# Keeping Respondents and Fieldworkers Safe When Undertaking Face-to-Face Market Research



This quick guide covers some key aspects to consider when undertaking face-to-face market research and is especially relevant to situations where environmental factors or respondent/recruiter vulnerability may pose a risk. It should be read in conjunction with the Guidelines for Patient Research and Guidelines for Market Research Fieldwork which can be found in the Quick Guides section of the BHBIA website <a href="https://www.bhbia.org.uk/guidelines-and-legislation/mr-quick-guides">https://www.bhbia.org.uk/guidelines-and-legislation/mr-quick-guides</a>.

There are also helpful resources available on the MRS website such as MRS/IQCS Guidelines for Interviewer Safety and MRS Post-Lockdown Covid-19 Guidance: Undertaking Safe Face-to-Face Data Collection.

## **Before fieldwork**

#### **Risk Assessment and Mitigation Actions**

In situations where face-to-face market research may pose a risk to the respondent and/or research practitioner, it is important to undertake a thorough risk assessment of the activity and be satisfied that the benefits of the face-to-face methodology outweigh any potential risk or disadvantages.

The research process should be mapped out from recruitment to post fieldwork, clearly identifying any potential risks at the various stages. These risks should be assessed in terms of their likelihood and impact, and a risk mitigation plan should be put in place to minimise these as far as possible.

It is important to engage with all parties that may be involved in the research process, such as recruiting agencies, viewing facilities, fieldworkers, etc. to help both identify and mitigate any potential risks. Training should be available and undertaken by anyone involved, thereby ensuring they are well-briefed and clear on their roles and responsibilities.

The commissioning company should also have oversight of and, if relevant, contribute to the risk assessment as they are the commissioners of the market research project and would therefore also bear responsibility and be subject to reputational damage should issues arise.

#### **Recruitment and Informed Consent**

As part of their informed consent, respondents should be made aware of any conditions and or precautions relating to their participation. Some participants are understandably wary about inviting researchers into their home, particularly the elderly and/or less mobile or with health conditions that put them at risk of infection; some may have a disability which would make attending a central location difficult or stressful.

It is important that a prospective respondent is made aware of exactly what the engagement will involve and wherever possible, clinically extremely vulnerable practitioners and respondents, or those for whom face-to-face research may be a challenge, should be given the option to avoid face-to-face encounters or the need to travel, if practical.



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#### **Health Screening**

Health screening became very common during the Covid pandemic, and similar principles should be implemented at times where face-to-face interaction could pose a health risk. This is especially important when interviewing respondents with high-risk health conditions (e.g., those who are immunocompromised).

During recruitment, and then again at an appropriate point just before the interview, practitioners and participants should be asked health related screening questions to ensure it is still safe and appropriate for the interview to proceed. The content of screening questions will depend on the specific health condition or vulnerability of the respondents in question. Advice should also be sought from the commissioning company, as required.

## **During fieldwork**

#### **Safety of Research Practitioners**

Consideration should be given to ensuring researchers remain safe when doing face-to-face work in respondent's homes or at a central location. Safety provisions such as pairing field workers, ensuring staff can get home safely or find accommodation when fieldwork finishes late at night, and general training on personal safety and how to handle difficult respondents is good practice.

Beyond physical threats and personal safety, safeguarding plans should also be considered, and situations that may result in accusations of improper behaviour e.g. a research practitioner interviewing a minor in their home with no one else present, should be avoided.

Certain respondent types may pose a greater risk to researchers e.g., those with a history of psychological disturbance or violent behaviour. In such cases it would be prudent to brief researchers in advance on how to handle situations that may arise, and it may also be beneficial to choose researchers with specific skills, characteristics, or experience to facilitate these encounters.

#### Fieldwork Venue

Careful consideration should be given to where the interview or group discussion will take place, especially when undertaking face-to-face fieldwork with respondents whose health conditions may require more careful planning or adjustments.

Hygiene precautions: This is extremely important for clinically vulnerable respondents, and it may be helpful to provide information to reassure participants about the venue before fieldwork takes place e.g., room size, layout, ventilation, use of masks/hand sanitisers. Depending on the situation, research practitioners may need to adhere to certain precautions to keep respondents safe (and themselves safe during periods where there may be circulating viruses) e.g. carrying masks, tissues and sanitary wipes, avoiding any physical contact such as shaking a participant's hand, maintaining social distance, avoiding cash payments, and using direct transfer instead, etc.

Food/Beverages: Food hygiene and refreshment provision should be carefully thought through e.g. no shared food bowls if there are concerns around disease transmission, ensuring dietary restrictions and allergy information is collected in advance.

Public Transport/location: fieldwork times and locations should be chosen to allow those involved to avoid busy public transport times and routes. Be sensitive to disabilities that would make attending a central location without disability access difficult or stressful.



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*In home*: some respondents may prefer not to allow research practitioners into their homes, and in this case a public venue should be offered as an alternative venue. Be sensitive to the needs and circumstances of respondents – some may prefer to have a carer/friend present, or others may find it difficult to hold a private conversation when other members of the household are present.

#### Testing products and devices

Sometimes respondents may be asked to handle, use, apply or ingest a product (e.g. in taste testing or formulation acceptability). For legal and safety reasons, specific rules apply when using medicines or devices in market research. Commissioning companies should refer to their medical and legal/regulatory departments for guidance when testing products and devices.

Wherever possible placebo/dummy devices should be used, and all material (used and unused) should be collected and returned to the commissioning company at the end of the market research fieldwork or securely destroyed.

More information is available in the BHBIA guidelines.

### **Further Information**

For further detail on all guidelines please see the BHBIA Legal & Ethical Guidelines for Healthcare Market Research at <a href="https://www.bhbia.org.uk/guidelines-and-legislation/legal-and-ethical-guidelines">www.bhbia.org.uk/guidelines-and-legislation/legal-and-ethical-guidelines</a> upon which the Quick Guide is based.

If you have any queries about this Quick Guide or the BHBIA Legal & Ethical Guidelines for Healthcare Market Research, please visit <a href="https://www.bhbia.org.uk">www.bhbia.org.uk</a> and submit your query via 'My BHBIA' Please note: this ad hoc advisory service is available to full BHBIA members only.

### **Disclaimer**

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