to their experiences (Roulston, 2010).

Kvale and Brinkmann (2009) propose six quality criteria that can be useful in planning semi-structured interviews: (1) the degree to which the interviewee provides rich descriptive answers relevant to the questions asked by the interviewer; (2) the balancing of shorter interviewer questions with longer interviewee answers; (3) the degree to which interviewers use probes to clarify experiences and meanings within the answers provided; (4) the interpretation of the interview throughout the interviewing process; (5) the interviewer member checking interpretations within the interview; and (6) the degree to which the interview can serve as a complete story that is not lacking for detail or in need of further explanation. Keeping these perspectives in mind, the researchers used various approaches to create the data collection guides in their studies. The section below details how each researcher crafted their data collection guide.

**How to Create a Data Collection Guide**

Data collection guides can be created using a variety of techniques. One technique is to craft the data collection guide using the research questions and the theoretical underpinnings of the research study. For example, in the study conducted by Daley-Moore (2015), the researcher created the data collection guide using feminist theory and the specific aims of the study. Colleagues provided feedback about the phrasing of the questions; and, to ensure the questions were tailored appropriately to the study population, Daley-Moore pilot tested the questions with three college women, who represented the target audience. Daley-Moore transcribed these interviews verbatim and analyzed to see if the questions adequately elicited responses in line with the specific aims of the study.

When developing a data collection guide, researchers could build their questions from a prior data source. For example, Wood (formerly McNicholas) used the results gleaned from her survey items—both quantitative and open-ended questions—to develop the qualitative research guide (McNicholas, Orpinas, & Raczynski, 2017). Wood identified survey themes in three ways: (1) review of the literature, (2) professional experience, and (3) content of the data. Wood coded the survey results using in vivo coding methods, which refers to a coding process whereby the code is derived from a term or phrase spoken by the participants (Saldaña, 2016). This method of coding is excellent for studies seeking to privilege participants’ voices and for novice qualitative researchers (Saldaña, 2016). For reliability purposes, three experienced
qualitative researchers checked the codes Wood generated from her survey. Once the analysis of the survey was complete, Wood developed the ten open-ended questions present in her data collection guide. To ensure the questions were appropriate for the audience, Wood piloted the interview guide on one man and one woman in their early 20s. Wood transcribed these interviews, and two qualitative researchers reviewed the transcriptions to determine how the questions were eliciting responses. Based on this feedback, Wood developed the final interview guide.

When creating data collection guides for focus group interviews involving children, researchers must make specific considerations. For example, in Powell’s study, flexibility within the study was allowed to provide opportunities for the children to lead the conversation (Powell & Gross, 2018). This specific tactic aided in minimizing the power dynamic, which exists when children participate in research. To create this flexibility, Powell only included five questions on the data collection guide. She also structured her focus group interviews to be around 40 minutes to accommodate the children’s attention spans. The questions for the guide were developed from responses to the implemented intervention.

**Location of Interview**

The location in which interviews and focus group interviews take place can be impactful on the interview experience. With some groups (e.g., trauma survivors), allowing them to choose the location of their interview can further balance the power in the relationship. For example, when children are being interviewed, researchers must create a setting where children feel natural, safe, and are encouraged to share their viewpoints (Balmer et al., 1997). In order to choose an appropriate location, Barbour (2008) suggested that researchers assess the venue prior to conducting the interview or focus group interview. For example, Wood conducted interviews in a building that was wheelchair accessible and on the first floor, so no stairs or elevator were necessary. She also made sure to avoid the use of scented products on herself or for cleaning the interview space as several participants reported chemical sensitivities. Powell chose a room at the local university for practical reasons: convenient access to the building, free parking, on the bus line, and a location commonly known by the participants. Daley-Moore’s study gave participants the opportunity to choose where they wanted to participate in the interview in order for them to feel as much control over the interview process as possible.

**Recording the Interview**

Location is an important component of interview research, not only because of the comfort level of participants, but also to ensure a suitable atmosphere for recording. Utilizing recordings allows the researcher to solely concentrate on the interview or focus group interview, and not be burdened with also taking notes. It allows the researcher to be present and not be distracted with documentation and “strengthens the descriptive validity as the recording will indicate the tone of voice, possible pauses in statements and so forth that may be omitted from the transcript” (Fizpatrick, 2019). Audio and video recording are the two most common methods of recording for interview research. Wood and Daley-Moore both used audio recording in their interviews. Each used multiple devices (e.g., Audacity, digital recorder, and iPhone app) and placed them strategically around the participant. Using multiple devices was especially useful when interviewing in a coffee shop or with participants whose disability involved a speech disorder, because if one recorder yielded a questionable result, they were able to verify what was said with the other devices.
In Powell’s study, in addition to an audio recorder, video recording was used to document all interactions during the workshop and focus group interviews. The video recorder was placed in the corner of the room and the recordings were used for three main purposes: (1) to capture clips for the video-cued, multi-vocal elicitation methods used in the focus group interviews; (2) to cross-check the transcripts; and (3) to allow Powell to view the recording after the interview and take observational notes. Video recordings were especially important for the focus group interviews with children because younger children often sound similar in their pitch of voice. For example, a girl’s voice and boy’s voice can be indistinguishable on a recording, so it can be challenging to identify the correct speaker when transcribing.

Rapport Building

Given the sensitivity of the topics being studied and the vulnerability of the populations being researched, rapport-building was a necessary component of all the studies. Sometimes this building of rapport and bonding can be interpreted as coercive. Participants may feel pressure to share their experiences, yet have no further involvement with the analysis or representation of their data, which can lead to feelings of betrayal (Kirsch, 1999; Kvale & Brinkmann, 2009). These feelings of betrayal and coercion may indicate the participant feels an imbalance of power in the relationship. While power imbalance between the researcher and participant is common, this imbalance can be minimized so that participants feel a sense of control and agency in the research process.

All three researchers minimized power dynamics within the interview setting by building rapport with the participants. However, each researcher used specific methods to build rapport. For example, Wood built rapport with her participants by ensuring she was familiar with each participant’s disability. This knowledge allowed researcher and participant to use the common language of that participant’s disability. Daley-Moore built rapport during the interview by creating a space where experiences were shared. She began each interview by self-disclosing her subjectivities and why she was exploring this research. Self-disclosure can function as a way of fostering meaningful conversations between participants and researchers as self-disclosure changes the researcher’s role in the interview process. Self-disclosure causes the researcher to become more vulnerable, and it provides opportunity for participants to provide feedback on the researcher’s experiences (Reinharz, 1992). In her study, Powell built rapport with her participants during her intervention, and built upon that rapport during the focus group interviews. With children, the researcher must create a setting where children feel natural, safe and are encouraged to share their viewpoints (Balmer et al., 1997). Placing the children in a natural setting with which they are familiar (e.g., a play room) helps to reduce the power imbalance between the researcher and children (Fine & Sandstrom, 1988). The children’s comfort levels were important when designing the setting of the focus group interviews because, ultimately, Powell wanted to ensure the children participating had the confidence to share their opinions, even if their opinions opposed the thoughts of other group members.

Elicitation Devices

Using visual methods in research has origins in anthropology, ethnography, and sociology (Harper, 2002, 2004, 2005; Pink, 2003, 2004). Visual methods, such as elicitation tools, can be useful because of their flexibility and ability to provoke conversation and reflection in an interview or focus group interview setting. Elicitation devices can manifest as videos, art, timelines, or relational maps to either supplement the interview guide or create questions (Copeland & Agosto, 2012).
Elicitation devices can be used to foster and center conversations about the participant’s experiences and identify how participants make meaning of their experiences (Merriam & Tisdell, 2016). Because of the sensitivity of the study topic, Daley-Moore used a timeline as an elicitation device. To prompt conversations about the momentous experiences on the participant’s timeline, Daley-Moore referred to the recommendations provided by deMarrais (2004), in which the importance of asking “participants to recall specific events or experiences in detail [to] encourage fuller narratives” (p. 62) was emphasized. At the beginning of each interview, Daley-Moore asked interviewees to construct a timeline, on which participants plotted key moments in their sexual experiences. Some of these key moments were the time they first learned about sex, when they first had sex, and several subsequent sexual partners. Although the researcher asked participants to plot certain experiences, participants had the power to decide which partners to discuss and, ultimately, what stories they wanted to divulge.

In order to promote participation and reflection within an interactive focus group, “video-cued multi-vocal ethnography” methods were used in Powell’s study. These methods were adopted and adapted from *Preschool in Three Cultures* project and book (Tobin, Hsueh, & Mayumi, 2011). Three clips from the intervention workshop were shown to the focus group interview participants as opportunities to further discuss topics covered in the workshop in a reflective manner. The three 30-second clips that were shown were selected based on observational notes made after watching the video recording of the intervention workshop. The clips that seemed to get the most feedback from the participants or provided an opportunity for reflection and discussion were used as conversational prompts. These conversational prompts were especially critical for the focus group interview with the children since the children did not participate in the pre and post-tests after the intervention workshop.

**Bringing the Interview to a Close**

Interviewing can be emotionally taxing for both interviewer and interviewee. For this reason, all three researchers gave participants a few minutes to “come out” of their deep emergence in their story. This is especially important when the interview is about a sensitive topic, such as victimization (Corbin & Morse, 2003). deMarrais (2004) suggests at the end of the interview, the conversation shifts toward more light-hearted, benign topics for a few minutes.

To help conclude the interview, Wood chose to talk with participants about events happening on campus, or fun plans they mentioned during the interview. Each participant was then asked if there was anything they would like to add. Most participants were grateful for the chance to tell their story, and some said they felt inspired to advocate for people with disabilities.

To conclude the interview, Daley-Moore asked participants to provide topics they would want to have included in a future intervention course. This questioning was also in line with a feminist approach to interviewing as it gave participants an active role in the design of the intervention course for their fellow students. Each of the topics suggested by the women were included in the course.

Children are creative beings transforming through developmental stages. Depending on what developmental stage they are in, the children’s needs can differ. In order to be flexible, the focus group interview discussions in Powell’s study were led by the children, regarding pace and how the children chose to answer the questions. The conversation, flow, and length of the focus group interviews were left to be fluid so that the children could express themselves. At the end of the focus group interviews, the participants were given an opportunity to share any thoughts or reflections they had that they were not able to share during the focus group.
interview before closing, even if it was not necessarily on target with the focus group interview discussion.

Quality Rigor

This paper uses the term quality rigor; however, we acknowledge that there are other terms used throughout qualitative inquiry. For example, qualitative researchers have established the methods such as credibility, transferability, consistency, confirmability, authenticity, explicitness, and dependability (Lincoln & Guba, 1985; Whitemore, Chase, & Mandle, 2001). Other methods including member checking, auditing, and triangulation can be used by qualitative researchers to instill rigor within a study (Fizpatrick, 2019).

Conducting member checking within the interviews can be an alternative to conducting member checks following the interviews. Because of the sensitivity of the topic and institutional review board regulations, Daley-Moore was not able to conduct member checking with participants following the interview. Rather, the researcher would transcribe an interview and take notes about how she was theorizing the experience. Daley-Moore would then incorporate those theorizations into the subsequent interview to get another participant’s perspective about the theorizations.

Peer auditing or debriefing is another way qualitative researchers can facilitate dependability and confirmability (Leech & Onwuegbuzie, 2008; Seale, 1999). Auditing requires the researcher to document all decisions made throughout the research process (Merriam & Tisdell, 2016). Daley-Moore used a private online research blog and a physical journal to document all of her reactions during the interviews process and all of her decisions made during the interviews and analyses. She journaled before and after each interview and during the transcribing and coding processes. Daley-Moore then gave a peer colleague access to the research journal, transcriptions, and interview notes, and this peer colleague worked to corroborate (or question) the reliability and determine the plausibility of the decisions made by Daley-Moore during the research process.

Participant review is another method of not only checking quality assurance but also an opportunity to involve the participants. During and after the interview, Wood invited participants to explore the accuracy of her interpretations of their stories by viewing the interview transcript. Participant review may be particularly useful if a participant has a speech disorder making it difficult to understand on the recorder, so having their input about whether the transcript is accurate adds another layer of reliability to the data. This collaboration can ensure reciprocity between the researcher and participant, each having some input on the generation of data. Another source of rigor for this study and Powell’s study was triangulating multiple data sources, a particular advantage of mixed methods research (Greene, 2006). Triangulation of the quantitative and qualitative data from this study was conducted to integrate the findings and gain more insight into the issue of peer victimization among students with disabilities and media literacy with children and parents.

Ethical Considerations

Researchers may conduct qualitative research when they want to empower individuals to share their stories, amplify voices that have not been heard, and minimize the power relationships that naturally exist between a researcher and the participants in a study (Creswell, 2007). In qualitative research, the interviewer and focus group interview moderator are considered part of the data instrument along with the questions asked. How the interviewers and moderators make decisions about collecting data can often lead to potential ethical dilemmas manifesting within the encounter with participants. For example, rapport-building
can be a great tactic for interviewing populations, such as women, children, and people with disabilities; however, it can lead to various ethical dilemmas. Rapport building can lead to the building of relationships, which can blur the boundaries within the interviewer/interviewee relationship (DeVault, 1999). In order to mitigate the ethical issues arising from rapport-building, researchers could be transparent about the research process and clearly communicate researcher/participant roles, interactions, and expectations (Kirsch, 1999). All three researchers were transparent about their roles. For example, in Wood’s study, Wood purposely emphasized her role as a student and a researcher to aid in reducing the power dynamic and increasing rapport. Another way to counteract power and build rapport would be to build a sense of community. Focus group interviews empower the participants to share their opinions and thoughts (Skelton, Irby, Guzman, & Beech, 2012). This empowerment and community feeling that focus group interview participants experience often encourages them to openly share their opinions and experiences with people that are similar to them. Through multiple interactions, Powell’s study worked to build this sense of community to specifically reduce the power dynamic since children are considered a fundamental part of the family system (Gibson, 2012). No matter what developmental stage, it is crucial to treat children with respect and consciously minimize the power imbalance as much as possible.

### Discussion

Qualitative interviews have great potential in the area of public health. For example, in-depth interviews could be useful when public health practitioners need to conduct exploratory research to generate hypotheses (Carter et al., 2009; Weiss, 1994). It also could allow for a more in-depth exploration of people’s experiences. Sometimes it is necessary to interview people about their experiences when we cannot observe their behaviors or perceptions and when we cannot ask participants to replicate an experience (Merriam & Tisdell, 2016). Much of what is researched in public health addresses behaviors, perceptions and experiences. Interviewing can be a way for people to explain the depth and complexities of their experiences; particularly those related to changing or adopting health behaviors (e.g., adopting a regular exercise routine).

Qualitative research has the potential to reach populations that might be challenging to reach. For example, quantitative surveys can be challenging or impossible to complete for people with a lower reading and health literacy levels (George, Kruger, & Tennant, 2012). Furthermore, interview studies are particularly helpful when trying to understand complex behaviors, sensitive topics, and the perceptions of vulnerable populations (Issacs, 2014). At times, in-depth qualitative interviews and other qualitative methods are the only way to approach researching certain sensitive topics (Padgett, 2016). When interviewing about a sensitive topic, a skilled interviewer is bound to elicit emotion from interviewees. An advantage of the interview format is that the interviewer can help quell those strong emotions and bring interviewees back to a state of calmness (Padgett, 2016).

Qualitative methods can provide useful evaluation data. Interviews and other forms of qualitative methodology can be an effective means of approaching formative evaluation as these methods have the capability to delve deeper into participant experiences and their perceptions about the program implementation (Padgett, 2016). At times, individual interviews might be the only method a researcher can use during formative evaluation, as this method allows for better preservation of confidentiality when compared to focus group interviews (Parvanta, Nelson, & Harner, 2018).
Limitations of Interviewing

No research methodology is appropriate for all studies at all times. Qualitative research can be useful when trying to understand complex behaviors and perceptions (Issacs, 2014). Researchers should reflect on critical aspects of the topic and research should be examined when considering using qualitative research. At times, novice researchers may select the methodology before selecting the purpose. However, for success and strong research design, it is important that the purpose of the study dictate the methodology. As mentioned earlier in this article, interviewing is beneficial if the purpose of the study is to investigate emerging topics, as it allows researchers to modify questions based on the answers from participants (deMarrais, 2004), yet may not always be the most appropriate methodology.

While there are many benefits of qualitative research, including interviewing, there are practical considerations of which novice researchers should be aware. While increased self-awareness and validation for participants can be beneficial by-products of interviewing, studying vulnerable populations requires the consideration of researcher-participant power dynamics (Hutchinson, 2001). The one-on-one interaction that exists in a traditional interview could multiply a pre-existing power dynamic between researcher and participant, especially when taking into account the context of how the interview could be perceived by the participant. For example, an individual interview may not be appropriate to conduct with children because children’s context for one-on-one interactions with adults is usually not positive (i.e., being disciplined, visiting the school nurse). In this case, focus group interviews or other qualitative methods such as observations may be more appropriate. The researcher has a responsibility to examine and ensure that the methodology selected is not inadvertently increasing the negative power dynamics that exist.

Another consideration is the time-intensive nature of interviewing (George et al., 2012), especially in comparison to quantitative data collection. If data collection is planned within a specific time frame (e.g., school holidays, national meetings, etc.), interviews may not be the most appropriate methodology due to the time constraints. To ensure validity of the collected data, interviews should be conducted until saturation is reached. Saturation is achieved when no new information is collected (Guest, Bunce, & Johnson, 2006) and there is enough information to replicate the study (O’Reilly & Parker, 2012; Walker, 2012). However, the length of time it takes to reach saturation is varied since there is no universal design and timeframe for reaching saturation (Fusch & Ness, 2015). Once the interviews are complete, the time for transcription, analysis, and interpretation of the results, must also be considered.

Conclusions

Qualitative interviewing has a critical role in the study of public health problems, interventions, and evaluation. Although there are limitations to this methodology, we believe interviewing can propel the field forward via the discovery of new and emerging ideas. Interviewing can be professionally and personally rewarding and is worthy of greater consideration in the field of public health.
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References


with data saturation and variability. *Field Methods, 18*(1), 59-82.

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