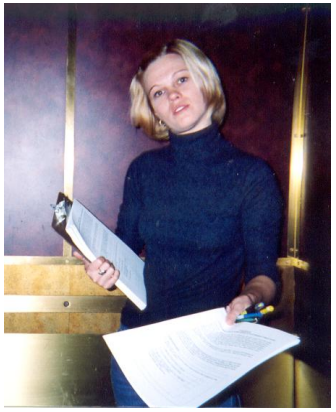

Curriculum for Rapid, Participatory Research & Evaluation
Designed for use in community studies of STDs and HIV/AIDS

Section 6
Research Participants

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Section 6: Research Participants

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Section 6: Research Participants

Intended learning outcomes

This section is designed to acquaint the implementation team with issues involving research participants. The intended learning outcomes follow.

At the end of this section, the implementation team will be able to:

1. Understand and practice good ethics involving research participants;
2. Build positive relationships with those being studied; and
3. Understand the correct ways to select research participants or sub-units (i.e., sampling).

This section should be read before the sections on data collection.

Section 6, Chapter 1: Introduction to the topic of research participants

6.1.1 Introduction to the topic of research participants

There is hardly a topic that commands more attention in research than issues related to research participants. Whom do the researchers study, and how many? How are these participants chosen? What effects might the study have on participants? How do researchers develop positive relationships with study participants? These issues are particularly relevant to ethnography. The citation below summarizes a few of the issues that LeCompte and Schensul (1999) spell out in their works on conducting ethnography.

> *. . . study participants can forget that the ethnographer is there to do research. Researchers should feel obliged to explain the study repeatedly, especially when entering a new situation where those present may not be aware that research is being conducted in their setting or community. . .*
>
> *Ethnographic field-workers also face problems of reciprocity. Providing information to researchers is not a one-way street; more and more, those who provide information want to receive something in return, even if that something involves no more than the goodwill and attention of the researcher. Quite often, however, reciprocity involves exchange of far more tangible goods, services, or information. Traditionally, ethnographers tried hard to build their reports primarily on "volunteered" information, on the grounds that information that was paid for in any way could be tainted by the self-interest of the informant. Although this degree of purism is now recognized as unnecessary and probably unfeasible, questions do arise about the degree to which the kind of exchange affects the kind of information proffered to researchers. . . Generally, however, the decision to pay respondents is based on whether or not they lose financial resources by agreeing to be interviewed (e.g., if they are paid or earn income on an hourly basis); and whether or not such reciprocity is possible, necessary, and scientifically appropriate.* (pp. 194-196)

This section will address all these concerns mentioned by the authors, as well as additional issues. The next chapter addresses ethical issues involved in studies such as the Rapid Ethnographic Assessment. Chapter 3 discusses ways to build rapport with study participants. And the final chapter introduces the implementation team to the subject of selecting participants: sampling.

Section 6, Chapter 1: Introduction to the topic of research participants

6.1.2. Resources

Chapter references

LeCompte, M.D., & Schensul, J.J. (1999). *Designing & conducting ethnographic research*. Walnut Creek, CA: AltaMira.

Section 6, Chapter 2: Ethical issues involving research participants

6.2.1 Intended learning outcomes

The intended learning outcomes of this chapter on ethical issues follow.

At the end of this chapter, the implementation team will be able to:

1. Identify critical ethical issues involving research participants;
2. Understand how these issues are relevant to their study and how they must be addressed;
3. Develop an informed consent form; and
4. Present needed information to an Institutional Review Board (if one is available to the implementation team).

Section 6, Chapter 2: Ethical issues involving research participants

6.2.2 Introduction

This chapter will discuss a range of ethical issues on study participants. Also included is a section on Institutional Review Boards (IRBs) and protecting human subjects. The implementation team must realize the importance of these ethical issues generally, and most particularly, as they relate to the study of populations serving or affected by STDs.

For example, consider the following.

Lurie and Wolfe (1997) called into question the ethical issues involved in "placebo-controlled trials" to test the effectiveness of AIDS medication (particularly AZT) in preventing transmission of HIV to unborn children in developing countries. The research involved groups of pregnant women living with HIV who received varying amounts of drugs and one placebo-only control group. Although the research was conducted in developing countries, most of the researchers were from the United States, and could not have been allowed to conduct this study at home. Lurie and Wolfe argue that the placebo-controlled trial resulted in the deaths of hundreds of newborns whose mothers unwittingly received the placebos—deaths that could have been prevented with proper interventions.

The range of ethical issues

Miles & Huberman (1994, pp. 290-295) discuss a series of 11 ethical issues involving research participants. They begin with issues most likely to emerge early in the study and end with those most likely to emerge late in the study. The implementation team should also plan on filling out the worksheet on these issues (as they relate to their own proposed study) in the appendix.

Issue #1: Worthiness of the project. Does the research contribute to some domain larger than the researchers' (or their sponsors') own self-interest? The researchers involved in studies usually get paid for their work, may have publishing opportunities, and often attract grants in support of the research--but what greater good will result from the proposed study? This appears to be a simple question, but often it is not.

For example, imagine that a particular health department learned of a grant opportunity to conduct a study on service needs of children under the age of 12 living with HIV. The implementation team and their collaborating stakeholders might believe this is a good idea, but need to know quite a bit of information about this affected community in order to understand what services are needed. They might need to answer questions such as: "Are parents currently able to access treatment for their children? What proportion of children know they are infected (as many social services for the children might require this knowledge)? At what ages do children typically learn they are infected? How is confidentiality of their status maintained? What are the effects on the children's lives when confidentiality is breached? What limitations does the disease impose on the children's daily living?" All of these questions would yield very useful information for the health department, but can it actually serve the children living with HIV? What guarantees are in place to ensure families participating in the study that needed services will actually result from the findings? What if the findings show that the needs of the children are met by already existing services?

Issue #2: Competence boundaries. Are the researchers prepared to study the issue? Have they been properly trained?

Members of the implementation team may have lofty goals in hoping to assess an important need, or evaluate a program, but if the team skips necessary steps in the research process, findings can be called into question. We have all sat in rooms where novice researchers presented findings--only to have seasoned researchers drill them on their methods, sampling, and analyses. In these circumstances, it is not uncommon to hear some members of the audience vocally and loudly conclude that the study meant nothing and taxpayer (or other) monies had been misspent. Taking the needed steps in the study is clearly a responsibility that the implementation team has toward the research participants, the community the study is supposed to help, and the public in general.

Issue #3: Informed consent. Do research participants have full information about the study before they consent to being studied? If the study is planned to effect policy change or improve programs, does the implementation team actually know that will happen?

We at Jill Florence Lackey & Associates can point to scores of needs assessments and program evaluations commissioned under the pretense of effecting policy or programs, but our reports have done little but gather dust on office shelves. In most cases, those responsible for using the results are not those doing the research. The implementation team should be very honest with research participants and not make promises about the use of results that are outside the team members' control. (More will be discussed on informed consent later in the chapter.)

Issue #4: Benefits, costs, reciprocity. What will all parties gain through this study and are these arrangements equitable? As mentioned earlier, those conducting studies often gain through salaries, grants, publications, and/or prestige. Sponsoring agencies likewise gain prestige and often gain information that can help them draw future funding. In most cases those being studied are at least expected to gain something in terms of future services, improved services, or beneficial policies.

However, there are certain groups who are researched that are not expected to benefit directly (or sometimes not even indirectly) from findings. For example, the implementation team might be studying attitudes or knowledge about STDs. The team might be conducting survey research on a general population to assess attitudes/knowledge, and this general population will not directly benefit from the results. If the team is conducting an evaluation and using a comparison/control group, the comparison or control group may not receive even indirect benefits from participating in the research. In cases such as these, we advise offering the participants some compensation for their time. Depending on the length of time involved, we at Jill Florence Lackey & Associates offer between $5 and $25 to participants that fall into these categories. Where some research participants have to lose time at work (or lose other resources) to participate in the study, additional arrangements can be made. However, for more information on how this compensation can become thorny, read the chapter later in this section on "Establishing rapport with research participants."

Issue #5: Harm and risk. Can the proposed study harm someone? For example, can the study result in loss of program funding for study participants? Can it lead to lawsuits against the researchers or their sponsoring organizations? Can the study result in loss of confidentiality for some participants, physical danger, or embarrassment to someone? More on this will be discussed on the section on "Protecting human subjects."

Issue #6: Honesty and trust. Are researchers telling study participants the truth? Are any members of the implementation team misrepresenting themselves?

It is very easy to misrepresent oneself in the context of doing ethnography. And misrepresentation does not always mean overt misrepresentation. There are some venues where the researchers simply cannot announce to everyone present that they are conducting a study. One example is at public events.

I recall an episode where I was evaluating a cultural program that sponsored a wide range of services and events for a particular cultural group. On one occasion I attended a performance event with an audience of approximately 200 people. I watched the event and took notes, although had no opportunity to stand on the stage and announce to all that I was evaluating this event as part of the evaluation of the sponsoring program. During the performance, people sitting in my row kept turning to me and making remarks about how badly some of the performers were representing the culture and the "lack of authenticity" in the performances. In most cases publicly observable behavior and utterances are fair game for researchers without informed consent as long as the individuals are not identified. Yet there may be exceptions. I found myself taking down their comments in my notes, not thinking at the moment that these individuals believed me to be a member of the cultural group and someone at the event mainly for the entertainment. As the event was ending, I stopped the people that had made these comments and asked if I could talk to them more about their opinions. They seemed perplexed. I only then told them that I was the commissioned evaluator for the sponsoring program, and explained the details of the study. Instantly they appeared very nervous and asked me to forget what had been said. One gentleman replied something like, "We wouldn't have said anything if we knew you were evaluating this because the [name] program is wonderful and we wouldn't want anything said just because this event falls short." This was an ethical decision. In this case I decided to eliminate their comments in my observation notes, explaining why in the margins. Documenting conversations is clearly part of conducting observation, but efforts should be made to inform speakers that a study is being conducted.

Issue #7: Privacy, confidentiality, and anonymity. Have the identities of study participants and organizations been protected? This is always an important issue, but it is particularly important when conducting studies involving STDs.

Typically, privacy involves issues of setting boundaries—informing the study participants what kinds of "secrets" will be kept and requesting that some information not be given to the researcher. Protecting confidentiality is ensuring that the researchers' raw data, which might include names and identifiers, will not fall into the hands of others. The usual minimal requirement for protecting these data is to keep records behind two locks, such as in a locked cabinet or drawer in a locked office or closet.

Anonymity is something else. Ensuring anonymity means that the implementation team will not include any names or identifiers in written reports or presentations. Names are usually not included on questionnaires either, even though only the research team sees these. However, at times it is necessary to keep track of who has filled out a questionnaire and which questionnaire belongs to which research participant (particularly when doing follow-up research, such as pre- and posttest surveys). In this case the implementation team should assign case numbers or pseudonyms to each research participant (with a master list that is kept in a secure place), and write the numbers or pseudonyms on the questionnaires.

Removing identifiability from write-ups and presentations is often more complicated than one might realize. The implementation team must take great care in selection of quotes from interviews or excerpts from field notes. As Miles & Huberman (1994) point out, members of one's own community are often able to identify the individual just through speech patterns or because the opinions of the person speaking are already known to this community. The issue of preserving anonymity cannot be overstressed. All members of the implementation team must review all interview or observation data that are used in reports and presentations to ensure anonymity.

To underscore the complexity of this issue, read below about a perplexing case of identification in a report written by Jill Florence Lackey & Associates.

Jill Florence Lackey & Associates was under contract to evaluate a program that offered social and healthcare services to people with STDs. When we conducted the evaluation we interviewed service consumers who were receiving resources from a variety of program sections. A single case manager (who was out-stationed from the central agency) was managing one of these sections. During interviews the service consumers attempting to access that section revealed that they failed to receive most of the services this section was supposed to provide. When we wrote the evaluation report we had to take great care to avoid identifying the case manager or the program section (which would have in turn identified the case manager). Our main concern (among others) in leaving out all identifiers was to protect the service consumers who might have been denied further resources if the case manager knew they were making complaints to the evaluator about him/her.

Interview texts of the consumers in the report were written in the following format: "Whenever I went to [case manager] for [specific service], it was always a waste of my time. [Case manager] would either say that the service wasn't available to me because I didn't qualify or would promise it and never follow through."

A year later our firm was invited back to conduct another evaluation for this agency. At the first meeting, the director of the above program appeared. The conversation went something like the following:

"We fired that case manager, you know. The one you talked about in the report."

I asked then how they knew who it was. The director's response stunned me.

"We had been suspicious of [name] for a long time. Seeing those interviews confirmed it."

I sat frozen to my chair, trying to maintain a poker face, as the person they said they fired was not the right case manager. As soon as the meeting concluded I rushed back to the office and pored through the report. I saw absolutely nothing that could have hinted that the person being described was another case manager. Of course I could not ask the program staff what had "tipped" them off.

While I never learned what (if anything) appeared in our report that had sent the staff down the wrong path, from that day on we all became even more diligent in reviewing our interview and observation material.

***Issue #8*:** Intervention and advocacy. What do researchers do if they see something illegal or harmful? This issue is sometimes referred to as the "dirty knowledge" or "guilty knowledge" problem in research literature.

Most researchers confront this issue sometime during their work. The evaluation described just above was close to becoming a question of ethics. When the researcher confronts something that is clearly wrong, the question becomes: whom should one protect? Is intervention or advocacy an option? Rarely is intervention or advocacy an option where it betrays anonymity because of the assurance the research formally provides (see later section on "Protecting human subjects.") (At times the law may require disclosure, and this is another issue.) In our case we did not wish to protect the inept case manager, but we clearly saw the need to protect the consumers' identities, as identifying the case manager would have also identified his/her low number of consumers. After all, the case manager might not have been removed from the position anyway. However, there are times when the implementation team will confront issues where judgment calls must be made that are not covered under legal codes. For example, what might happen if members of the implementation team observe a healthcare or social service provider revealing personal information about people infected with STDs to those outside their institutions? Perhaps they are not revealing actual names, but information that could possibly lead to identification. Must one protect the privacy and anonymity of the provider or must one protect the individual's present and future clients/patients? The best choice is to present this information to the study's Institutional Review Board or human subjects committee if these exist (see information on these entities later in the chapter). If these entities are not available to the implementation team, it is fortunate that the REA is conducted in teams, rather than as individuals. Decisions such as these are better made in teams.

Issue #9: Research integrity and quality. Have researchers taken enough care to ensure the quality of findings? Sloppy research can yield confusing and misleading conclusions.

The implementation team must realize that they need to do more than gain skills in conducting research. They also need to check themselves and each other at every step in the process to make sure they are collecting and analyzing their data systematically. Exercises in this curriculum will help them here.

Issue #10: Ownership of data and conclusions: "Who owns field notes and analyses: I, my organization, my funders? And once my reports are written, who controls their diffusion?" (Miles & Huberman, 1994, p. 204)

The implementation team may be employed by a sponsoring organization and probably will not be ensured "ownership" of the research or have ultimate control over dissemination of reports. The team should consider these issues before beginning the study. Confidentiality issues can ensue if others in the organization access the raw data. The team might

wish to consider various ways of coding identity of research participants in their raw data before the study begins. Quantitative researchers are often asked to produce "public use data tapes" where elimination of any identifiers is critical. The team should also discuss issues relating to dissemination of reports before the study begins. See below for more on that issue.

Issue #11: Use and misuse of results. How far do researchers want to go to effect change with the results? What if the results make some group look bad? There may be cases in which the implementation team, its sponsoring organization (if it exists), and collaborating stakeholders will not want findings dispersed. See the example below.

Jill Florence Lackey & Associates conducted a needs assessment for an advocacy organization that was representing a particularly vulnerable subpopulation. While the findings demonstrated need for healthcare and jobs, the overwhelming needs identified were related to a very high rate of substance abuse in the population. Representatives from our firm and the advocacy organization agonized over whether or not these findings should be released to the general public. The debate centered on the issue of winning the battle or the war. Would public release of the findings result in more (needed) substance abuse programming for this population? Or would release of findings result in a general loss of public interest in funding any programs for this group (because the public would see them as responsible for their own vulnerable circumstances)? Would release of these findings target the group for a law enforcement campaign? Ultimately the two organizations decided to use the findings privately to draw grants for substance abuse treatment, but not to release the findings publicly.

The above is a rare situation, but the implementation team should discuss the possibilities with stakeholders before the study begins.

Protecting human subjects

The ethical issues outlined above are guidelines for the process of protecting human subjects. LeCompte and Schensul (1999) introduce the process below.

> *All researchers are bound by codes of ethics to protect the people whom they study against treatment that would be harmful to them—physically, financially, emotionally, or in terms of their reputation. This does not mean that researchers can do only research that involves no risk at all to study participants. It does mean that if risks do exist, the benefits of the study should outweigh the risks, and—and this is far more important—the people incurring the risks should fully understand what the short- and long-term risks are and volunteer to incur them. These issues are usually referred to and addressed under the heading "protection from risk to human subjects".* (p. 183)

The quotation above underscores the need for research participants to be fully informed about the study that is being conducted. In most cases the participants are informed through an informed consent process. When face-to-face research is conducted, the process will often involve the signing of forms or giving oral consent indicating the participant is sufficiently informed of study issues and consents to proceed. When telephone research is conducted, the forms are usually read to the study participant and the participant gives oral consent to proceed. When mailed or other self-administered questionnaires are involved, the information is usually summarized in a cover letter and a returned questionnaire constitutes "assumed consent."

All of the information should be provided at the anticipated reading level of the research participant. Legal guardians should give informed consent in the case of children or the mentally impaired.

Informed consent information should include the following:

- The purpose of the study
- Date
- Identification of those conducting the study
- The ways that participants' confidentiality and anonymity will be protected
- Information on who benefits from the study
- Study procedures (i.e., how the data are collected)
- Any risks involved to participants (inadvertent loss of anonymity should be included here)
- Information on whom will be studied
- Information on who participates in data analysis (e.g., will study participants be asked to assist?)
- How participants can access study results
- Expected uses of study results (e.g., changes in programs/policies)
- Names of contact people if participants have complaints against the researchers or the process
- Signatures of participants and researchers (for face-to-face research)
- A copy of the form for the participant (for face-to-face research)

See a sample informed consent form and the worksheet for writing an informed consent form in the appendix.

Institutional Review Boards

Many of the implementation teams using this curriculum will probably be working out of organizations that have Institutional Review Boards (IRBs). If your organization does not have an IRB, a local university may be able to fulfill this function. Most health departments, healthcare facilities, universities, colleges, or (other) government agencies have organized some form of Institutional Review Board, which may alternately be called a "Human Subjects Committee." An IRB routinely reviews studies to evaluate the risks of research to study participants. These risks may be physical, social, emotional, economic, or legal. IRBs will be particularly concerned with research conducted with vulnerable populations, such as children, the mentally impaired, and people with STDs. If the research is funded by the National Institute of Health, it must be reviewed by a federally approved IRB. Organizations such as school districts, social service agencies, and small healthcare providers may have Human Subjects Committees that fulfill this function, which are not federally approved. In either case, persons working in these organizations or conducting research under their auspices must have the research reviewed before proceeding.

The implementation team must realize that use of an IRB might delay the start of their studies for a month or longer. This issue should be factored into all timelines. While an IRB is reviewing a study proposal, the team cannot implement the study.

If the implementation team has successfully completed the worksheets on ethics, the informed consent process, and the later worksheets from this chapter, the team should have little difficulty getting their study approved through an IRB or Human Subjects Committee.

Section 6, Chapter 2: Ethical issues involving research participants

6.2.3 Learning activities

Time to review

The implementation team should now engage in the following exercises.

1. As a group, can you name 10 of the 11 ethical issues involved with conducting studies and protecting research participants?
2. What is typically involved in an informed consent process?

Managing ethical issues systematically

The implementation team should respond to the following questions to see what initial ethical issues the proposed study may involve (also see more detailed worksheets in the appendix).

MANAGING ETHICAL ISSUES

1. From the worksheet that the implementation team filled out on ethical issues, make a list of the ethical issues the proposed study might face.
2. List the names of others the team may want to involve in making decisions about ethical issues.
3. From this list, write down possible ways of resolving these issues—either by deciding in advance how a situation will be handled, or by developing a process for addressing the issue when (and if) it comes up later (as some issues can not be resolved in advance).

Quality control: Checking progress

Once the data collection is underway, the implementation team should perform quality checks on ethical issues at agreed-upon intervals. The researchers can accomplish this by responding to a series of questions. Responding to these and other worksheet questions will also help establish the reliability of the study. (The more detailed worksheets are printed at the end of this chapter.)

QUALITY CONTROL ASSESSMENT: ETHICAL ISSUES

1. What ethical issues have been confronted in the field thus far?
2. How have these issues been reported back to the IRB or Human Subjects Committee (if either of these are involved)?
3. How have these ethical issues been (otherwise) handled?

Section 6, Chapter 2: Ethical issues involving research participants

6.2.4 Resources

Chapter references

LeCompte, M.D., & Schensul, J.J. (1999). *Designing & conducting ethnographic research*. Walnut Creek, CA: AltaMira.

Lurie, P., & Wolfe, S.M. (1997). Unethical trials of interventions to reduce perinatal transmission of the human immunodeficiency virus in developing countries. *New England Journal of Medicine, 337*, 853- 856.

Miles, M.B., & Huberman, M.A. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage.

Additional resources on research ethics

Bernard, H.R. (2006). *Research methods in anthropology: Qualitative and quantitative approaches* (4th ed.). Lanham, MD: AltaMira.

Lincoln, Y.S., & Guba E.G. (2003). The failure of positivist science. In Lincoln Y.S., &. Denzin, N.K (Eds.), *Turning points in qualitative research: Tying knots in a handkerchief*. Walnut Creek, CA: AltaMira.

U.S. Government, DHHS. (1991). *Code of federal regulations, 45 CFR 46: Protection of human subjects*. Washington DC: Government Printing Office.

Section 6, Chapter 2: Appendix

WORKSHEET CHAPTER 2A: STUDY ETHICAL ISSUES

1. How does the research contribute to some domain larger than the implementation teams' (or their sponsors') own self-interest?

2. How have the team members been properly trained and prepared to study the issue?

3. How has the implementation team given research participants the full information about the study before the participants consent to being studied? If the study is planned to effect policy change or improve programs, does the implementation team actually *know* this will happen?

4. What will all parties gain through this study and are these arrangements equitable?

5. In what way[s] can the proposed study harm someone, and how has everyone been informed?

6. Are researchers telling study participants the truth? Are any members of the implementation team misrepresenting themselves?

7. How are the identities of study participants and organizations being protected?

8. What are some of the illegal or harmful activities the implementation team might confront, and how will the team deal with this?

9. How will the implementation team ensure the quality of findings?

10. Who owns field notes and analyses?

10a. And once the reports are written, who controls their diffusion?

11. How far should the implementation team go to effect change with the results? What if the results make some group look bad?

<u>EXAMPLE:</u> Informed consent form for evaluation of the [NAME] program (program clients)

The evaluation. The research firm of Jill Florence Lackey & Associates is conducting an evaluation of the [NAME] program. At various intervals while you are in the program and/or have left the program, a member of a research team from this firm will be contacting you to ask you questions about your health, your activities, the programs you participate in, and your behavior. At other times a member of the research team may observe your interaction with your case manager.

Purpose of evaluation. The purpose of this evaluation is to learn whether the [NAME] program is accomplishing its goals.

Confidentiality/anonymity. Your responses are kept confidential, and information about "who said what" is known only by the research team. While direct quotes from interviews or observations may appear in evaluation reports, your name or identifiers (such as your place of origin, job, physical description, etc) will not be included with your quote. Information about "who said what" is not shared with [PROGRAM] staff. We ask that you do not reveal information during these interviews about illegal activities. Should you reveal anything to us that carries an inherent danger to yourself or others, this confidentiality agreement is null.

Uses of evaluation. Evaluation results will be given in oral presentations, printed evaluation reports, and articles for research journals. People will be able to use the results to duplicate this program, or in the case of [PROGRAM] staff, to improve the program.

Risks. We know of no likely risks that you would face as a result of this research. There are no physical risks. The only possible negative effect that could occur might happen if a writer or presenter accidentally made a statement about evaluation results that could identify a program client. However, there are few chances of this happening. First, all client names in all oral or written reports are changed to pseudonyms. Second, the reports and articles are reviewed by a minimum of three individuals beyond the writer or presenter, and these reviewers also examine the texts to remove any possible identifiers.

Contact person. If you have any complaints about the way the evaluation is being conducted, please contact the following individual: If you would like to see the evaluation results or participate in analyzing results, please also contact this person.

[NAME, ADDRESS, PHONE NUMBER]

I have read the above information and I give my consent to participate in this evaluation.

Print name of person interviewed	Sign name	Date	Phone number (optional)

Print name of person doing interview	Sign name *(Interviewee gets a copy of this form)*	Date

<u>EXAMPLE</u>: Informed consent form for evaluation of the [NAME] program (comparison participants)

The evaluation. The research firm of Jill Florence Lackey & Associates is conducting an evaluation of the [NAME] program. In order to determine whether or not the program is meeting its goals, the research team conducts surveys with people who are similar to program clients but are not receiving [PROGRAM] services. The survey asks you questions about your health, your activities, the programs you participate in, and your behavior.

Purpose of evaluation. The purpose of this evaluation is to learn whether the [NAME] program is accomplishing its goals.

Confidentiality/anonymity. Your responses are kept confidential, and information about "who said what" is known only by the research team. While direct quotes from interviews or observations may appear in evaluation reports, your name or identifiers (such as your place of origin, job, physical description, etc) will not be included with your quote. Information about "who said what" is not shared with [PROGRAM] staff. We ask that you do not reveal information during these interviews about illegal activities. Should you reveal anything to us that carries an inherent danger to yourself or others, this confidentiality agreement is null.

Uses of evaluation. Evaluation results will be given in oral presentations, printed evaluation reports, and articles for research journals. People will be able to use the results to duplicate the [NAME] program, or to improve the program.

Risks. We know of no likely risks that you would face as a result of this research. There are no physical risks. The only possible negative effect that could occur might happen if a writer or presenter accidentally made a statement about evaluation results that could identify a comparison participant. However, there are few chances of this happening. First, all names in all oral or written reports are changed to pseudonyms. Second, the reports and articles are reviewed by a minimum of three individuals beyond the writer or presenter, and these reviewers also examine the texts to remove any possible identifiers.

Contact person. If you have any complaints about the way the evaluation is being conducted, please contact the following individual: If you would like to see the evaluation results or participate in analyzing results, please also contact this person.

[NAME, ADDRESS, PHONE NUMBER]

I have read the above information and I give my consent to participate in this evaluation. You will receive $5 for your participation.

Print name of person interviewed	Sign name	Date	Phone number (optional)
Print name of person doing interview	Sign name *(Interviewee gets a copy of this form)*	Date	

WORKSHEET CHAPTER 2B: INFORMED CONSENT

1. One member of the implementation team will write an informed consent form about the proposed study including all the points covered in the section on "Protection of human subjects" in Chapter Two. This form should be at the expected reading level of the target community.

2. Another member of the implementation team will write a cover letter for a mailed survey for the proposed study. The letter will include all the points covered in the section on "Protection of human subjects" in Chapter Two. This letter should be at the expected reading level of the target community.

3. All members of the implementation team should compare the two documents, pointing out the strengths and weaknesses of each. This exercise will help the team produce final forms/letters when these might require approval of an IRB or Human Subjects Committee. The team might also ask some members of the target community to read these for understandability.

WORKSHEET CHAPTER 2C: MANAGING ETHICAL ISSUES SYSTEMATICALLY

1. From the worksheet that the implementation team filled out on ethical issues, make a list of the ethical issues the proposed study might face.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

2. List the names of others the team may want to involve in making decisions about ethical issues.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

3. From this list, write down possible ways of resolving these issues—either by deciding in advance how a situation will be handled, or by developing a process for addressing the issue when (and if) it comes up later (as some issues can not be resolved in advance).

Ethical issue a: _____

_____

Ethical issue b: _____

_____

Ethical issue c: _____

_____

Ethical issue d: _____

_____

Ethical issue e: _____

_____

WORKSHEET CHAPTER 2D: CHECKING PROGRESS--ETHICAL ISSUES

At agreed upon intervals, the implementation team should check progress on the all-important ethical issues.

1. What ethical issues have been confronted in the field thus far?

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

2. How have these issues been reported back to the IRB or Human Subjects Committee (if either of these are involved)?

3. How have these ethical issues been (otherwise) handled?

Ethical issue a: _____

_____

Ethical issue b: _____

_____

Ethical issue c: _____

_____

Ethical issue d: _____

_____

Ethical issue e: _____

_____

Section 6, Chapter 3: Establishing rapport with research participants

6.3.1 Intended Learning Outcomes

The intended learning outcomes of this chapter on establishing rapport with research participants follow.

At the end of this chapter, the implementation team will be able to:

1. Establish rapport with research participants through various strategies known to seasoned researchers; and
2. Understand ways to reciprocate research participants for their assistance with this study.

Section 6, Chapter 3: Establishing rapport with research participants

6.3.2 Introduction

This chapter will discuss working relationships with study participants. These relationships are particularly important when conducting ethnography. Even when conducting rapid ethnographies, study participants the researchers repeatedly encounter in the field when observing or interviewing will expect the researchers to maintain some level of sociability. Wolcott (2005, pp. 217-218) describes sociability and the making of "small talk" (i.e., visiting) as a requirement of the ethnographer.

> *For those inclined toward sociability, you can't get much closer to having your cake and eating it, too. For those not naturally outgoing, fieldwork provides—and to some extent demands—a level of sociability they might envy in others but would not otherwise achieve were it not for the requirement of the role. In short, fieldwork lauds natural sociability and insists on some effort in this regard among those for whom sociability does not come easily…. The fieldwork role has often necessitated my pursuing one social activity I particularly abhor: visiting…. But dignify such visiting as an essential element of fieldwork—small talk and endless listening done in the line of duty—and I can do it.*

Ways of establishing rapport

There are a number of ways that rapport is established with research participants. Some of these follow.

- Show interest in what people are saying. Do not "pretend" to be interested. If a member of the team has limited interest in the information, this individual is not appropriate for the study. Show interest by making enthusiastic statements such as "really?" or "how interesting." However, do not add statements of interest that might reveal interviewer bias and influence the research participants. The researcher must avoid statements such as "I agree" or "you are probably right."

- As Wolcott mentioned, allow a little time for visiting before an observation or interview session. Make small talk about the weather or the participant's surroundings or any other lively but neutral topics that seem appropriate. And do not rush through the interview. If one gives research participants the impression that one is hoping their responses are short—well, they will be. And the implementation team will not get the needed data.
- Maintain humility. Never think the research participants need to be impressed by the team's research knowledge. Remove all possible status differentials, particularly when studying vulnerable populations such as homeless infected with STDs. Avoid using "researchy" terms. Identify ahead of time common "small talk" topics that can be discussed, such as experiences dealing with bureaucracies or childhood memories. The more the researcher seems like the person being studied, the more trust will grow.
- Make sure the team has pre-researched the research topic. Nothing can convince study participants of the researcher's good intentions more than evidence that something is known about their world.

I recall a time I was conducting an ethnography of a particular neighborhood. I kept an appointment to interview a local parish priest, but the priest appeared distrustful. When I gave him the *informed consent* form to read and sign, he said, "We'll just see how this goes. I'll consider signing this once we've started the questioning." Fortunately I had done some research on his church. While we were making "small talk" I asked him if the offices were part of the "new addition." He seemed surprised and began to describe the building of the new addition. I was able to show during this conversation that I knew the history of his parish. Within three or four minutes the priest signed the form and we proceeded with a very fruitful interview.

While some practices help build rapport, the implementation team should realize one thing. Most people do enjoy talking about themselves and issues that affect their environments. The team will rarely confront people who refuse interviews.

In the neighborhood study mentioned above, two interviewers from Jill Florence Lackey & Associates accidentally interviewed one long-time resident (a banker) twice over a period of two weeks—each time the interview lasted for over an hour. The interview questions were exactly the same both times. I listened to the tapes, and the banker's responses were much the same both times. At no time did he mention being interviewed before by the same research firm. Each time he simply graciously recalled his experiences in the neighborhood. When I realized our error, I telephoned him with an apology. The banker said he knew it had been a mistake, but he enjoyed talking about his childhood in the neighborhood and did not mind repeating the experience.

Reciprocity and research participants

As discussed in the previous chapter, there are times when some reciprocation should be offered to research participants. In many cases the reciprocation will come from anticipated positive changes in policies or programs to help the participants in some relevant way. Creswell (2003) maintains that reciprocation should also come in the form of involving the major research participants in the study itself—from the selection of key informants, to helping with data analysis, to disseminating information on findings (of research questions, to helping with data analysis, to disseminating information on findings (ways to do this are discussed throughout the curriculum).

There are times when money or other tokens of appreciation may be offered. Spradley (1979, p. 45) discusses experiences ethnographers have had with key research participants who requested payment for their interviews. In some cultural or subcultural settings, people giving information about their domains expect to be paid. This might include data consultants, artisans in certain trades, and people with highly specialized knowledge.

As was mentioned in the previous chapter, there are times when the research participants may receive no direct or indirect benefits from a completed study. This can happen when the study assesses attitudes/knowledge in a general population, and this general population will not directly benefit from the results. Or this can happen when an evaluation uses a comparison/control group, and the comparison or control group may not receive even indirect benefits from participating in the research. In cases such as these, we advise offering the participants some compensation for their time. Depending on the length of time involved, we at Jill Florence Lackey & Associates offer between $5 and $25 (or a gift of equal value) to participants that fall into these categories. Others offer a limited level of services to comparison or

control groups. Where gifts are given the team should develop a plan for management of the cash, checks, or gift certificates, making sure that one very trustworthy person is responsible for handling the gifts and records. When it happens that some research participants have to lose time at work (or lose other resources) to participate in the study, additional arrangements can be made.

However, just as the implementation team should pay attention to reciprocating research participants, the team must also take care not be exploited by the participants. See the example below from my research novice days.

My doctoral dissertation was an ethnography on the experiences of three mothers with a particular set of institutions. For nearly a year I interviewed the mothers and accompanied them on all their meetings with representatives of these institutions. My original arrangement with the mothers was to give them $10 each time I interviewed or observed them. When the study was close to completion, mother number one asked me if I intended to write a book about the findings. I told her I had not considered this, but also did not rule it out. She expressed concerns that she had spent many, many hours with me over the months and felt that she should be included as co-author of any publications and share in any royalties that might result from publications. I considered her request and realized that some researchers did include key informants as co-authors and probably gave them a share of royalties. I drafted an agreement with her to satisfy the request. I also included the other two parents as equal partners in the agreement. But I told all that they should not feel overly optimistic about this agreement, as royalties for academic publications tended to be very small.

The next time I had an interview scheduled with mother number one, she expressed concerns about the small royalties expected from publications. She said she had contacted the other mothers and they wanted an additional arrangement. They now wanted to be paid $100 for every time I interviewed them or conducted observation, beginning now and through the close of the study. I told her I could never afford the arrangement, as I was just a graduate student working part time. The mother said she would withdraw from the study without the payment. I was very close to completing my dissertation and did not want to start the process all over again. Ultimately I found a way to raise the money and paid the parents for the remaining sessions. My final write-up took a direction I had not anticipated. The dissertation also addressed the relationship between researcher and research participants. And I never published the results.

The above circumstance has happened to other researchers—even those who are not novices. The lesson learned is that the implementation team should take care not to over-rely on a very limited number of research participants for the study. There is always the risk that demands can be made by unscrupulous participants who understand how much the study depends on them.

Section 6, Chapter 3: Establishing rapport with research participants

6.3.3 Learning activities

Time to review

The implementation team should now engage in the following exercises.

1. List three ways that researchers can establish rapport with research participants.
2. How can researchers reciprocate research participants for their assistance?

Establishing rapport systematically

The implementation team should make the following lists on consistent ways to keep and maintain rapport with study participants (also see more detailed worksheets in the appendix).

ESTABLISHING RAPPORT AND RECIPROCATION

1. List the target populations that will become study participants and very specific ways the team expects to establish rapport with them.
2. List the target populations and major study participants and the ways the team expects to reciprocate each group for their efforts. If applicable, who will be responsible for managing gifts and records of gifts?

Quality control: Checking progress

Once the data collection is underway, the implementation team should perform quality checks on relationships to the research participants at agreed-upon intervals. The researchers can accomplish this by responding to a series of questions. Responding to these and other worksheet questions will also establish the reliability of the study. (The more detailed worksheets are printed at the end of this chapter.)

QUALITY CONTROL ASSESSMENT: RELATIONSHIP TO RESEARCH PARTICIPANTS

1. Describe the state of the team's relationships with major research participants and target populations. If problems have developed, what steps are being taken to address these?
2. Describe the kind of reciprocation the major research participants and target populations are receiving or expected to draw. If problems have developed, what steps are being taken to address these?

Section 6, Chapter 3: Establishing rapport with research participants

6.3.4 Resources

Chapter references

Creswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Spradley, J.P. (1979). *The ethnographic interview*. Belmont, CA: Wadsworth.

Wolcott, H.F. (2005). *The art of fieldwork* (2nd ed.). Walnut Creek, CA: AltaMira.

Additional resources on establishing rapport

Savage, M.C. (2003). Can ethnographic narrative be a neighborly act? In Lincoln Y.S., &. Denzin, N.K (Eds.), *Turning points in qualitative research: Tying knots in a handkerchief*. Walnut Creek, CA: AltaMira.

Section 6, Chapter 3: Appendix

WORKSHEET CHAPTER 3A: ESTABLISHING RAPPORT AND RECIPROCATION SYSTEMATICALLY

1. List the target populations that will become study participants and very specific ways the team expects to establish rapport with them.

   Group a: _____

   _____

   Group b: _____

   _____

   Group c: _____

   _____

   Group d: _____

   _____

   Group e: _____

   _____

2. List the target populations and major study participants and the ways the team expects to reciprocate each group for their efforts.

Group a: _____

_____

Group b: _____

_____

Group c: _____

_____

Group d: _____

_____

Group e: _____

_____

If applicable, who will be responsible for managing gifts and records of gifts? _____

WORKSHEET CHAPTER 3B: CHECKING PROGRESS-- RELATIONSHIP TO RESEARCH PARTICIPANTS

At agreed upon intervals, the implementation team should check progress on relationship to research participants.

1. Describe the state of the team's relationships with major research participants and target populations. If problems have developed, what steps are being taken to address these?

2. Describe the kind of reciprocation the major research participants and target populations are receiving or expected to draw. If problems have developed, what steps are being taken to address these?

Section 6, Chapter 4: Sampling—selection of research participants

6.4.1 Intended learning outcomes

The intended learning outcomes of this chapter on sampling follow.

By the end of this chapter, the implementation team will be able to:

1. Know ways to identify the best informants in "purposeful" sampling in qualitative research;
2. Know ways to select case studies as samples for a particular process or interactive environment; and
3. Know ways to develop random samples in quantitative research.

Section 6, Chapter 4: Sampling—selection of research participants

6.4.2 Introduction

It would be wonderful if we could just interview or survey everyone in a target population. On occasion that happens. We at Jill Florence Lackey & Associates have conducted evaluations of small programs where we accessed all the clients or conducted assessments of small communities where we included all households (albeit not every household member). But this happens rarely.

In the usual cases where the implementation team cannot include everyone in the study and must select some research participants, the team should engage in a process called "sampling." Sampling is the process of selecting the most appropriate proportion of the target community to study. Guidelines governing how one samples will most often apply when the population has diverse elements, such as people occupying different roles or multi-ethnic communities--which should include nearly all communities the implementation team would study. Guidelines also need to be followed to achieve a representative sample from any large population of interest. A "sample" is the proportion of the population one ends up studying.

Sampling has different guidelines for qualitative and quantitative data gathering. See the comments below from Creswell (2003, p. 185).

> *[In qualitative research] identify the purposefully selected sites or individuals for the proposed study. The idea behind qualitative research is to purposefully select participants or sites (or documents or visual material) that will best help the researcher understand the problem and the research question. This does not necessarily suggest random sampling or selection of a large number of participants and sites, as typically found in quantitative research.*

The following sections will discuss sampling in both qualitative and quantitative research.

Sampling in qualitative research

Much of the work in selecting research participants and settings should already be partially completed. This work was accomplished during the process of defining the study problem and the target community in "Chapter 3: Developing the efficient focus" in the introductory section to this curriculum, and further refined in the section, Pre-Assessment Research. Most of the recommendations for the best informants in the target population were made because they were in positions to answer some of (or parts of) the research questions. This is what a purposeful sample is. But at the time we had cautioned the implementation team not to close the door on study participants too quickly, as researchers often learn in the field that the best informants named by steering committees and such may not prove to be the best informants once more information is gathered (i.e., as the study proceeds).

One way to double check whether or not the team has the names of the best informants (people who will ultimately be chosen for the team to observe, interview, collect their life histories, or join in focus groups) is to engage in a "snowball sampling" strategy. This works in the following way. Begin by selecting one or two of the recommended informants who seemed to be at the top of everyone's list including names given by team members who are already part of the target community, if the study is using a community-based participatory research (CBPR) approach. Contact these individuals and ask them to provide names of others who would be in positions to give equally valuable information (about the same topic, another dimension of the topic, or a related topic). Contact these new individuals and repeat the process. Over time the implementation team should end up with a core group of names repeated again and again—and it is our experience that this almost inevitably happens. This strategy will give the team confidence that they will be including key informants with the best information. However, Spradley (1979, pp. 46-54) goes further in identifying the best informants from a larger pool. He provides five guidelines for selection of key informants, and four of these would be relevant to the Rapid Ethnographic Assessment. The guidelines are paraphrased below.

1. *Thorough enculturation*. Good informants know their culture well. This would be relevant in STD assessments, whether this is the subculture of IV drug use, the inside world of hospitals or social service agencies, or practices within gay spas. But enculturation is more than knowledge. The best informants are also habitual participants in the practices within these worlds.
2. *Current involvement*. Spradley advises against using informants who are not currently involved in the cultural scene. Practices are constantly changing, as are the potential informants. For example, one might find an informant who spent 10 years frequenting a gay spa or another informant who spent 10 years treating STDs in a healthcare center--but questions might be raised about why the person no longer does these things. The individuals might have made changes because of dissatisfaction with the past or adopted new ideologies and the

information given might therefore carry a bias. To demonstrate this point, just ask a religious convert to describe beliefs and practices associated with his/her former religion.

3. *Adequate time*. Key informants might be observed or interviewed over hours, days, or weeks. The implementation team would need to know in advance if the potential informant has the time to devote to the study. We find, however, that informants very interested (and involved) in the study often find ways to make the time.
4. *Non analytic*. Spradley argues that researchers need to avoid one kind of informant. This is an individual who has already formulated "rules" behind behavior on his/her own (but often without the support of others or consideration of actual evidence). This may be a person who gives information on what "should" be, per a personal theory, rather than what actually is. This can be a problem when interacting with any informants, but particularly when interviewing professionals in healthcare or social service facilities. It is sometimes difficult to learn about patients/clients from the point of view of these professionals, as many are deeply invested in their own theoretical perspectives. See the example below.

I was working with a major university center to evaluate a program where a healthcare facility provided medical and psychosocial services to children who were victims of gunshot violence. The program provided the children and their families medical care, social work intervention, psychological services, and referrals into social programs. As part of this evaluation we interviewed the families who were served and the healthcare professionals.
In our open-ended questions we asked the patients and their families to describe the healthcare professionals that had served them and the services they received; and we asked the healthcare professionals to describe their patients and the services they provided. In the latter case the healthcare professionals described the services provided concisely, but when discussing the patients they often did so in the context of their own theories on why the children had become victims of gunshot violence. In a few cases, such as among the psychologists, information was offered based on what they actually knew about the patients' backgrounds and their families, but in other situations the descriptions were based on pure speculation based on their pet theories. For example, approximately half of the doctors, nurses, and social workers that had treated the patients only in the emergency room described the children (albeit victims) as "gang kids" from bad home environments. Assumptions about the backgrounds of the children were made based on their theoretical leanings rather than what they actually knew.

Sampling in focus groups. An ideal focus group size is six to twelve members. The ideal focus group will also be homogeneous in some key way but made up of members who do not know each other. People tend to feel more comfortable and exchange more information in a group with shared characteristics or experiences. But the point that focus group members do not actually know the other participants also allows them more freedom to express personal information without the fear that the information will become known to their family and friends. The strategy is thus a good one when conducting focus groups among people with STDs. An infected person might be more willing to discuss their experiences when in the company of other infected people (rather than, say, being alone with an interviewer), yet because they do not know the other focus group members they have minimal fear of their status being revealed to their family, friends, or neighbors. See more information on focus group composition in the section, Data Collection—Qualitative Strategies.

The next section discusses case studies as a form of sampling.

Sampling through case studies

A case study examines events or cases within real-life contexts. Hamel, DuFour, and Fortin, in *Case Study Methods*, define case studies simply as "an in-depth study of the cases under consideration" (1991, p. 1). As such, a case study is a sample. It is also purposeful in nature because most case studies are conducted in order to gather detailed information about a particular process or interactive environment, such as ways decisions are made in a specific context. Case studies are designed to isolate a particular dimension of what researchers are studying and look at this aspect closely. Case studies can employ qualitative, quantitative, and mixed methods.

The implementation team could include case studies in their assessment when they need to investigate some dimension of their study more closely. For example, the implementation team might be assessing the need for STD services in an area and conducting surveys with an STD-affected community. They might have asked the participants in the survey where they went to receive particular services. The team might learn that the STD-affected community used one institution or program very frequently, another fairly often, and another very infrequently. From these responses alone, the team could not know if the program used by nearly everyone offered better services, or offered less expensive or free services, or if it simply was more well known, or if it offered a wider range of services enabling consumers to access all their needs in one stop. This would be a good opportunity for the implementation team to conduct case studies of the three programs. The case studies might comprise a range of methods, including interviewing service providers and

program consumers, observing services in progress, investigating referral networks to the programs, reading the program descriptions in brochures and community bulletin boards, and quantifying documents such as activity or sign-in logs.

Specialists in case study research such as Hamel and Yin (2003) caution researchers not to rely on data from one case study to make any generalizations about a process, but that they need to work with multiple case studies. Yin (pp. 53-54) suggests multiple case studies of contrasting situations, as one way to develop an in-depth understanding of a particular situation.

Qualitative sampling is purposeful because it is aimed to shed light on phenomena in its full variation. In contrast, quantitative sampling seeks representativeness.

Sampling in quantitative research

Samples in quantitative research are usually designed to be representative of larger populations. This is most often accomplished through random sampling. The first question the implementation team may ask is: How large should a sample be? Most of us hear statements describing opinion polls that say something like: "The poll has a 5 percentage point margin or error" or "The poll has a 10 percentage point margin of error." The 5 percentage point (or lower) option tends to be an almost universal standard of acceptability in large-scale studies. However, the limited time and resources involved in an REA may preclude this level of statistical reliability. This is a decision that must be made by the implementation team, and the team should be prepared to justify the decision when presenting findings in any format. The team should always realize that the larger the percentage point margin of error, the less one might be able to say about the findings. For example, imagine the team selects the 10-percentage point option, and a survey question asks respondents whether a certain assertion about STDs is "true" or "false." Say that the findings show that 41 percent of this sample got the answer right. One cannot really then say that less than half got that answer wrong, because "half" falls within the 10 percentage point margin of error.

A table appears in the appendix for Chapter 4 that can guide the implementation team in making the decision in how many individuals to include in the sample.

Three types of random sampling will be discussed below.

***Simple random sampling*.** A simple random sample is a good choice when the implementation team wishes to conduct a survey of a population where the team does not expect to have low proportions of subgroups in that population--subgroups that are relevant to the study and need to be adequately represented. For example, suppose that the team is studying nutritional/food needs of people living with HIV, and the team and the collaborating stakeholders believed that the best study population would be clients that frequent a particular food bank for people with HIV. Staff at the food bank will probably know the size of this population through sign-in sheets and will likely know the demographic make-up of the group as well. If the staff indicate that the proportions of ethnic groups in that population are fairly even in size, then a simple random sample will suffice. However, if a category of important respondent is rare, a different strategy may be needed (see below). These categories might apply to the proportions of genders and types of sexual orientations as well, wherever these subgroups are particularly relevant to the study. The issue here is that a simple random sample might entirely miss a very small group, or the numbers in that group may end up being so small in the sample that the findings may be misleading.

How does one draw a random sample? To answer that question the team should turn to the table of random digits in the appendix. The table and instructions will provide the team with random numbers to use in sampling. In the case of the proposed study above, these numbers could then be applied to people visiting the food bank as they arrive. For example, the random numbers could be applied to people signing in for the service. (In this case the team should work out a way to screen for duplications—clients that come more than once in the prescribed period of time for the study. This can simply be done by asking the clients as they sign in if this is the first time they have been to the food bank in the prescribed time period.)

***Stratified random sampling*.** Imagine in the above proposed study that the staff at the food bank informed the team that only 5 percent of all who frequented the food bank were custodial parents. The implementation team would realize the importance of including this group in a food needs study of people living with HIV. Suppose that 300 clients used the food bank, which means that 15 would be custodial parents. If the team used a simple random sample with a + 5 percent margin of error, the total number in the sample would be 169, but it is likely that only 8 or fewer of this number would be custodial parents, and this small number might fail to provide the research team with the needed information. The study then calls for a stratified (random) sampling plan. This means that the team divides up the population between "custodial parents" and "all others" and then uses the table to select the number of people that would go in each group. Thus the sample would call for 15 (or all) custodial parents and just under 169 "all others." The actual cases (those who make up the sample) would then be selected randomly. However, when using stratified sampling, the

implementation team must know the proportion of the subgroups in a population ahead of time. Care must also be taken in analysis and reporting of results to avoid misrepresentation due to the over-sampling of the rare cases.

Cluster random sampling. Cluster random sampling is a very good choice for the REA when the implementation team wishes to conduct a survey over a geographic area. Bernard (2006, p. 157) describes cluster sampling below.

> *Cluster sampling is a way to sample populations for which there are no convenient lists or frames. It's also a way to minimize travel time in reaching scattered units of data collection. Cluster sampling is based on the fact that people act out their lives in more or less natural groups, or "clusters."…Even if there are no lists of people whom you want to study, you can sample areas or institutions and locate a sample within those clusters.*

The idea that people act out their lives in natural groups is an important argument for cluster sampling when surveying a relatively wide area. These more or less natural clusters are a relevant aspect to study when conducting ethnographies (which center on patterns of cultural practices and ideas).

For example, imagine that the study was being conducted to find the best block in a neighborhood of 400 households to propose development of a group home for people living with HIV. While the group home would never be identified as such, those wishing to develop it realize that the residents might later learn its purpose. The developers thus want to find the block or general area where residents would be the most hospitable to this population. The job of the implementation team might be to conduct a survey asking a number of questions about attitudes on various issues, including attitudes on HIV/AIDS and those living with the disease. Imagine then that the team decided to survey heads of household in this neighborhood and the neighborhood had 30 separate blocks comprised of approximately 13 households each. In this case they might develop a random cluster sample.

The team would begin with 400 heads of household (one head per household). If the team wished to draw a random sample with a +5 percent margin of error, the total number in the sample would be 196 (or approximately half). Clustering would begin with the team laying a grid over a map of the neighborhood[1] and dividing it into the 30 "clusters" or blocks, numbering each. The team would next decide how many clusters should be sampled, and this may depend a great deal on the resources the team has to conduct this study. Let us say that the team decides that 19 clusters will be

sufficient. Then the team would use the table of random digits to select the actual numbered blocks. Next the team would divide the number sampled (196) by 19, and would come up with approximately 11. Thus in each sampled cluster (neighborhood of approximately 13 households), 11 heads of household would be interviewed (the exact 11 would be chosen by turning again to the table of random digits).

The team would then conduct the survey. In the final analysis, the implementation team should be able to identify some blocks (or a general area) where residents would be more hospitable to the group home.

A rule of thumb used by Jill Florence Lackey & Associates is to attempt to contact any individual in any kind of sample a minimum of four times (at various times of day/week) before substituting that individual.

[1]The implementation team in this case should also conduct qualitative interviews with "power brokers" and/or "gate-keepers" in potentially hospitable areas, as they may represent institutions or organizations that would not be as hospitable as the residents.

Section 6, Chapter 4: Sampling—selection of research participants

6.4.3 Learning activities

Now that the implementation team has been introduced to sampling, the team should look over the sections on qualitative, quantitative, and mixed methods data collection to finalize the most appropriate forms of data collection they will be using for this study. The methods should then be matched to sampling plans.

Time to review

The implementation team should now ask each other the following questions.

1. What are the different "intentions" of qualitative and quantitative sampling?
2. What is a "snowball" sampling plan?
3. What are some of the best ways to select informants in qualitative research?
4. Why are case studies a "sample"?
5. How does one sample randomly?
6. How does one develop a stratified (random) sample?
7. How does one develop a cluster (random) sample?

Sampling systematically

The implementation team should respond to the following questions on systematic ways to sample (also see more detailed worksheets in the appendix).

MANAGING SAMPLING SYSTEMATICALLY

1. Which forms of sampling will the implementation team use in its proposed study (qualitative, quantitative, or case study)?
2. If the team is using qualitative purposeful sampling, what steps has the team gone through to make sure its sample will be most appropriate to address the research questions (e.g., gotten nominations from the collaborating stakeholders or the pre-researched community; done a snowball sampling, gone through the four recommendations of Spradley)?
3. If the team is conducting case studies, what purpose will the case studies accomplish? Has the team selected the case study venues (these can be selected later)? If they have been selected, identify these.
4. If the team is using quantitative random sampling, which of the three models will work best in this proposed study, and why?

Quality control: Checking progress

Once the data collection is underway, the implementation team should perform quality checks on the sampling plan at agreed-upon intervals. The researchers can accomplish this by responding to a series of questions. (The more detailed worksheets are printed at the end of this chapter.)

QUALITY CONTROL ASSESSMENT: SAMPLING

1. If the team is using qualitative purposeful sampling, what steps is the team continuing to go through to make sure its sample is the most appropriate to address the research questions (e.g., doing a snowball sampling plan, going through the four recommendations of Spradley)?
2. If the team is conducting case studies, how were the venues selected? Are these studies helping to answer research questions?
3. If the team is using quantitative random sampling, what problems, if any, has the team encountered? How did the team deal with these problems?

Section 6, Chapter 4: Sampling—selection of research participants

6.4.4 Resources

Chapter references

Bernard, H.R. (2006). *Research methods in anthropology: Qualitative and quantitative approaches* (4th ed.). Lanham, MD: AltaMira.

Creswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Hamel, J., DuFour, S., & Fortin, D. (1991). *Case study methods*. Newbury Park, CA: Sage.

Spradley, J.P. (1979). *The ethnographic interview*. Belmont, CA: Wadsworth.

Yin, R.K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage.

Additional resources on sampling

Levy, P.S., & Lemeshaw (1999). *Sampling of Populations: Methods & Applications* (3rd ed.). Danvers, MA: John Wiley & Sons.

Section 6, Chapter 4: Appendix

WORKSHEET CHAPTER 4A: MANAGING SAMPLING SYSTEMATICALLY

1. Which forms of sampling will the implementation team use in its proposed study (qualitative, quantitative, or case study)?

2. If the team is using qualitative purposeful sampling, what steps has the team gone through to make sure its sample will be most appropriate to address the research questions (e.g., gotten nominations from the collaborating stakeholders or the pre-researched community; done a snowball sampling, gone through the four recommendations of Spradley)?

3. If the team is conducting case studies, what purpose will the case studies accomplish? Has the team selected the case study venues (these can be selected later). If they have been selected, identify these.

4. If the team is using quantitative random sampling, which of the three models will work best in this proposed study, and why?

WORKSHEET CHAPTER 4B: CHECKING PROGRESS—SAMPLING

At agreed upon intervals, the implementation team should check progress on sampling.

1. If the team is using qualitative purposeful sampling, what steps is the team *continuing to go through* to make sure its sample is the most appropriate to address the research questions (e.g., doing a snowball sampling plan, going through the four recommendations of Spradley)?

2. If the team is conducting case studies, how were the venues selected? Are these studies helping to answer research questions?

3. If the team is using quantitative random sampling, what problems, if any, has the team encountered? How did the team deal with these problems?

Table on Sample Size

Table of random sample sizes required to be 95% confident the population proportion is within the specified error bound (B) of your estimated proportion

Population Size, n	B=.05 Sample Size, n	B=.10 Sample Size, n	B=.15 Sample Size, n
10	10	9	8
20	19	17	14
30	28	23	18
40	36	28	21
50	44	33	23
75	63	42	27
100	80	49	30
125	94	55	32
150	108	59	33
175	120	62	34
200	132	65	35
225	142	68	36
250	152	70	37
275	161	71	37
300	169	73	37
325	176	74	38
350	183	76	38
375	190	77	38
400	196	78	39
425	202	78	39
450	207	79	39
475	213	80	39
500	217	81	39

Directions for use of the Sample Size Chart

Determine the population size from which you are sampling. Then look in the chart to the row in the first column that shows this population size. If the population size is not shown, go to the row that has a value just *higher* than the population size. Decide how close you need the proportion estimate to be to the true population proportion and use the appropriate column to find the required sample size. Example: The population of research interest has about 120 people. The team would like to be 95% confident a proportion that is calculated from a survey question[1] will be within + or - 0.10 (10 percentage points) of the actual population proportion. Referring to the above table, the team should randomly sample at least 55 people out of the 120 to obtain this desired accuracy.

[1] This should be a survey question using a dichotomous scale (e.g., "yes/no") as response options.

Table of Random Digits

Column

Row	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	4	6	2	2	4	8	5	8	1	7	2	9	5	1	0	8	2	7	8	8	4
2	6	0	8	4	6	2	5	9	6	9	6	1	3	1	0	5	1	0	0	2	5
3	2	7	2	9	8	5	1	1	9	3	9	8	1	1	0	7	6	8	6	5	1
4	9	4	2	1	9	4	9	4	1	7	4	2	4	6	3	9	5	3	0	7	5
5	8	7	3	1	4	5	9	6	7	3	6	7	5	1	1	8	5	3	9	8	8
6	0	1	2	3	8	5	4	3	1	0	2	2	1	1	3	8	8	5	4	1	6
7	5	8	5	1	9	3	7	0	4	6	5	1	6	8	5	3	6	8	6	9	9
8	6	8	9	7	5	3	4	6	3	0	0	5	6	2	6	7	3	0	6	4	5
9	1	8	7	4	6	8	6	3	6	5	4	5	3	3	9	4	0	6	9	6	9
10	8	0	9	5	4	7	3	2	4	1	1	3	4	6	9	5	1	8	6	6	3
11	9	1	2	8	1	8	8	0	1	6	1	0	1	2	2	3	3	5	3	7	2
12	3	2	6	5	7	3	5	0	2	9	8	9	4	1	2	6	6	4	2	2	7
13	0	6	3	4	0	6	1	4	8	2	2	8	4	3	1	4	8	3	8	1	5
14	9	0	7	2	5	2	5	6	4	0	2	3	1	0	9	4	7	6	2	4	9
15	4	5	7	7	8	7	1	5	2	8	5	8	0	8	1	3	3	5	0	9	0
16	6	5	9	3	9	9	6	9	5	5	0	3	3	6	3	4	3	5	0	2	1
17	9	9	8	3	7	8	0	3	3	3	3	2	2	4	8	7	0	2	9	5	7
18	0	6	2	7	0	9	8	1	3	2	9	4	8	5	0	4	4	0	1	7	6
19	5	7	5	3	8	6	9	0	8	0	1	7	3	0	3	7	4	0	1	8	4
20	9	9	7	3	5	0	8	0	7	7	9	2	4	8	6	3	0	8	5	0	2
21	1	2	2	8	7	7	1	7	2	7	5	1	9	8	8	9	6	9	8	1	5
22	8	4	9	1	7	8	2	8	8	8	0	6	0	6	6	2	8	4	7	5	8
23	0	4	1	7	4	5	8	1	2	4	4	0	9	7	7	0	8	7	0	9	0
24	5	9	4	6	4	8	7	9	6	6	0	0	6	9	1	8	6	6	8	8	6
25	3	4	9	5	4	6	0	8	2	4	4	8	7	7	0	2	6	8	2	6	2
26	6	3	7	7	3	0	8	4	9	4	8	2	5	8	8	1	3	2	1	3	0
27	9	1	2	8	2	3	6	3	3	4	9	0	3	8	8	6	0	2	0	4	8
28	2	0	9	8	5	5	8	4	1	1	8	5	4	7	5	2	7	5	1	2	0
29	2	2	1	8	3	7	9	4	6	8	4	8	6	4	7	0	5	6	8	3	1
30	2	7	1	2	2	6	6	1	3	0	3	4	1	3	8	4	6	1	8	8	6

How to use the table of random digits

Assign a number to each case or member of a population. If the population size is between 10 and 99, assign two digit numbers to each member of the population. If the population size is between 100 and 999, assign three digit numbers to each member of the population. To randomly choose participants from the population, arbitrarily pick a row from the table of random digits and look at groups of numbers (groups of two numbers for populations between 10 and 99 and groups of three numbers for populations between 100 and 999). Whenever a group of numbers is one of those assigned for a member of the population, that member is selected for your sample. If a group of numbers is bigger than the population size, skip that group and go to the next group. If a group of numbers comes up again for a member you already selected, skip over that group. When you come to the end of a row, start your number grouping over at the beginning of the next row. For example, say 82 people exist in a population. We number them 01, 02 and on to 82. Say we pick row 7 from the table of random digits. The sequence of numbers in this row (5 8 5 1 9 3 7 0 4 6 …) should be grouped into two digits like the following: 58 51 93 70 46, etc. Then we see the members numbered 58, 51, 70, 46 would be selected for our sample. Notice, 93 is skipped over because it is larger than our population size of 82. Continue in this fashion until you have enough members for the sample.