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Overcoming Challenges in Undertaking Research Interviews During the COVID Pandemic

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Abstract

Implementation of Evidence-based Practice (EBP) is essential in ensuring high quality healthcare at minimum cost. Interprofessional collaboration has been identified as an essential element for the successful implementation of EBP. I chose to explore the experiences of advanced nurse and midwife practitioners of interprofessional collaboration when implementing EBP using Interpretative Phenomenological Analysis (IPA), a qualitative research approach which provides detailed examination of personal lived experience. Semi-structured interviews are the most commonly used data collection method in IPA and face-to face interviewing is regarded as the gold standard. I therefore opted to conduct face-to-face interviews with participants from one region in Ireland. Having been granted ethical approval, I began recruitment and undertook one interview. However, the onset of the COVID 19 pandemic resulted in further interviews being suspended and participant recruitment being curtailed. In order to progress my research, I opted to use online interviewing and to extend participant recruitment to two other regions. However, because of the pandemic many ethics committees had temporarily suspended review of applications and I consequently experienced delays in securing the required ethical approval. Despite encountering challenges, I succeeded in interviewing ten participants from a range of practice settings and completed the study. Use of the IPA framework enabled new knowledge and insights about advanced nurse and midwife practitioners' experiences of interprofessional collaboration to be revealed.

Keywords: Evidence-based Practice, Interprofessional Collaboration, Advanced Nursing and Midwifery Practice, Interpretative Phenomenological Analysis, Semi-Structured Interviewing.

It is the long history of humankind (and animal kind, too) that those who learned to collaborate and improvise most effectively have prevailed.

— Charles Darwin

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Introduction

Healthcare organisations globally strive to deliver high quality, safe healthcare at lowest possible cost. To achieve this, healthcare practices must be evidence-based and have proven effectiveness and efficiency.

As healthcare becomes increasingly complex, interprofessional collaboration has been promoted as an effective strategy to improve the quality of patient care and facilitate the implementation of evidence-based practice (EBP). The World Health Organisation (WHO) recognises that the nursing and midwifery professions are central to the attainment of evidence-based healthcare.

My research aims to explore how advanced nurse and midwife practitioners' experience interprofessional collaboration as they endeavour to implement EBP. Interpretative Phenomenological Analysis (IPA) was used to explore this phenomenon. This paper explains the importance of the research topic and describes how challenges were encountered and addressed along the way, allowing for the collection of in-depth accounts of participant experience which facilitated IPA.

Evidence-Based Practice

Well into the 1900s clinicians relied primarily on professional experience, clinical judgement, and expert opinion rather than research evidence to inform decision-making for patient care. In the 1960s clinical epidemiology which is concerned with the causes and effects of disease and relationships between treatments and health outcomes began to emerge as a science. In 1972 Dr Archie Cochrane, a British epidemiologist, published his seminal book *"Effectiveness and Efficiency: Random Reflections on Health Services"*, where he criticised the medical profession for not using evidence in decision-making and advocated for providing healthcare that had proven effectiveness and efficiency. In the United States (US), the early 1990s saw increased emphasis on this scientific approach and the term evidence-based medicine (EBM) was devised. EBM sought to incorporate evidence from well designed and well conducted studies to improve clinical decision-making. The term later evolved to incorporate clinical expertise, patient preferences and values along with best available evidence from systematic research to facilitate decision-making in patient care. As many health professions adopted the principles of EBM the term was changed to evidence-based practice (EBP).

Globally, there has been growing acknowledgement of the benefits of EBP in delivering safer, better healthcare which is tailored to individual patient preferences. However, studies show that many healthcare professionals do not consistently implement EBP and recent evidence suggests that on average it takes fifteen years for research findings to be implemented into practice.

Nurse and Midwife Practitioners

WHO recognises that whilst EBP is the responsibility of every nurse and midwife, level of competency and area of responsibility will determine the specific role each practitioner plays in supporting the use of EBP.

The nurse practitioner is one category of advanced practice nurse educated to a minimum of Masters level who practices as an autonomous clinician. The concept of the nurse practitioner began in the US in 1965 in response to the shortage of primary care physicians in rural Colorado. The nurse practitioner role initially focussed on advanced competencies in diagnosing and prescribing however over time as numbers of practitioners grew, scope of practice expanded, and the role now encompasses the additional domains of autonomy in clinical practice, leadership, collaborative working, education and research. Nurse practitioners now practice in many countries and practice settings across the globe. In many jurisdictions including Ireland where both advanced nurse and midwife practitioner posts were established, there is a specific requirement for these advanced practitioners to collaborate with interprofessional teams to implement EBP.

I was interested therefore to explore the factors affecting the implementation of EBP by nurse and midwife practitioners and thus I undertook a scoping literature review. Findings from this review indicated that collaborative practice issues influenced EBP implementation. Consequently, I felt that I needed to review the literature relating to interprofessional collaboration and its influence on EBP implementation.

Interprofessional Collaboration

I subsequently undertook a narrative literature review to clarify the concept of interprofessional collaboration and to gain an understanding of how interprofessional collaboration influences EBP implementation.

Interprofessional collaboration is said to occur when teams work together to achieve shared goals; participate in shared decision-making; coexist in non-hierarchical relationships; and where power is shared and based on knowledge and expertise. Mutual respect; trust; confidence; a clear sense of professional identity; an understanding of the role of other disciplines; good communication; and emotional intelligence are pre-requisites for effective interprofessional collaboration.

Whilst the need for interprofessional collaboration to implement EBP is widely acknowledged, studies show that it is often not the norm. The lack of shared goals, maintenance of professional hierarchies and boundaries, differing research traditions and communication styles have been repeatedly found to negatively impact EBP implementation. The review highlighted how historical, social, political, and cultural factors contributed to interprofessional conflict and tensions. Varying levels of education; the social class and background from which a professional group is predominantly drawn from; differing research values and ways of communi-

cating; gender; levels of pay; and organisational culture are key determinants in the formation and development of interprofessional relations.

The review conversely demonstrated the capacity of healthcare professionals to share common goals and work together in equal partnerships to successfully plan and implement EBP.

Having reached a fuller and more nuanced understanding of the importance of interprofessional collaboration in EBP implementation, I chose to explore how advanced nurse and midwife practitioners in Ireland experience interprofessional collaboration when implementing EBP.

Choice of Interpretative Phenomenological Analysis as a Research Methodology

IPA is a qualitative research methodology aimed at examining how particular individuals make sense of a major lived experience. The methodology is increasingly used in an array of disciplines in the health and social sciences as a method of understanding and interpreting issues that are emotionally laden and complex. It is regarded as being particularly useful to explore understudied topics.

IPA is underpinned by the principles of phenomenology, hermeneutics and idiography. The focus of phenomenology is to explore and understand the experience of participants, getting as close as possible to the views of the participant. Hermeneutics is regarded as the art or science of interpretation and this facet of IPA allows the researcher to move beyond description of the phenomenon and to probe deeply into the meaning of the experience. Hermeneutics allows the researcher to interpret findings within the historical, social, political, and cultural context and takes account of how participant experience can change over time. Finally, the idiopathic focus of this methodology ensures detailed analysis of the phenomenon being studied and values the individual perspectives of each participant. Meticulous examination of each case is required to determine convergence and divergence of participant experience within a particular context.

I was aware that exploration of the experience of interprofessional collaboration was potentially a complex and emotionally laden topic, influenced by a range of social, political, and cultural factors. My research area was highly specific and the topic had been relatively understudied to date. I therefore considered IPA with its synthesis of phenomenology, hermeneutics and idiography to be ideally suited for my research.

Semi-structured interviews are by far the most frequently used data collection method in IPA as they allow the researcher to access the world as directly experienced by the participant. Development of a rapport and relationship with the participant is of prime importance to enable the participant to open up and allow their lived experience to be fully explored and interpreted.

Face to face interviewing has long been regarded by qualitative researchers as the gold standard for conducting interviews. This medium allows the researcher to form a strong rapport with participants and gain in-depth insights into the participants' experiences and perceptions.

In IPA "less is more" with the preference being for a small sample examined in greater depth rather than a larger sample with a more superficial analysis. As a result, I opted to conduct a small number of face-to-face interviews with advanced practitioners who had direct experience of implementing EBP in one region in Ireland and I gained ethical approval from the appropriate ethics committee to undertake my study.

Challenges along the Way!

If you can't fly then run, if you can't run then walk, if you can't walk then crawl, but whatever you do you have to keep moving forward.

— Martin Luther King Jr.

In late February 2020 I conducted my first face to face interview. In March 2020 Ireland was gripped by the COVID 19 pandemic. Social distancing and travel restrictions were put in place and face to face interviews were suspended.

As the pandemic continued, I resolved to find a way to move forward with my research and I explored the option of online interviews. Concerns about opportunities to build intimacy, trust and participant rapport in online interviews have been articulated in the literature, however, several recent studies have shown online interviewing to be equal to and in some cases superior to face to face. Evidence shows that online interviewing does not compromise rapport and in several studies the majority of participants have reported this medium to be preferable to face to face as participants feel more comfortable and relaxed in their own surroundings. Additionally, participants reported that they valued the convenience of using an online platform; the increased flexibility; and cost and time savings. Challenges have however been identified in the use of online platforms and these relate to call quality, the technical ability of the participant and the distraction of being able to view yourself on screen.

Having considered the literature, the strong likelihood of a continuation of the pandemic and associated risks of face-to-face interviewing, I opted for online interviewing using a secure confidential video conferencing platform.

In advance of conducting online interviews, I linked with participants by email and by phone to arrange a suitable date and time to conduct the interview and to talk through the online interviewing process. I advised participants of the need to have access to a stable online connection and to conduct the interview in a private room where they were unlikely to be disturbed. This meant that prior to the online interview I had in many cases had several interactions with participants and had begun to build that all important trust and rapport. Being able to offer online interviewing allowed me to be very flexible in organising the date and time of interviews often changing arrangements at short notice to accommodate participant need and facilitating preferences for weekend and late evening interviews. This contributed to participants feeling relaxed and focused during the interview.

More challenges were however to follow. Recruitment of participants was slow. Advanced nurse and midwife practitioners, as highly skilled clinicians, were being redeployed to meet

the demands of providing healthcare in an ongoing pandemic and research participation was understandably a low priority. It became apparent that I needed to extend the reach of my research to other areas and I was aware that I would need to secure ethical approval from the relevant research ethics committees to do this. However, many ethics committees had opted to suspend review of applications as committee members, many of whom were frontline clinicians, were unavailable.

I focused therefore on completing the interviews with participants in the area for which I had secured ethical approval and then undertaking the in-depth thorough case by case analysis that is required in IPA. This included transcription of the audio recorded interview; reading and re-reading the transcript; undertaking initial noting of the participant's descriptions; looking for patterns in the data and generating themes. Committing adequate time for this in-depth analysis of each individual case allowed for the idiopathic focus of IPA to be honoured. Eventually the ethical review process resumed and I secured ethical approval from two other committees. Participant interviews recommenced in July 2020 and by November 2020 recruitment and interviewing was complete. Ten advanced nurse and midwife practitioners from a range of practice settings participated in the research.

Participants were open and relaxed during interviews which often lasted up to one and a half hours. Participants freely shared their experiences and spoke of sensitive and emotive issues. This allowed me, as the researcher, to get as close as possible to the views of the participant in line with the phenomenological principles of IPA. Historical, social, political and contextual factors which influenced participant experience were shared and this aided full interpretation of findings in line with the hermeneutic focus of IPA.

Once the initial analysis of each interview was completed, cross case analysis of all interviews allowed for convergence and divergence in participant experience to be explored which further enriched interpretation.

Conclusion

My research aim was to fully explore advanced nurse and midwife practitioners' experience of interprofessional collaboration when implementing EBP. Previous literature findings lacked depth and insight into participant experience which rationalised the choice of IPA as a design for this completed study.

Onset of the Covid pandemic necessitated moving from face to face to online interviewing. As only one face to face interview was conducted, comparative analysis of the two methods is difficult however, both methods allowed for rich data to be collected. It is possible that the development of a rapport prior to the formal online interview and the flexibility afforded to participants in organising the interview may have contributed to the participant feeling more relaxed and at ease than in a face to face interview. This in turn may have resulted in a fuller exploration of the participant experience and superior quality data being collected than in a face to face interview. Having to be patient whilst waiting for the ethical approval process to resume

gave me the time and space to meticulously analyse those early interviews and to honour the idiographic focus of IPA.

Finding solutions to my originally planned approach allowed me to keep moving forward and resulted in the collection of rich descriptions of participant experience. This paved the way for in-depth analysis of the experience of each individual in line with the phenomenological, hermeneutics and idiographic principles of IPA. My research builds on existing theoretical and empirical findings facilitating more nuanced recommendations for policy, practice, education and research.

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Declaration of Interests

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