BC Healthy Connections Project

The Field Interviewer Role

Lessons from the BC Healthy Connections Project

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We celebrate the Indigenous Peoples on whose traditional territories we are all privileged to live and work.

Citing This Manual

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Glossary and Abbreviations

BC	British Columbia
BCHCP	British Columbia Healthy Connections Project
CHPC	Children's Health Policy Centre
NFP	Nurse-Family Partnership
OP	Operating Procedures
RCT	Randomized Controlled Trial
SFI	Scientific Field Interviewer
SFU	Simon Fraser University

Preamble

The British Columbia Healthy Connections Project

The BC Healthy Connections Project (BCHCP) is a randomized controlled trial (RCT) examining the effectiveness of the Nurse-Family Partnership (NFP) program. NFP involves nurses visiting young, disadvantaged mothers in their homes, providing intensive supports starting early in the first pregnancy and continuing until children reach their second birthday.[1] The aim of the BCHCP is to evaluate NFP's effectiveness compared with BC's existing health and social services in improving child and maternal outcomes. The project is led by a research team based at the Children's Health Policy Centre (CHPC) in the Faculty of Health Sciences at Simon Fraser University (SFU) in Vancouver, British Columbia (BC) — with collaborators at McMaster University, the University of British Columbia, the University of Victoria and the Public Health Agency of Canada. The first Canadian evaluation of NFP's effectiveness, this RCT is running from 2011 to 2022 with 739 mothers and 731 children enrolled. This trial is embedded within BC's public health and child health systems, involving close collaborations with the BC Ministries of Health, Children and Family Development and Mental Health and Addictions, and with four regional BC Health Authorities — Fraser, Interior, Island and Vancouver Coastal Health. The BCHCP also involves two adjunctive studies: a nursing process evaluation and an evaluation of NFP's impact on biological markers of maternal and child stress in a sub-sample of RCT families.[2,3] The trial was registered on August 24, 2012 with ClinicalTrials.gov (Identifier: NCT01672060) prior to study enrolment commencing; the trial also has research ethics approvals from 10 participating agencies and universities. For a full description of the trial, methods and procedures, see the published RCT study protocol.[4]

Scope of BCHCP RCT Data Collection

Eligible and consenting participants living in the four participating Health Authorities were recruited in early pregnancy (i.e., prior to 28 weeks gestation), between October 2013 and December 2016. Participants completed the baseline interview and were then randomly assigned to the intervention group (NFP plus existing services) or the comparison group (existing services only). Research interviews were conducted until late 2019 and involved multiple methods and sources including:

- maternal self-report questionnaires administered in the home or by telephone
- child and maternal observational and cognitive tests in the home

Administrative public health data collection is ongoing until late 2020 to inform findings on the RCT's primary outcome indicator — childhood injuries.

BCHCP Primary Outcome Indicator

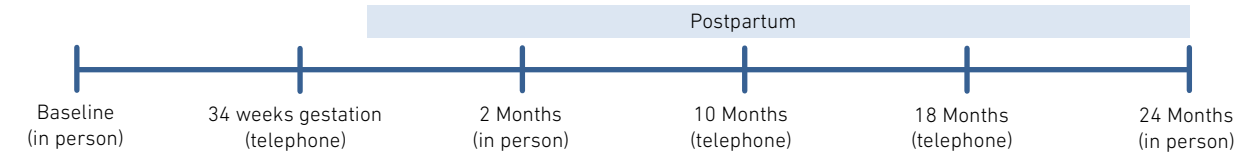
- Childhood injuries by age two years

BCHCP Secondary Outcome Indicators

- Prenatal substance use
- Child mental health at age two years
- Cognitive and language development at age two years
- Maternal subsequent pregnancies at 24-months postpartum

The SFU Study Team (or Study Team) includes Scientific Team members (Nominated Principal Investigator, BCHCP Scientific Director), onsite Study Team members and Scientific Field Interviewers (SFIs). The onsite Study Team continues to collect administrative and participant-tracking data, while SFIs have collected all interview data. (NFP home visits were separate and were the responsibility of the Health Authorities.) SFIs were located in the four Health Authorities and were masked to treatment group allocation. NFP nurses and participants were not masked. Participants were invited to participate in six interviews during pregnancy and postpartum (see Table 1 below):

Table 1. BC Healthy Connections Project Timeline



Between 2013–2019, the SFU Study Team tracked 739 participants to schedule in-person and telephone data collection interviews. Almost 4,000 interviews were completed across wide geographical areas and with participants who were experiencing extremes of socioeconomic disadvantage. For example, the data collected during the baseline interview confirm that we reached a cohort experiencing low income (84% reporting less than $20,000/annum), as well as associated adversities including: unstable housing (52%), intimate partner violence (50%) and severe anxiety or depression (47%), with many (70%) experiencing cumulative disadvantage (i.e., four or more indicators of adversity).[5]

1. Communication with Participants

1.1 Introduction

As an SFI you are a highly skilled and valued member of our scientific team. This role can be both challenging and rewarding. It is crucial for you to be familiar with all aspects of the questionnaire in order to conduct interviews in a neutral and non-directive manner, while also establishing a trusting and friendly rapport with the participant. It can be challenging to maintain a balance between these two, sometimes competing, goals.

The following sections will help you understand your role and guide you in your communication and interactions with participants.

1.2 Discussing the Study With Participants

As an SFI, you are the primary connection between study participants and the Study Team/the study itself. You are the first person to discuss the study with participants in extensive detail and, for many participants, may be the only source of study information during their participation. As a result, you are responsible for having a thorough understanding of all parts of the study so that you can communicate study details clearly to participants. The primary message in communicating to participants is always that their contribution is important. Another message is that study participation may be a positive experience. Thoughtful, clear messaging is key to retention and retention is one of the most important aspects of your role. (See insets for example questions and answers.)

Participant: "Why should I take part in this study?"

SFI: "Learning more about your experience as a new parent will help us understand how services can be improved for future mothers and children."

In addition, you must be ready to address questions and concerns about the questionnaire content. For example, participants may want to know why they are being asked personal questions. You do not need to worry about being too detailed in response — instead, focus on why the data are being collected and why the study is important. You can remind participants that these questions are related to the outcome variables (maternal health, etc.) and that their answers will help us better understand the needs and concerns of new mothers and their children in BC and Canada.

Participant: "Why do you need to ask about my childhood experiences?"

SFI: "These things can be hard to share and it's important for us to understand how common such experiences are. This way, we can help prevent these things from happening in the future. Of course you do not need to answer anything you are uncomfortable with, but everything you do share is kept strictly confidential."

1.2.1 Tips for Messaging the Study to Participants

Please familiarize yourself with the following strategies for discussing study participation with potential participants:

- Describe why we want them involved in the study and why they may want to be involved. Intrinsic motivation (e.g., good will) is more effective than any extrinsic motivator (e.g., honoraria).
- Emphasize how study information will be used to help future young women and their babies.
- Over time, participants may forget why the study is important and begin to see it as an inconvenience. Thus, it is essential to remind them of the value of their participation throughout the study.
- When discussing the benefits of the study, avoid mentioning group assignment and highlight the contribution of *all* participants through the study interviews.
- When discussing extrinsic motivators (e.g., honoraria), acknowledge the value of participants' time, their much appreciated contribution, and how they are being compensated for that commitment.
- Do not provide specific details about the BCHCP trial outcome indicators:
    - For example, explaining that our primary outcome is childhood injuries could convey that we are "investigating" our participants.
    - Use more general terms to describe the categories of outcome indicators, e.g., "maternal health," "child health and development," and how to improve delivery of social services.

Participant: "Why should I take part in the study if I don't get in the nurse group?"

SFI: "Your participation is valuable regardless of which group you're in. We need to be able to see whether there are differences between the groups at the end of the study. That means both groups contribute to a successful study. Also, just learning about your experience helps us understand how services in BC can be improved."

1.3 Impartiality

Part of collecting data in a standardized way means the interviewer remains as objective as possible. That includes not conveying judgments to participants. To do so, you must remain impartial.

1.3.1 Asking Questions and Accepting Answers Neutrally

You may not realize the ways in which you can imply judgment. Some examples include: the verbal tone of a question, a probe or rephrasing of a question, a verbal emphasis, or with body language. This, in turn, can discourage participants from being honest in their answers. You must, therefore, be careful to present questions and accept answers impartially. This means, you are careful not to demonstrate any reaction, such as changes in facial expressions or verbal inflection, which may be interpreted as approval or disapproval. Such judgments can influence how participants respond in the future as they may wish to minimize negative, or elicit positive, responses from you. Table 2 provides examples of neutral options for responding to participants. Resist making value judgments on participant answers even if asked by the participant to do so. Table 3 shows some example scripts for how to redirect judgmental questions and comments.

Table 2. Valued Versus Neutral Responses to Participant Comments

Valued Reponses to Participant Comments
"Really!?"
"That's awful, I can't believe that happened!"
"Wow, that's amazing!"
Neutral Responses to Participant Comments
"Okay, thank you for sharing that with me."
"That must have been difficult. Thank you for sharing."
"Okay."

Table 3. Example Scripts for Redirecting Judgmental Comments

Example Script I	
Participant	"Did I answer that correctly?"
SFI	"It doesn't matter as long as you tried your best."

Example Script II	
Participant	"You must think I'm ___ [weird, stupid, a bad person]___ to answer that way."
SFI	"I've heard many different responses to that question. As long as you have answered in a way that best reflects you, I am happy."

1.3.2 Keeping a Neutral Attitude Toward Opinions and Beliefs

It is important not to overtly disagree on opinions or beliefs expressed by participants. However, it is equally important not to agree with opinions expressed. It may feel natural to agree with a participant, particularly if they are seeking approval for their beliefs/behaviours, but it is your responsibility to impartially observe the participants' lifestyle, not to influence it.

As well, if a participant perceives that you may be judging their beliefs/behaviours, you may inadvertently cause social desirability bias, which is the tendancy to provide answers that the interviewer will approve of. For example, a participant could tell you during the baseline interview that they "would never smoke during pregnancy." If you agree or imply that you share this belief, the participant may be less likely to report during the subsequent interviews that they re-started smoking during pregnancy.

1.3.3 Maintaining Boundaries ("Be Friendly but Not Friends")

Establishing rapport and a sense of familiarity with participants will encourage them to be open in their responses during interviews. However, becoming too friendly may result in them caring that your opinion of them might change and again result in social desirability bias.

1.3.4 The Challenges of Impartiality

Maintaining impartiality can be challenging with the BCHCP population as you may encounter situations or information that is upsetting. Remaining neutral requires you to suppress these reactions to a certain degree, which is uncomfortable and, if left uncommunicated with the Study Team, can be unhealthy over longer periods. Therefore, you are encouraged to seek study support when this happens (see Appendix 1 for BCHCP Staff Support Resources). The BCHCP manual, *Interview Preparation and Risk Mitigation* (available through the Children's Health Policy Centre, see childhealthpolicy.ca) includes more details on SFI support.

Adequate preparation is critical to alleviating some of this personal distress. Piloting interview scenarios is part of the SFI training plan, but additional role-plays addressing emotionally challenging material is always available upon request. For example, it is common for SFIs to role-play their responses to finding out a participant has lost custody of their child or discloses intimate partner violence.

2. Troubleshooting

2.1 Limiting Participant Burden

Part of your responsibility is to ensure that participants are not burdened by the time commitment required to complete an interview. While the questionnaire length is fixed, you can speed up or slow things down. For example, being prepared, well organized, and well rehearsed will mean administration is much faster. Further, a skilled interviewer will balance rapport-building discussion with efficient questionnaire administration.

Participants can prolong their answers and the interview by adding examples or stories. Sometimes, these stories help build a relationship and establish rapport between you and the participant. They may be interesting to participants and help alleviate some of the tedium of an otherwise long interview. If time is critical, however, you should use techniques to speed up the interview so as not to lose valuable answers near the end.

Beyond the length of time taken, the interview content can be burdensome to the participant, e.g., recalling and estimating details about past employment. Most of the time, it is easy to turn the participant's attention back to the questionnaire. Graciously accept the stories, have appropriate and genuine emotional responses, but also focus on continuing the administration. If the participant is continuously providing additional stories, you can increase the speed of interview questioning, or remind them of the remaining questions. See the box for example scripts to help keep the interview on track.

Responses to Encourage Efficiency

- "That's a great story. Now, let's continue."
- "Thank you for sharing that with me. The next question is..."
- "I would love to hear more about that story. Let's finish these questions, and you can tell me more about it after the interview is over."
- "That's funny, let's try to do these questions quickly so we can chat when we are done."
- "Okay, the next question is..."

2.2 Overcoming Objections During Interviews

2.2.1 Overview

You are responsible for encouraging participants to be as involved as possible in the study. Although participants are free to refuse or to stop the interviews at any point, it is up to you to get a sense of why they might want to do this and to encourage them to continue when appropriate. Most participants are friendly and willing to cooperate, but some may have concerns and may need more information. Modest encouragement may be all it takes to solidify someone's involvement. Different reasons need to be countered with a different response. It is important to listen to the participant's comments and tailor responses to their concerns or need for information.

2.2.2 Reluctance to Take Part

Here are some actions you can take if the participant shows reluctance:

- Be positive and optimistic. Assume most people will participate with a little encouragement.
- Be friendly and confident but not overbearing.
- Remind them of the positive impact the study may have for future mothers and children.
- Listen carefully to comments and try to determine the basis for any objections. For example, a participant may say that they are too busy to be involved in the interviews. Remind the participant of the actual time commitment and that the interviews are flexible and based on their schedule.
- Acknowledge concerns and offer additional information, e.g., "It can feel uncomfortable talking about personal experiences. Remember you don't have to answer anything you don't want to."
- Sometimes simply asking, "Is there something about the study that is bothering you that I could explain better?" can help open a constructive dialogue.

2.2.3 Participant Finds Interview Boring or Tedious

Here are some actions you can take if the participant shows signs of boredom:

- Be upbeat and cheerful.
- Remind the participant how happy you are that she is involved, how excited you are to hear about her experiences, and how beneficial this information is for other young mothers in BC.
- Comment on how much of the interview has already been completed.
- Remind the participant that not all the interviews are the same length.
- Break up the interview with some small talk (be mindful not to lengthen the interview too much).
- Allow participant to take a break if needed.
- Acknowledge and address her concerns. For example, "I know these questions are very detailed here. Thank you for your patience. Just a couple more items and then we'll move on."
- Remind them of the importance of good quality data collection. Those who are aware of the importance of the information are more likely to give sincere and well-thought-out answers.

2.2.4 Participant Wants to End the Interview Early

Here are some actions you can take if the participant wants to end the interview early:

- Try to encourage the participant to finish the interview.
- Let them know it is important for the quality of the data that questions be completed in one sitting.
- Remind the participant of how much time is left, e.g., "We are more than half-way done" or "Just a few sections left; if you can bear with me for another 15 minutes or so, we will be finished."
- Ask them to complete just a few more sections until you reach a good spot to end the interview. Once you start again, she may see that the interview is going faster and will not insist on stopping.

2.2.5 Outcome of Participant Objections

If you are unable to overcome a participant's objections and they insist on ending the interview, accept courteously and thank them for their time. Do not pressure or otherwise alienate the participant. Whatever the circumstances, you must always be professional, courteous, and friendly. Your goal is to leave the door open for future contact to re-engage her for subsequent interviews.

Record any objections, including relevant facts or impressions, as field notes. Specify the result of the objection (interview was completed, interview was not completed, participant wants to withdraw from the study, etc.). If these types of objections occur regularly, address the situation with the Research Coordinator to help review and improve your strategies.

If the participant wants to withdraw from the study, please follow the standard withdrawal procedures that are outlined in the written informed consent. In brief, you will let the participant know they need to call the study toll-free line and provide her with the number.

2.3. Emotional Responses During Interviews

Various items in the questionnaire might bring up personal memories and some participants may become emotionally upset during the interview (and not only during the Sensitive Measures). The intensity of emotions can be surprising for some interviewers.

If this occurs, please follow these steps:

Step 1 Acknowledge that talking about these things may produce emotional distress.

Step 2 Reinforce that this reaction is completely normal.

Step 3 Offer the participant a break and, if needed, reschedule the remainder of the interview.

Step 4 Bring awareness to your own reaction and take a break or reschedule if needed.

Step 5 Remind participant of the Support Resources (Appendix 2).

Step 6 If the participant wants to continue the interview, ensure they feel ready to do so before starting again. Express your gratitude for her participation especially knowing how challenging it is for her.

If, after an interview, you feel any emotional distress, email the Research Coordinator to either express your feelings in writing or set up a meeting to receive in-person support. If this emotional distress is more urgent and you would like to speak with someone immediately, you are encouraged to call the Research Coordinator or other senior Study Team members, using emergency contact information as necessary. (See Appendix 1 for BCHCP Staff Support Resources.)

If you believe that this emotional reaction may have affected the interview data, make note of this in the Post-Interview Observations, describing how or in what way you believe the participant and/or data could have been affected.

2.4. Incomplete Home Interviews

Despite all efforts, you may have to end the interview prior to completing the questionnaire. If this seems likely, prioritize administration of the Sensitive Measures sections (sections done privately by the participant using headphones) before leaving the home. Once you need to go, thank the participant for her time, provide her with the honorarium, and notify her that you will follow up to complete the remaining measures via telephone. Try to book a time to conduct the remaining portions of the interview before ending the initial interview.

Whenever possible, the follow-up interview should be scheduled within two weeks of the initial visit. If this is not possible, contact the Research Coordinator to discuss whether data collection is still worthwhile. Baseline interviews must be completed in full in order for a participant to be randomized to the study. In the Post-Interview Observations, note that the interview was completed in two parts and include comments about differences in the two sessions that may affect data integrity.

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We are grateful to the girls and young women who are participating in the BC Healthy Connections Project for the time and effort they have put into the study and for their willingness to share the details of their lives. We also appreciate the public health nurses who have committed their knowledge, skills and passion to the BCHCP. The contributions of the SFU Study Team, BC Health Authorities and BC government staff, and the Children's Health Policy Centre team have all been essential. The BC Ministry of Health funds the BCHCP RCT with support from the BC Ministry of Children and Family Development and from the Fraser, Interior, Island and Vancouver Coastal Health Authorities. The Canada Research Chairs program, the Djavad Mowafaghian Foundation and the R. and J. Stern Family Foundation have provided generous additional supports. We thank the BCHCP Scientific Team Committee, including Charlotte Waddell and Harriet MacMillan. In particular, a very special acknowledgement to Charlotte Waddell for her insightful comments on early drafts of this report. We are also indebted to Daphne Gray-Grant and Brigitte Bennetsen for giving their time for editing and proofing. Bigstock was the source for the cover photo.

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Appendix 1:
BCHCP Staff Support Resources

Internal Resources	
Research Coordinator	▪ The Research Coordinator has substantial experience as an SFI and is available to connect and to offer a safe place to talk
Human Resources Trainer	▪ The BCHCP Human Resources Trainer is a certified clinical counselor, available to provide support for field- and work-related experiences
Senior BCHCP Team Members	▪ The BCHCP Research Manager is available to connect people to supports as needed
Senior BCHCP Leadership	▪ Nicole Catherine, BCHCP Scientific Director and Co-Principal Investigator and SFU Mowafaghian University Research Associate, is an experienced trialist who knows the study population well and can provide further supports as needed ▪ Charlotte Waddell, BCHCP Nominated Co-Principal Investigator and SFU University Professor, is responsible for all BCHCP research staff and can also connect with SFIs as needed

External Resources	
BC Crisis Line	▪ Province wide toll-free line: 1-800-784-2433
SFU Health and Counselling Services	▪ Free services available to all SFU faculty, staff and students; office located in BCHCP headquarters building; accept drop-in/walk-in appointments; also available for SFIs who are offsite. Please contact your direct supervisor for more information

Appendix 2:
Participant Support Resources

Support Resources

Emergency Telephone Number 911

In the event of an emergency, this number will connect you with police, fire and ambulance services.

HealthLink BC 811

Registered nurses, pharmacists and dieticians answer any non-emergency health-related questions and provide information and advice. (Pharmacists are available daily from 5 pm to 9 am and dieticians are available weekdays from 9 am to 5 pm.)

Crisis Line 1-800-SUICIDE (7842433)

Trained volunteers provide emotional support, crisis intervention, suicide prevention and community intervention. You can call a crisis line for any reason, including relationship conflicts, family violence, addiction issues, suicide or loneliness.