

# Exploring the Impact of Interview Location on Knowledge Development



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## Abstract

In ethnographic and participatory studies, the study location is often claimed to have an obvious significance, whereas, in the methodology literature on qualitative interviews, this aspect is frequently treated as a pragmatic issue. Based on this background, there are claims that the location of an interview should be understood as a fundamental, active aspect of the research process as well as a sensitizing concept. Considering this ambition, the aim of this article is to develop further insights into how different interview locations may contribute to knowledge development regarding the issue being studied. Based upon a study on cancer survivorship and experiences from conducting interviews in three different settings, namely the participants' home, an office on the university's premises, and a cancer care center located at a hospital, this paper illustrates how the choice of location may have an impact and evoke insights and knowledge regarding the research issue. The interviews conducted in private homes provided insights into how life post cancer implicated a more house-bound lifestyle than before, with a risk of becoming isolated. The hospital setting yielded responses that were more mixed. While some could not stand coming there, others considered the hospital to represent safety. The third interview location, an office at the university, was the most 'formal' location and seemed to resonate with the participants' present busy but exhausting work life.

## Keywords

methods in qualitative inquiry, narrative research, qualitative evaluation, conversation analysis, discourse analysis

## Introduction

As part of a research study on the human and social aspects of cancer and cancer survivorship, we conducted in-depth qualitative interviews with individuals who have lived through and beyond cancer. Through the course of conducting the interviews, we became aware of how time-consuming some interviews were compared to others. While this diversity seemed to be partly related to how talkable the participants were, it also tended to depend on where the interview took place, i.e., the interview location. During the process of reading and analyzing the interview transcripts, the research group continued to discuss if and how different interview locations in our project had an impact on not only the length of the interviews but also what we learned from them. Even though all the interviews were approached using the same opening question and interview guide, we discussed whether particular issues and aspects related to life after cancer were

discussed differently—more deeply or, perhaps, more superficially—depending on the interview location. In other words, we asked ourselves, 'How did the location impact the interviews as social and relational communication processes,

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and what could we learn from the choice of interview location?’

In ethnographic and participatory studies, the study location is often claimed to have an obvious significance (Tuck & McKenzie, 2015), whereas this does not seem to be the case in the methodology literature on qualitative interviews. In the latter context, location is often treated as a pragmatic issue and is dependent on what is most convenient for the interviewee and researcher in addition to being a quiet place where one can talk without interruptions (Kvale & Brinkmann, 2015). Overall, qualitative studies tend to emphasize that study participants should be at liberty to choose the interview location (Green & Thorogood, 2018). With this background, Elwood and Martin (2000) have been influential in advocating for paying more attention to how interview locations play an important role in the research processes (Anderson & Jones, 2009; Gagnon et al., 2015; Sin, 2003; Tuck & McKenzie, 2015). They argue that careful observation of the surroundings and interactions that constitute an interview location can inform the researcher’s understanding of the research question, interpretations of the interview as well as ethical considerations, including how power relations are constructed (Elwood & Martin, 2000). Based on their experiences of conducting interviews in private homes, hospitals, local health care centers, and academic offices, Gagnon et al. (2015) claim that an interview location should be understood as a fundamental active aspect of the research process as well as a sensitizing concept. Particular attention should be paid to how questions concerning participants’ vulnerability, visibility, privacy and confidentiality, and disclosure of identity are related to the interview location and to the significance of researcher reflexivity in becoming aware of and handling these and other location-specific phenomena (Gagnon et al., 2015).

The interview location may also be affected by political views, as is the case in Herzog’s (2005) study of the social experience of Palestinian women within the peace movement and institutions of higher learning. According to the author, the women’s choice of interview location was a way of articulating their socio-political views against the various interviewers who were of Palestinian and Jewish backgrounds. Locations are, in other words, a significant aspect of the research process. However, this does not imply that different interview locations automatically generate particular types of insights or knowledge. As Anderson and Jones (2009) argue, it is more about being aware of the fact that all steps in a research project are embedded in theoretical and cultural contexts and that aspects such as gender, class, age, and a given location affect the research process and outcomes. Nevertheless, we find that Kvale and Brinkmann (2015) are right when stating that little attention has been paid to the physical location and material context of qualitative interviews and trying to connect what is said by research

participants with where they say it [also see Jones (2008) and Michael (2004)].

Thus, the aim of this article is to develop further insights into how different interview locations may contribute to knowledge development regarding the issue under study. As an example study, we use the aforementioned research project on cancer survivorship and our experiences of conducting interviews in three different settings: the participants’ homes, an office on the university’s premises, and a cancer care center located at a hospital. These are used to illustrate how markedly different locations, characterized by their own conventions and (un)familiarity to the participants as well as the researcher, may affect how the questions and issues associated with life post cancer are approached and, further, how locations may evoke insights and knowledge regarding the research issue.

### Example Study

In this article, we analyze our experiences of conducting qualitative interviews at different locations with 22 cancer survivors who presented colorectal (10) and gynecological (12) cancer. We recruited 20 participants through collaboration with a hospital, while the remaining two participants were recruited through a patient interest organization. All interview participants had been cancer-free for three to 5 years and were between 20 and 70 years old. Two pilot interviews were conducted by the first and third author, and 20 interviews were conducted by only the first author.

The interviews started with a general introduction and an open invitation, such as ‘tell me the story of your illness and life thereafter’ (Frank, 2010, p. 44), and were further based on a thematically structured interview guide. Possible themes were the role of social support/family adaptation, pain management, intimacy and sexuality, long-term side effects, life purpose, multiple possible losses, altered meaning of life and health, and altered self-identity. The interviews went on for one and a half to 3 hours. One important aspect when the interviews were conducted in private homes was the presence of family members. As they participated in the interviews/conversations to some extent, or at least offered insights into life post cancer, one might consider addressing the possibility of acquiring consent not only from the interview participants (as we did) but also from their relatives. All interviews were recorded, stored safely, and transcribed verbatim as well as translated from Norwegian to English.

The participants were allowed to choose among the three interview locations. The intention behind presenting them with alternative locations was to provide them with a certain level of empowerment to select what was most convenient for them. The aim of the interviews was to explore the participants’ experience of the disease and life thereafter as well as develop novel knowledge about the human and social aspects of life after treatment for gynecological and colorectal cancer. We wanted to understand individuals’ cancer experiences, especially related to aspects of life after cancer that are

considered socially and culturally muted, such as the health challenges caused by the late effects of cancer treatment, anxiety, fatigue, and the overall chaotic and chronic sides of cancer.

## Ethics

The study was conducted in accordance with the Declaration of Helsinki (World Medical Association, 2022). It received pre-approval from the Regional Committee for Medical and Health Research Ethics, the Norwegian Data Protection Authority, and the Institutional Review Board at the Norwegian Radium Hospital and Oslo University Hospital. The participants received detailed information about the interview in advance and signed a declaration of consent. The research group further followed the principle of non-maleficence (Polit & Hungler, 1999), which entails considering the ethical issues and potentially vulnerable aspects associated with interviewing survivors in the context of cancer survivorship.

## Reflecting on Interview Locations

In this paper, we are not only interested in *what* the participants told us about how their lives were during and post cancer but also *how* they talked about their experiences given the participant–researcher relation, interview location, and the broader context (Kvale & Brinkmann, 2015). Aligned with this way of understanding qualitative interviews, Kvale and Brinkmann (2015) use the metaphor of a *traveler* to describe the researcher or interviewer. The interviewer-traveler is interested in ‘the landscape’ and in the people living there, essentially exploring the unknown. We recognize not only aspects of the traveler metaphor in how the interviews in our study were carried out but also how the ‘journey’ of conducting interviews about the lived, sensitive aspects of cancer is thought-provoking in many ways. The journey instigated reflection in the interviewer (Kvale & Brinkmann, 2015), who wrote down her thoughts and reflections after each interview. The notes contain information and thoughts regarding where and how the interview went, if something specific happened, if other people were around and what they did, whether participants talked easily, if the interview felt like a conversation rather than just a series of questions and answers, and how the meetings and stories impacted the interviewer. The notes were shared with and discussed among the researchers and served as the starting point for this article. We became interested in the interview location as a productive aspect of knowledge development and started to think about and discuss how the different locations used in our study could have influenced how the participants responded to the invitation to share the story of their illness and life thereafter. In other words, we created what Doyle (2013) calls ‘a thinking space,’ led by interest and curiosity, for interview locations. This kind of reflexive process contributes to insights into the issue at hand as well as to transparency, which is a sign of quality in

qualitative research (Bazeley, 2013). To determine the role of location, we asked and discussed what in particular made the first author feel like an insider or outsider, why she felt comfortable or uncomfortable, and how her style of interviewing was transformed or affected by the interview location (Gagnon et al., 2015).

In the subsequent sections, when we refer to the researcher, we refer to the person who conducted the interviews, and her observations and experiences, whereas, in other places, we use the term ‘we’ to signal that we refer to the discussions and reflections of the research group.

In this article, we consciously employ the term ‘location’ instead of ‘space’ or ‘place.’ ‘Location’ refers to a unique place with social and cultural characteristics. It is *the* actual physical place where a meeting—which includes a qualitative interview—between the researcher and an interview participant took place (Elwood & Martin, 2000; Herzog, 2005). Crucially, it is not merely the settings or, as Herzog has pointed out, the study topics that determine the significance of the interview location; rather, it is the interaction between the researcher and the participant in particular settings (Herzog, 2005, p. 44).

## Private Homes

In our study, private homes served as the location for seven interviews. Four of the participants were survivors of gynecological cancer, and three were survivors of colorectal cancer. The participants’ explicit reasons for opting for a private interview setting varied between geographical distance, health challenges related to travel, and caring for infant children. Reflecting on the immediate reasons that were provided in relation to what the participants shared about their daily lives, it became clear to us that severe health challenges and the late effects of cancer treatment seemed like the common reason for them choosing their homes as the interview location. Practical and relentless needs such as proximity to a (private) bathroom due to bowel-related issues or stoma were imperative for several participants. One of the participants, Emma, spoke about this need as follows:

My intestines are not doing so good. I’ve probably got some radiation damage down there. I’m sort of like that; I can go to the bathroom, on bad days, maybe like fifteen or twenty times. I cannot leave my house, I’ll have to wait, sort of—until I’m done. Because then, I have to go to the bathroom. I can’t wait. I must know that I am not too many meters from a toilet.

Through several accounts like this one, which often came up rather late in the interviews, we became increasingly aware of how life after cancer could become a life spent more within the confines of the participants’ homes. This was a significant change for some of the participants but a predictable and safe way for them to handle the bodily changes they were experiencing. According to Gullestad (1989), a (Norwegian) home

symbolizes independence, freedom, community, care, and safety. By conducting interviews about life post cancer in private homes, we came to understand that these attributes may be even more important to the participants. When everyday activities such as going to the bathroom become a barrier for outdoor activities and a social life, the home could be perceived as a place where life is easy, where the participants can more easily be themselves (Gullestad, 1989).

Gagnon et al. (2015) argue that interviewees are more easily distracted in home settings, be it by the other people present or other potentially disturbing factors. In some of our interviews, a spouse or family member was present, particularly during acts of hospitality, such as the serving of food and drinks. Sharing a meal was a distinct social feature of the interviews held in private homes. We did not find these situations disturbing; rather, it was quite the opposite, as these situations provided access not only to the lives of the participants but also to how life post cancer was perceived and handled by family members such as spouses. When the researcher arrived at Parker's house, for example, his wife had made lunch, and the three of them spent a long time eating before Parker's wife left and the actual interview began. By this time, the researcher had come to know a great deal about Parker and the life he shared with his wife and family. She knew the names of his children and grandchildren and how much he loved being able to contribute to his family by looking after his grandchildren. The researcher became aware of how much effort he had put into refurbishing his house during the days of his illness. During the hours spent with Parker, the researcher came to realize that he was living a very vital and active life after cancer compared to other interview participants. However, because the researcher had met and talked to his wife, she also knew how anxious Parker's wife had been for him and continued to be. In this and some other situations, what was planned as an interview with a single participant turned out to provide a larger narrative about how cancer survivorship affected not only the individual but also their family relations and surroundings, thus emphasizing the extent to which illness narratives are socially embedded.

Further, spending time with Parker and his wife meant that the researcher earned a series of conversational and referential pegs upon which to hinge the interview and Parker's cancer survivorship narrative. This functioned as a means of broadening and nuancing our conversation, ultimately supplementing our understanding of cancer survivorship. It became apparent, as others have pointed out, that the advantage of conducting interviews in private homes was the immediate access to additional and contextualizing knowledge (Downey et al., 2007; Lewis & Graham, 2007), such as an individual's marital situation, family relations and hobbies.

As the above examples illustrate, conducting interviews in private homes might modify the power dynamic that is otherwise intrinsic to qualitative interviews. Conventionally, the researcher is in control of the timeline and the questions asked as well as the entire framing of the interaction and is, as such,

the one in power. The home setting may help balance the power dynamic between the researcher and participants, who may feel more in control in their own homes (Sivell et al., 2019). In the researcher's experience, which was also demonstrated when reading the interviews, participants generally displayed a distinct form of inquisitiveness at home, for example, by asking more questions about the study, the motivation behind the it, or about the researcher's private life. Reflecting on this specificity might indicate that private home settings significantly contribute to equity between the participant and researcher and facilitate a trust-based conversation. This is an important consideration, especially for researchers conducting interviews on sensitive health issues, and aligns with the findings of Adler and Adler (2002), who claim that sensitive or personal issues are generally better addressed in a private home atmosphere, as this provides a familiar and friendly setting. The only exception in this regard is when the nature of the interview is such that the participant prefers to be away from their family members. Thus, our experience is that private home settings contribute to a fuller understanding of cancer survivorship in the context of 'life as a whole' by yielding implicit and explicit personal and relational experiences that might be more difficult to access in other locations.

Correspondingly, this also means that a home setting tends to be more unpredictable for the researcher than locations that are more public. Stepping into someone's home to conduct an interview has been compared to entering the 'unknown' (Bashir, 2020). A research interview is an unfamiliar social situation for most people; but when the interview takes place within a home-like atmosphere, our experience is that conventional habits regulate to some extent how the time is spent and what is addressed and revealed during the conversation. With regard to the interview with Parker, the nature of the visit reminded the researcher more of a family visit and left her with a feeling of being invited almost too far into their lives; too much was revealed, and the researcher was not quite sure how to handle it. This feeling seems to be in line with Bashir's (2020) descriptions of how researchers may experience a feeling of powerlessness when they get to know research participants' suffering and vulnerability but are not in a position to help them.

## Cancer Care Center

A total of eight interviews took place in a cancer care center that offers a wide range of social activities, various courses, and coaching programs to cancer patients and their families. Five of the participants interviewed at this location were female survivors of gynecological cancer, and three were male survivors of colorectal cancer.

All the participants who chose the cancer care center as their preferred interview location had been there before. During the interview process, the researcher became aware that returning to the center as a cancer survivor and research

participant invoked emotional reactions in the interview participants. It quickly became clear to researcher that some of participants found it challenging to come to the hospital and the cancer care center, let alone be interviewed about their cancer experience at this location. When participant Louise was asked how she felt about coming to the location, she spontaneously exclaimed that she loathed the smell of ‘those bloody bread rolls at the newsstand!’ They reminded her about the difficult time associated with her cancer treatment.

Overall, the cancer care center location affected the data in two specific ways. First, the location seemed to have affect how the subjects responded to questions, as the interviews revolved around the time spent in the hospital while receiving cancer treatment to a larger degree than they did in private homes. This is to say that, in these interviews, it took longer and was harder to arrive at participants’ present-day experiences of having survived cancer. The interview location itself, with its immediate proximity to radiation departments and the sense-invoking climate of a hospital, played a central role in creating such a situation. Further, for some participants, it seemed to bring back distressing memories. For example, the interview with Lucy—who had walked through the radiation department prior to the interview and was visibly emotionally distressed by the experience—started in a rather unrelaxed atmosphere as compared to the interviews conducted in private homes. By connecting this observation from the field notes to her wider account of the severe treatment she had been through in the same area made us more aware of the fact that sensory experience is also an aspect of cancer survivorship. However, other participants who had been frequent visitors to the center throughout their cancer treatment and after they had been cured spoke of feeling a sense of belonging, of returning to a familiar, safe place associated with people who had helped them during a period of life-threatening illness. Thus, the interviews at the cancer care center invoked diverse emotions among the participants and served as a reminder of the value-loaded nature of medical institutions.

Second, the interviews conducted at the care center tended to revolve around the initial part of the cancer trajectory and the hospital-related aspects of cancer treatment. In contrast with the interviews conducted in private home settings, these interviews provided more detailed accounts of the associated hospital treatment. One reasonable interpretation of this is that the cancer care center’s location in a hospital building is primarily associated with medical expertise and clinical treatment. Often, the participants would strive to provide a chronologically verifiable account of their trajectory, sometimes leading them to apologize for memory loss or a lack of recollection of precise dates or other details. Importantly, many of the participants cited a need to contribute to improving clinical protocols as a key motivation for their participation. In this light, being able to provide an accurate account of their experience, and especially their clinical trajectory, was an important part of helping future cancer patients and fellow

humans. In this respect, the care center location positively contributed to our data collection process by evoking accounts and experiences that could be directly referred to the clinic and be used to improve clinical protocols.

## University Office

The third location in our study was a university office. Six interviews were conducted at this location. Five of the interviewees were women. Three participants were survivors of gynecological cancer, while the other three were survivors of colorectal cancer. The university premises served as an office space for the researchers.

An office location might seem like the antithesis of a private home setting. In our case, the office was in a four-story concrete building surrounded by other similar buildings next to a university campus. The first thing you encounter in this building are students sitting in the first-floor coffee shop. The researcher would normally meet the participants in the coffee shop and walk with them to the office reserved for the interview. The experience was very much like any ordinary white-collar workplace meeting, with nothing indicating that the upcoming conversation would be particularly personal or sensitive. That said, the university office was the researcher’s ‘home turf’ and, as such, called for being aware of how this location might affect the equity between the participant and the researcher.

All the participants who opted for this location came in for the interview either after work or while on an extended lunch break. They often cited location as a key motivator. The university is easily accessible through both public and private transport and is close to downtown, where many people work. To some extent then, the interviews conducted at the university premises might have had more of a work life characteristic to them. If so, this seemed to have some influence on the participants’ accounts, as a majority of the conversations tended to start out with something related to the participants’ work, the kind of work they did, and how their work had been affected (or not) by their cancer experience. Although, many of the participants did express conflicting feelings about their work, saying that it was equal parts meaningful and exhausting. On the one hand, their jobs gave them a sense of purpose and meaning in life. Benny, who had been through an extensive surgery for colorectal cancer and lived with severe unpredictable bowel movements, underlined this aspect, saying, ‘When I’m at work and things like that, I forget everything. Then, it’s sort of different from focusing on those things there.’ On the other hand, despite their physically strong appearances, the repercussions of cancer (fatigue, unpredictable bowels, and neuropathic pains) meant that it was difficult to have the energy to combine work with a social life. Joanna expressed this as follows: ‘It feels nice to be able to go back to work after treatment, but then... I just stay seated. I am physically present at work, but I don’t contribute much.’

In addition, several of the participants who came to the university office experienced a double burden of concern. They expressed concern that their health would force them to stop working and worried about the resulting financial consequences.

In this respect, the location, with its proximity to the participants' workplaces and its associations and ramifications with regard to being a well-functioning working citizen, generated a wider perspective on cancer and life after it. Overall, the participants who came to the university could be said to be further away from being perceived as 'sick' and closer to being seen as 'survivors' than those interviewed in their homes or at the cancer care location.

## Conclusion

In this article, we have used our experiences of conducting qualitative interviews at different locations to reflect on how a particular location may contribute to knowledge development. A study on cancer survivors' experience of the disease and life thereafter was used as an example study. Inspired by Doyle (2013), we tried to approach the field notes and interviews with the participants with critical self-awareness and, thus, created a kind of reflective 'thinking space.' In our reflections and discussions, we paid particular attention to the material surroundings and how this influence what the participants shared and how.

The interviews conducted in private homes gave us insights into how participants' lives post cancer may be quite different from those before they were diagnosed. Even if they had become cancer-free, what they had been through continued to affect their lives as well as those of their next of kin. Due to bowel-related troubles, frequent diarrhea and fatigue, some participants were mostly house-bound and at risk of becoming isolated. Further, life with their family, friends, and hobbies went on inside the home. Conducting interviews at home provided quite an extensive picture of participants' safe, present post-cancer everyday life. The interviews conducted at the cancer care center tended to have a slightly different form and differed in terms of content. Instead of discussions about the present, it seems that being located close to the hospital triggered accounts of the participants' cancer treatment. Interestingly, the hospital evoked mixed feelings in the participants. While some could not stand coming there, it represented the feelings of safety and belonging for others. The third interview location, the office at the university, was the most 'formal' location and fitted within the participants' present, busy everyday life. Cancer survivorship is also about returning to a former 'normality,' where work plays an important role. Locations evoke sensory feelings, sentiments, and thoughts in us precisely because of what they represent—or do not represent—and, thereby, influence the ways in which a researcher and participant interact, and the knowledge produced in the process.

Through this article, we have contributed insights into how a qualitative interview is always mediated by setting or location (Kvale & Brinkmann, 2015). Our experience is that different interview locations stimulate different research questions and make us aware of and help us articulate the 'unnoticed' (Michael, 2004). To not take location for granted and be explicit about it as an active interview element contributes to research transparency (Bazeley, 2013) and research quality.

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## Availability of data and materials

Due to the nature of this research, the participants of this study did not permit the sharing of their data publicly, so supporting data are not available.

## Institutional Review Board Statement

This study was conducted according to the guidelines of the Declaration of Helsinki. It received pre-approval from the Regional Committee for Medical and Health Research Ethics (2019/984-1) and approval from the Norwegian Centre for Research Data (873925) and the Privacy Commissioner at the Norwegian Radium Hospital.

## Informed Consent

Informed consent was obtained from all the participants involved in this study.

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