Out in the cold: a guide to survival in community surveys

Geoffrey Wolff and Soumitra Pathare

Literature giving a 'behind-the-scenes' view of community-based research is, at best, sparse. Most authors present only the finished product leaving others with the task of forever re-inventing the wheel. This paper provides a light-hearted account of the bitter-sweet experience of conducting a survey of community attitudes to mental illness. The survey was part of a controlled trial of an educational campaign for neighbours of residential facilities for mentally ill people. It involved interviewing members of the local community in their own homes. The paper highlights common pitfalls and gives practical advice for the novice researcher.

Before conducting a community survey, the novice researcher has little idea of what lies ahead. Colleagues conducting community-based research often bemoan the fact that there seems to be no literature to guide them and that published research tends to be presented as a polished fait accompli with little or no discussion of common pitfalls or practical advice for people venturing out into the field for the first time.

An eight point guide

Selecting the sample

Initially, we planned to identify and recruit our subjects using the electoral register. This turned out to be more difficult than we had anticipated. Many people who were on the register had already moved away and many who lived there were not on the register; one reason, perhaps, being to avoid poll tax. We therefore resigned ourselves to knocking on all the doors in our target areas to find out exactly who lived in each residence.

Lesson no 1: official figures are almost always unreliable!

Timing of the survey

This created its own set of problems. Very few people were in during working hours. This meant that most of the work had to be done after six o'clock in the evening. After a week of evenings in January spent braving the cold, the rain and the dark on the streets of Brixton, and with plenty of drenched paper and very little to show for our efforts, we were almost ready to throw in the towel; but somehow we persevered!

Lesson no 2: the bulk of the work may well have to be done in the evenings, so beware! It is preferable to start such work in the spring; pleasant weather and longer days can make the work comparatively easy.

Getting a foot in the door

One of the most frustrating aspects of the work was people's reluctance (probably justified) to open their doors. We would see people in the house or hear the television, yet get no answer. We were later told that we had been mistaken for Jehovah's Witnesses and door-to-door salesmen and it was only after we had interviewed several people that they informed others who we were and then opened their doors to us.

Lesson no 3: it is useful to get to know a few people in the neighbourhood and then ask them to introduce you around. It is also important to carry an identity card. People frequently ask to see it and scrutinise it well. It is therefore helpful if the photograph on the card resembles your current appearance!

Safety

Some of the residents in the neighbourhood were upset with the idea of mentally ill people in their midst and sometimes projected their anger on to us. There were occasions when we did feel threatened. In both areas, there were reports of mugging and in one area of drug dealing and a shooting.

Lesson no 4: it is advisable to go out in pairs for your own safety and this also helps to kill the time between appointments. Carry a mobile phone if possible and let someone at work know exactly where and who you are meeting that evening.

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521
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Lesson no 6: depressive realism is an invaluable
asset in estimating the total time required to
complete the work.

Failure to enter and attrition rate
We managed to interview 70% of the target
population. A further 20% refused and 10% could
not be contacted or could not cooperate because of
language differences or ill health.

At follow-up, one striking finding was that over
30% of respondents interviewed at baseline had
moved away within the two years of the study.
This may well influence researchers doing a
longitudinal study in the choice of time between
baseline and follow-up surveys. If the study can
be done in one year rather than two, the attrition
rate will be significantly reduced. In addition,
almost 10% of respondents refused a second
interview. These tended to be the people with
more negative attitudes in the first instance. Just
over 10% could not be contacted, defaulted from
arranged interviews or were unable to cooperate
because of ill health. Taken together, these,
brought the re-interview rate down to about 50%.

Overall, therefore, longitudinal data was available
only on 35% of the original population. This
clearly has implications for both the power and
the generalisability of the study.

Lesson no 7: ‘Oversample’ at baseline to get
sufficient follow-up subjects and make your
follow-up period as short as possible, here again,
depressive realism is an asset.

Social life
When we first started interviewing, we wasted a
lot of time at weekends trying to get interviews.
People did not take kindly to being wakened on a
Saturday morning to be interrogated about their
views on mental illness. The small window of
opportunity in the afternoon before people went
out for the evening also yielded poor results, as
did Friday evenings. Friends, if you still have any
by now, will probably spend more time talking to
your answer-machine than to you.

Lesson no 8: fit all your interviewing into week-
days. It is not worth sacrificing your social life,
and possibly your sanity, for such a small return
at weekends.

Comments
This work was conducted in areas of London with
significant levels of social deprivation and crime.
There were particular problems associated with
this and the surveys may well have been easier (or
perhaps even more difficult) in a different setting.
However, community surveys clearly do require a
good deal of dedication and perseverance and
they gobble up your time greedily. It is difficult at
times to keep up the momentum and morale as,
once started, the task may seem daunting.
Indeed, the battle-cry of Alcoholics Anonymous,
‘one day at a time’, may be usefully adopted as a
community researcher’s mantra although the
subject matter is somewhat less addictive.

If the prospective researcher has not been put
off the task yet, there are some clear rewards
which are appreciated more fully in retrospect.
The experience has given us valuable insights
into the nature of communities in London and
people’s attitudes toward mental illness. This
insight could not have been gained by our work
in community mental health teams where we
come across patients, care staff and relatives but
rarely meet ‘the community’.
And finally: would we do it again? Well... hmm
... don’t ask!

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