

ADDRESSING METHODOLOGICAL AND ETHICAL CHALLENGES IN TELEPHONE INTERVENTION RESEARCH

Gerald Bennett, PhD, APRN, FAAN
Medical College of Georgia, School of Nursing
EB-209, Augusta, GA 30912-4273

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Background/Rationale: Time pressures and transportation problems, in combination with other socioeconomic and cultural factors call into question the feasibility of face-to-face multi-session health counseling. The seemingly ubiquitous availability of access to wired and/or wireless telephone service in our society has not gone unnoticed by nursing and other health researchers. The feasibility and effectiveness of telephone-delivered health counseling are questions being addressed by an increasing number of investigations testing preventive or treatment interventions for a wide range of health problems.

Purpose: This overview paper will examine the methodological and ethical challenges facing telephone intervention researchers. Strategies to enhance methodological rigor and assure ethical integrity specific to this mode of intervention will be described.

Methodological and Ethical Challenges: Researchers designing studies to test the feasibility and/or effectiveness of telephone health interventions must address practical and methodological challenges. One of the most prominent challenges is enhancing participant access to reliable and continuous telephone service, often including long-distance service. Other challenges are validating the quality of the intervention and administering data collection instruments over the phone. Ethical challenges include a) obtaining informed consent, b) maintaining researcher availability to study participants outside the researcher's immediate geographical area, and c) providing confidentiality. Privacy/confidentiality issues include the possibility of multiple listeners at both ends of the communication, and concerns about interception of cellular phone calls. Tape recording of calls raises several practical and ethical issues.

Symposium Synthesis: Strategies that have been found to enhance the feasibility and effectiveness of the delivery of telephone interventions include a) development of standardized intervention and data collection protocols that have been pilot tested for telephone delivery, b) specialized training of counselors and data collectors for telephone contact with participants, and c) monitoring of telephone contacts with study participants and encouraging their feedback on their satisfaction with the method. The practical issue of maintaining ongoing telephone access should be carefully considered. Telephone intervention researchers should anticipate that Institutional Review Boards may have multiple concerns about the feasibility of providing quality health care interventions over the phone as well as confidentiality.