Consistency of data collected from inmates of a common lodging house

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SUMMARY The quality of data obtainable by questionnaire from residents of a common lodging house was explored by comparing the answers received by questioning such men on two or three occasions six months apart. Consistency between the answers obtained on different occasions was good for men who already knew the interviewer well as their medical officer but poor otherwise.

The British Medical Journal reported in 1966 that 'surprisingly little is known about the drifting anonymous world of lodging houses, hostels and reception centres'. Since then a number of medical authors have reported on this group, yet only one of them expressed doubt concerning the validity of his findings. As a medical officer who regularly visits common lodging houses, I share that doubt: I often find that information obtained from the inhabitants, after considerable personal contact with them, differs from that reported by external research bodies and their workers. The inmates themselves have told me of the fake information given to unknown individuals conducting research in common lodging houses. This leads me to hypothesise that rapport is an important requirement for obtaining consistent data.

Another important aspect of such research may well be the bias exhibited by the format of the question. Such a bias may lead the interviewee to respond in a manner which may be influenced by his preconceptions about the significance of the question. Therefore it may be important to formulate the question so that it gives no clues about the degree of importance attached to it.

In this paper a study is described of the influence of rapport on the consistency of the replies given by common lodging house residents to questions designed to give as little indication as possible of their importance. The questionnaire was simplistic to ensure that the data required were the sort which would be remembered.

Method

In the quest for reliable information from this group, I chose the criterion of consistency over a period of time to evaluate the investigative method. A test and re-test method was chosen as a means of determining the consistency.

Three comparable groups of men, A, B, and C, each comprising 50 common lodging house residents, were selected, with the aim of interviewing each man on two occasions six months apart. Group A had for long been familiar with their interviewer; group B had had no previous personal contact with him, but knew of him, from their peer group, as medical officer; and group C had had no previous contact with their interviewer and were previously unaware of his status.

Groups A and B were interviewed by the author and group C by an external researcher who introduced himself with the statement 'I am a hospital doctor engaged in research'. All the men interviewed were approached in an identical manner. Co-operation was voluntary, without reward. All interviews were conducted in a room available for medical purposes in a large common lodging house in Manchester. The men were asked if they would answer some questions for purposes of medical research. It was made clear that the information would be treated confidentially and would not be available to the 'authorities' or to one another.

Each interview consisted of 40 questions and each man was questioned singly. No time limit was set for completion of the questionnaire, which was filled in by the interviewer in the presence of his subject. Most of the questions demanded the answer 'yes' or 'no', except for those that involved time spans. The questions covered age, nationality, religion, standard of education, whether the subjects had been in various institutions (for example, childhood, mental, or penal), medical and social history, family history, and length of stay in lodging houses. No prebriefing
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was attempted of the inmates of the lodging house where the interviews took place.

Results

In groups A and B co-operation at the first interview was such that answers to questionnaires were obtained from the first 50 in each group who were approached, but in group C it was necessary to approach 76 people to obtain a sample of 50 completed questionnaires, a refusal rate of 34.2%.

Despite the supposed itinerant nature of the subjects, second interviews were carried out successfully with 48 of the original 50 in group A, 47 out of 50 in group B, and 48 out of 50 in group C. Although the second interview was always carried out by the same interviewer as the first, the numbers involved and the intervening six months made it unlikely that he would be biased at the later interview by the recollection of information gathered previously. By the time of the second interview, 15 of the 47 men in group B had become familiar with their interviewer (like group A).

Table 1 shows a comparison of the consistency between the answers given at the two interviews by members of each group. Consistency was greatest for the group who had personal rapport with their interviewer when they were first interviewed, intermediate for those who knew of him but had not met him before, and least for those who had no knowledge of him at all. Consistency was no greater for those in the second group who developed a personal rapport with the interviewer between the two interviews than for those who did not, which suggests that the reason why those who had personal rapport at the first interview were more consistent was not that people who by nature give consistent information were more likely to have such a rapport, but that having such a rapport promoted consistency. This hypothesis received additional support from a further investigation in which 12 of the 15 men who became familiar with the interviewer between the first and second interviews were traced and interviewed for a third time six months after the second interview (Table 2). There was a very high level of consistency between the answers given at the two interviews when the men knew the interviewer, whereas the answers they had given before they knew him were often inconsistent with those given later.

Further evidence that the differences in consistency between groups were mainly due to differences in the level of rapport with the interviewer, rather than to differences in the inherent veracity of the subjects, is provided by the data for the seven men who were members of both group A and group C (Table 3). There was only one inconsistency when these men had rapport with their interviewer, and over 100 when they did not have it.

In all cases, the inconsistencies occurred in the answers to questions on socially stigmatising facts such as alcoholism, mental illness, or criminal record, rather than in simple demographic data.

Discussion

The difficulty of an unknown person attempting to collect data from common lodging house residents is illustrated by the high rate of refusal to answer the questionnaire (34.2%) and by the inconsistencies at test and re-test in group C. On the other hand, the author, working usually in the same environment as the subjects, experienced considerably less difficulty in obtaining consistent data, especially from men to whom he was familiar (Table 1). It seems clear that these differences in consistency were related to the subjects' perceptions of the interviewer, rather than to inherent differences between the three groups of

Table 1 Frequency of inconsistencies between first and second interviews

<table>
<thead>
<tr>
<th>Group</th>
<th>Number interviewed twice</th>
<th>Number of questions asked in each interview</th>
<th>Answers inconsistent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td>48</td>
<td>1920</td>
<td>4 (0.2%)</td>
</tr>
<tr>
<td>Group B</td>
<td>47</td>
<td>1880</td>
<td>299 (15.9%)</td>
</tr>
<tr>
<td>Total</td>
<td>95</td>
<td>3780</td>
<td>337 (8.9%)</td>
</tr>
<tr>
<td>Became familiar with interviewer between interviews</td>
<td>15</td>
<td>600</td>
<td>112 (18.7%)</td>
</tr>
<tr>
<td>Did not become familiar with interviewer</td>
<td>32</td>
<td>1280</td>
<td>187 (14.6%)</td>
</tr>
<tr>
<td>Group C</td>
<td>48</td>
<td>1920</td>
<td>753 (39.2%)</td>
</tr>
</tbody>
</table>

Table 2 Frequency of inconsistencies between second and third interviews with men who became familiar with interviewer between first two interviews

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<table>
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<tr>
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<tbody>
<tr>
<td>Number of men interviewed three times</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Number of questions asked at each interview</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Total number of questions asked</td>
<td>480</td>
<td></td>
</tr>
<tr>
<td>Number of inconsistencies — between first and second interviews</td>
<td>87 (18.1%)</td>
<td></td>
</tr>
<tr>
<td>— between second and third interviews</td>
<td>3 (0.6%)</td>
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</table>

Table 3 Frequency of inconsistencies between first and second interviews with familiar interviewer, and between first and second interviews with unknown interviewer, for men interviewed by both

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<tbody>
<tr>
<td>Number of men interviewed</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Number of questions asked at each interview</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Total number of questions asked</td>
<td>280</td>
<td></td>
</tr>
<tr>
<td>Number of inconsistencies between first and second interviews — with familiar interviewer</td>
<td>1 (0.4%)</td>
<td></td>
</tr>
<tr>
<td>— with unknown interviewer</td>
<td>117 (41.8%)</td>
<td></td>
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</tbody>
</table>
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subjects, since (a) of the subjects first interviewed by the author when he was not familiar to them, those to whom he subsequently became familiar appeared no more consistent than the rest until they were subjected to a further re-test which showed that the information given once the author had become familiar with them was consistent; and (b) subjects interviewed by the author when he was familiar to them, and also by the external researcher, answered the former much more consistently than the latter. It seems, therefore, that any interviewer who does not establish a firm relationship with this type of group is unlikely to achieve consistent results. Indeed, this finding may well hold true for any population studied.

Conclusion

This study was intended as a pilot effort to indicate the best method of obtaining consistent data from this socially deviant group. If consistency is accepted as the criterion of reliability, then workers in this area would benefit if their samples were of A-type groups.

Since this study was conducted, I have collected data from another A-type group of 450 and am preparing a more detailed follow-up study to be published. The statement from the British Medical Journal quoted at the beginning of this paper may well hold until more workers who have contact with an A-type group collect and publish their data. This would allow a wide in-depth discussion of an area which has been intermittently and inconsistently reported on in the past. Previous studies have used C-type groups which are shown here to provide inconsistent data. A detailed analysis of the questionnaire answers will be reported later.

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References

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