

## **Innovative Research Methods - Using Video as a Participant Recruitment Tool**

My name is Noreen Grant and I'm a PhD student at the University of the Highlands and Islands. My research investigates how digital technologies might help to reduce inequalities in mental health recovery in rural Highlands and Islands. This short blog is to share how I came to use video as part of the participant recruitment strategy and why it was developed as a method of informing potential participants about what would be involved if they agreed to participate in the fieldwork stage of my research.

At the start of my research I could never have imagined that, when I got to the fieldwork phase, I'd be investigating my own and others' experiences of accessing 12-step recovery (TSR) meetings via online platforms while we are all negotiating life in a pandemic world. The onset of physical distancing and other lockdown restrictions brought new questions and challenges but being able to conduct research and explore how threats and opportunities are manifesting in particular lives is both humbling and inspiring in this extraordinary time.

### **Physical distancing brought virtual opportunities.**

In early March 2020, before Covid-19 lockdown restrictions were in place, some TSR groups had already begun to transition their weekly mutual aid meetings from local church halls and community spaces to VC platforms like Zoom. Online meeting joining details were rapidly shared through a grassroots global network of local groups and their members as well as being available through the websites of parent organisations such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Al-Anon UK. Within a few weeks there was a vast online presence of TSR group meetings generated from locations all around the world, allowing 24-hour access to mutual aid recovery support for anyone who sought it.

In terms of local AA groups in Highland, I noticed quite quickly that the change from attending our usual in-person meetings to the online experience was bringing both relief and tension for myself and fellow members. For example, some people who may have felt excluded from meetings before, due to distance or restrictive health conditions could now easily participate. But, at the same time some, who had contacted me by phone, expressed that they found themselves feeling adrift - as they didn't have the wherewithal, and sometimes the desire, to use technology to attend their recovery meetings.

However, I found myself among a sizeable group of people who were using technology to support their recovery and who may be willing and able participate in digitally mediated interviews about what that means for them.

### **Informed consent to participate in research – using video to help the recruitment process.**

Before embarking on the ethics process required for my fieldwork to begin, and following supervisory advice, a Research Advisory Panel (RAP) was formed on the basis of Patient, Public Involvement protocols. The RAP comprised of 4 members

of TSR organisations and was consulted on research methodology and to inform the conduct of my research, ensuring that all moral and ethical concerns were addressed and resolved. Members of the panel were, and still are, proving invaluable in my work – they helped me simplify the Participant Information Sheet (PIS) and design the interview questions and continue to offer encouragement and moral support.

They also offered to approach potential participants on my behalf – as long as I produced a short video introducing myself and the research for them to use as a recruitment tool. I felt some anxiety at the whole idea of being recorded on film in this way but soon realised that this was what I was asking others to go through if they agreed to be interviewed, even if those recorded interviews would never be publicly available. I wrote a script and attempted to record myself on my smartphone but didn't manage very well so I enlisted my daughter, who is a researcher in the Third Sector, to film me. She sat me down, took away my script and told me just to say what I needed to say – her advice was really helpful, and we produced a succinct (93 secs) and informative video which was forwarded to members of the RAP for use as a recruitment tool to show potential interviewees. Individuals who signalled interest to RAP members after seeing the video were then sent the PIS and consent form which completed the informed consent process prior to participation in interviews.

According to those participants I've now interviewed, the homey-ness of the video, along with hearing and seeing me clearly state what their participation would and would not involve helped them to trust me as a researcher, and the process they were being invited to take part in. The video also contributed to participants feeling fully informed before they made their decision to consent, and rightly, I will not know anything about those who saw the video but chose not to consent. As a result of this recruitment method fifteen participants gave consent for their interview to be conducted and recorded on a video-conferencing platform. All interviews were conducted in this way between August 2020 and January 2021 in the midst of the Covid-19 pandemic and various lockdown restrictions.

I hope that other researchers might consider using video to introduce themselves and their work to potential interviewees or other contributors. It may prove particularly useful for enabling informed consent to be given and for including people from rural areas and/or those who have restrictive health conditions which may otherwise leave them excluded from the opportunity to be involved in a research project.

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