



Administering questionnaires to older people: Rigid adherence to protocol may deny and disacknowledge emotional expression

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ABSTRACT

This paper draws on data from a larger study conducted in care home facilities in: Seattle, USA; West Sussex and Surrey in the UK; and in the lower North Island in New Zealand. Two extracts from interactions between the researchers and an older person during the administration of the Philadelphia Geriatric Morale Scale in a care home facility in New Zealand were analysed following Houtkoop-Steenstra and using a Conversation Analysis (CA) approach. In the first extract the audio-recorded transcript was examined for events of institutional talk and rephrasing of questionnaire questions. We also examined the transcript for missed cues and the impact of closed questions when administering questionnaires to older people living in care home facilities. We then present an extract where the researcher uses a conversational approach during the administration of the same questionnaire. We conclude that rigid adherence to interview protocols when administering questionnaires to older people who cannot complete these themselves disables the interviewer from interacting and engaging in a meaningful conversation or responding to cues that indicate distress or expressions of grief. The effect of this approach may deny and disacknowledge older persons' emotional experiences and for the older person the interview may not be a therapeutic encounter. Based on our analysis and experiences of conducting this research we support recommendations that a collaborative approach, allowing an interactional exchange between interviewer and respondent, be used when administering questionnaires to older people in care home facilities.

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Introduction/background

Interviewing older people and standardized questionnaires

Questionnaires are frequently used in research undertaken in aged care facilities. They are popular as methods of collecting large amounts of data quickly and efficiently. Standardisation is emphasised in questionnaire data collection as a means of increasing the reliability and validity of the results by controlling and reducing interviewers' contributions to error (Fowler & Mangione, 1990; Schaeffer,

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1991; Schaeffer & Maynard, 2002). Interaction in survey interviews is supposed to be standardised, predictable, and unvaried (Conrad & Scober, 2000; Fowler & Mangione, 1990; Schober & Conrad, 1997; van 't Hof, 2006) and the goal of standardisation is to control and reduce interviewers' contributions to bias and systematic influences of interviewers on respondents (Fowler & Mangione, 1990; Schaeffer & Maynard, 2002; Schober & Conrad, 1997).

Generally during the administration of questionnaires interviewers are expected to maintain the neutrality of the questionnaire by sticking to the rules of standardised interviewing. Strict standardisation protocols require the interviewer to: read the question exactly as worded; if the respondent's answer is incomplete or inadequate then probe for clarification or elaboration in a non-directive way; record the answers without interviewer's discretion; and do not provide any positive or negative feedback regarding the specific content of responder's answers (Houtkoop-Steenstra, 2000:9). It is expected that interviewers remain interpersonally neutral and not give feedback that is evaluative; that conveys approval or disapproval to the response (Schaeffer & Maynard, 1996). When it is necessary to probe an answer, the interviewers must not ask leading questions (Fowler & Mangione, 1990). It is argued however, that although this may be the theory of standardised interviewing, in reality this is often not the case (Conrad & Scober, 2000; Houtkoop-Steenstra, 2000; Houtkoop-Steenstra & Antaki, 1997; Schaeffer & Maynard, 2002; Schober & Conrad, 1997; Suchman & Jordan, 1990; van 't Hof, 2006; Viterna & Maynard, 2002;).

Rephrasing questions and “institutional talk”

Rephrasing of questionnaire questions is the most common intervention, referred to as an ‘interactional device’. These are used by interviewers to generate an adequate or recordable answer if the answer given by the respondent does not follow the question (Houtkoop-Steenstra, 1996). The interviewer may rephrase the question to encourage positive, face-protective responses, particularly in environments that are marked by ‘interactional troubles’ (Houtkoop-Steenstra & Antaki, 1997). Interactional troubles refers to responses that occur when asking supposedly neutral questions from an interview schedule where the aim is to deliver them in a way that worries can be anticipated and reduced and to encourage positive responses, also referred to as ‘institutional talk’ (Houtkoop-Steenstra & Antaki, 1997). Interviewers have been shown to use reformulation and delivery of standard and neutral questions in such a way as to pre-empt or minimise troubles in the interviewees' responses or to encourage positive and optimistic responses, referred to as ‘high-grade assessments’ (Antaki, Houtkoop-Steenstra, & Rapley, 2000; Houtkoop-Steenstra & Antaki, 1997). High-grade assessments e.g. “brilliant,” “terrific,” work differently from markers closing off a question using “neutral” or conventionally “positive” topic-transition tokens like “right,” “ok” or “right/ok then” (Antaki et al., 2000:236). Antaki et al. (2000:236) suggest that high-grade assessment sequences “claim a closure on the previous material as having been, in the circumstances, successfully completed as a section in a segmented whole”.

Closed questions vs conversation

It has also been noted that there is an “unresolved tension between the survey interview as an interactional event and as a neutral measurement instrument” (Suchman & Jordan, 1990: 232). Turning the interview into an instrument disallows interaction between the interviewer and respondent (Conrad & Scober, 2000; Schober & Conrad, 1997; Suchman & Jordan, 1990). However, few researchers have critically examined the use of questionnaires to collect data from older people. Isaksson, Santamäki-Fischer, Nygren, Lundman, and Åström (2007) carried out a small study to explicate the support given to very old people in the process of completing a research questionnaire. Twelve community dwelling people aged 90 years or older in northern Sweden completed a Resilience Scale questionnaire in a supportive face-to-face manner with the researcher. The researchers analysed the transcripts of audio-recorded administration of the questionnaire using content analysis. Their findings support the positions of Suchman and Jordan (1990), Schober and Conrad (1997) and Conrad and Scober (2000) in that the conversational approach to administration of the questionnaires, that is, engaging in an encouraging, explanatory, or pensive dialogue with the participants, did not detract from collecting valid and appropriate data.

Missed cues

A cue is perceived by the way the brain processes auditory, tactile and visual senses then interprets the signals and allows action (Ernst & Bühlhoff, 2004). There are different types of cues which could be verbal or nonverbal, consequently, each individual will respond and act differently to different cues and signals. By missing cues people don't engage with each other. The patient's perspective is often expressed to the provider through emotion cues (Del Piccolo, Goss, & Bergvik, 2006) and verbal or nonverbal cues which suggest an underlying unpleasant emotion would need clarification by a health professional (Del Piccolo, Mazzi, Goss, Rimondini, & Zimmermann, 2012; Zimmermann, Del Piccolo, & Finset, 2007; Zimmermann et al., 2011). Patients seldom express their concerns and emotions directly and spontaneously, but instead give indirect cues that something is worrying them (Del Piccolo et al., 2012; Zimmermann et al., 2007, 2011). Furthermore, closed questions themselves automatically block behaviours by the expectation that when a question is asked a response will be forthcoming, rather than free flow of communication.

In this paper we use a conversational analysis (CA) approach to examine the interactions between interviewers and older people during administration of the Philadelphia Geriatric Morale Scale (PGMS). We address five conversation events: institutional talk; rephrasing of questionnaire questions; missed cues; and the impact of closed questions in blocking rapport between the interviewer and responder and relate this to interactive engagement with older people.

Methods

The parent study, from which this paper is drawn, explored resident outcome measures that could help evaluate how living in care home facilities affects residents' quality of life (QoL).

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