



## THE POTENTIAL USES OF PILOT STUDY IN QUALITATIVE RESEARCH

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### Abstract

Pilot study is a small-scale study conducted prior to a main study to assess the feasibility of conducting the main study. It helps the researcher especially novice researcher to have some practice in interviewing and to be able to refine the final road map for the main study. Although literature about pilot programs in quantitative studies is widely available, this researcher experienced difficulty locating adequate literature about these in qualitative research. Therefore, the intent of this article is to discuss the importance of the pilot study by using phenomenological inquiry. For this study, the pilot study is conducted originally as a part of large-scale qualitative study meant for the Doctorate of Philosophy. The researcher shared her personal reflections of the pilot study as was conducted with the patients who had been clinically diagnosed with depression. During the process of conducting the pilot study, the researcher confronted different social and cultural challenges. The conduction of the pilot study proved to be useful in various ways such as (i) to provide the opportunity to improve methodological basis (ii) the refinement of data collection methods (iii) to enabled to position oneself as a researcher from a phenomenological perspective and (iv) to provide an opportunity to practice epoche while conducting a phenomenological inquiry.

### Keywords

Field Test, Pilot Study, Phenomenology



## 1. Introduction

A pilot study is similar to a feasibility study. It is a small-scale version of the planned study to test the data collection instruments. It also helps to refine the methodology of the main study (Baker, 1994). This article is a part of the Ph. D thesis investigating stigma and discrimination associated with the depression and it shed lights on my reflection which are achieved through the process of the pilot study. I used Transcendental Phenomenological Inquiry to explore the above-mentioned phenomenon. There were three main objectives of the pilot study; to identify the methodological issues involved in the future refinement of the main study, to explain the changes in the relevant areas of the main study and to state my personal reflections. The structure of this article is as follows. First, it provides a glimpse of the definition of the pilot study and its importance. Second, it focuses on the role of the pilot study in qualitative research. A brief description of the pilot study conducted for the Ph.D. programme follows the comparison. It then presents the methodological difficulties faced during the pilot study. The final section provides the readers with my personal reflections along with some recommendations for future research.

### 1.1 Pilot Study

Pilot study is a method used to identify or refine a research question, figure out the best methods for pursuing it, and estimate the time and resources will be required to complete the larger version, among other things (Crossman, 2019). It is intentionally planned before the beginning of the

proposed research project and the actual investigation (Lindquist, 1991; Locke, et al. 2000; Perry, 2001). As far as the use of pilot study in qualitative research interviews is concerned, the literature is under-discussed, underused and under-reported (Van Teijlingen, Rennie, Hundley, & Graham, 2001). As Crossman (2007) suggested that the flexible and emerging nature of the qualitative method might be the one reason because of which the pilot study is not the focus of most qualitative inquiries while favored by the quantitative researches.

The literature suggests the need for the pilot study from the perspective of the research and from the perspective of the researcher (Ismail, Kinchin and Edwards, 2018). From the research standpoint, it provides the road map for the main study by identifying its expected procedural difficulties. (Arnold et al., 2009; Thabane et al., 2010; Arain, Campbell, Cooper and Lancaster, 2010; Leon, Davis & Kraemer, 2011). In addition, it explores poorly covered theoretical domain to refine interview questions (Seidman, 2006; Collingridge & Gantt, 2008; Wimpenny & Gass, 2000; Castillo-Montoya's, 2016). Harding (2007) asserts that piloting serves as a tool to assist the researcher to either narrow down or broaden the scope of the guiding question right in the beginning of the inquiry. It also helps them to analyze the preliminarily collected data and guide necessary financial and personal resources. Additionally, it also guides the researcher to affirm, sharpen or revise the epistemological issues that facilitate in-depth understanding of the

phenomenon. From the researcher's perspective, especially if the researcher is novice in qualitative research, the pilot study helps to minimize the risk of the problems expected to rise in the main study during the processes of data collection, analysis and interpretation. As De Vaus, (1993) puts it, "Do not take the risk, pilot study. Moreover, as a human experience is investigated through direct interaction, pilot study is very useful for a beginner to assess their enthusiasm, skills and rigor as a qualitative researcher.

## **2. Method**

In qualitative research, there is a strong association between the researcher and the phenomenon under study and it guides through the selection of the research topic as well as the research process. I, being a mental health practitioner conducted a clinical work with depressive patients during my clinical training and found that that participants diagnosed with depression perceives their mental illness as a label. Their perception makes them more vulnerable to internalize any negative experiences from their family and society as a mark of disgrace and devaluation. They not only have to cope with their primary condition but may also experience the secondary impact of stigma associated with mental health problems. Consequently, stigma and discrimination itself has been experienced by them as a 'second illness' (Finzen, 1996). In addition, fear of being labelled as 'crazy' and spoiling their family's reputation made depressive patients reluctant to seek help from the mental health professionals.

As per my knowledge, in Pakistan, cross-sectional studies were conducted with depressive patients (Khan, Kausar, Khalid & Farooq, 2015). There is no qualitative study exploring the subjective in-depth experiences of depressive patients. My curiosity paved ways towards this enquiry by employing phenomenological framework in order to grab the essence of the lived experiences of participants (Denzin and Lincoln, 2013; Creswell, 1998; Fahim, 2002). This exploration would help in reducing the gap in existing literature by designing effective stigma reducing intervention for the depressive patients. I used this qualitative inquiry as it focuses on the reality of things, the way things are, and that generates the essence of an experience (Moustakas, 1994). According to Creswell (2013), the reality in phenomenology is deeply embedded in social and cultural contexts. By using the constructivist lens, I understood the participants' phenomenological experiences as well as gained insight into their meaning making process of experiences with depression. Further, I practiced the Husserl's concept of "epoche" and "bracketing" by setting aside my personal assumptions in order to get a fresh perspective towards the phenomenon under investigation. The process of bracketing involved exploration of the subjective experiences manifested themselves in the voices of the participants. As Moustakas (1994) stated that epoche has the fundamental importance in phenomenology as it reduces the interjecting awareness of the self in favor of the experience of the participants. To explore the

participant's lived experiences, I focused on two things. First, I developed an open-ended phenomenological research question based on the meaning and experiences (Creswell, 2013; Moustaks, 1994; Seidman, 2006) as follows: What is the perception and experience of the participants diagnosed with Depression about Depression-related stigma and discrimination? Secondly, as the lived experience was the focus of attention, it seemed of utmost importance to conduct in-depth interviews as potential participants might be uncomfortable in exploring their experiences in a group. Further, along with in-depth interviews, journal logs and field notes were also used that allowed me to write and present my personal reflections about this pilot study (Creswell, 2013).

The central research question was framed within an in-depth interview guide by dividing into it into different open-ended sub-questions based on the theoretical domain of stigma and discrimination (Pryor and Reeder, 2015). It included components such as self-stigma (internalization of public stigma); public stigma (discriminatory behavior by society against people suffering from depression); structural stigma (societal norms and institutional reaction especially behavior of healthcare system in initiation, development and maintenance of stigma). It also encompassed cognitive, affective and behavioral aspects of stigma and discrimination. Initially, total 8 questions were formulated according to the format suggested by

Spradley, (1979) and Seidman (2006). See in appendix table 1.

Morse, Barrett, Mayan, Olson and Spiers (2002) recommended to conduct field tests or get expert's reviews prior to board by the institution to check the soundness and validity of the data collection instruments. It is an important element as it helps to determine the flaws, limitations within interview designs to make necessary revisions prior to the implementation of the main study. The number of reviewer vary from 2- 5 or can be above 20 as well, depending on the complexity of the topic under investigation, level of expertise, time and resources available to the researcher. Based on the complexity and sensitivity of the phenomena, I consulted two levels of experts: 3 professional clinical psychologists and 4 experts from the field of phenomenological inquiry. I took individual feedback by sending them the interview guide individually. Moreover, 3 specialists in native language were also approached to ensure an additional level of reliability. They were asked to review in-depth interview guide in terms of the expressions used in the questions; structure and phenomenological nature of the questions; theoretical domains and content areas as well as order and flow of the questions along with typographical errors (Biemer and Lyberg, 2003). The reviewers were satisfied with the quality of the questions developed, including their phrasing and their relationship with the theoretical domain. All reviewers were thanked for their input. All suggested changes were incorporated into the

final draft of the interview guide meant to be used in the pilot study. After re-ordering and rephrasing the questions as per the experts' suggestions I followed the same framework as

suggested by Spradley, (1979) and Seidman, (2006). The number of question was reduced to 5 (Creswell, 2013) (see in table 2).

**Table 2. Final semi-structured interview guide**

Questions	Domains
1. What does depression mean to you?	Lead question
Sub-questions	Content areas
a) How was the disorder diagnosed?	Details of diagnosis
b) What were you told about this disorder (Psychological Problem)?	Information given at the time of the diagnosis
c) What did you feel after the diagnosis?	Effective components of stigma
d) Did you already know about this disorder (Psychological Problem)? If yes, how did you feel about it?	Cognitive component of stigma and discrimination
e) What do you think about this disorder (Psychological Problem) now?	Same content area
f) What do you think are the causes of your depression?	Same content area
g) After being diagnosed with depressive disorder, have you told someone about it? If yes, what did you tell them?	Sharing diagnosis with others
h) What was the reaction of the people after hearing about your diagnosis?	Reaction of others
2. In the light of your experiences, please tell, how depression has affected your life?	Lead question
Sub-questions	Content areas
a) How has it affected your everyday life?	Daily life impairments
b) What impact has it left on your academic life?	Impact on educational life
c) What impact has it left on your job/professional life?	Occupational life
d) How has it affected your social life?	Social life
e) How has it affected your family members?	Family life
f) How has it affected your friends?	Friends or relatives
3. What do you think, how society takes it when it comes to the people diagnosed with	Lead question

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depression?	
4. What steps have you taken to cure the treatment?	Lead Question
Sub-questions	Content area
<ul style="list-style-type: none"> <li>a) Got help from family.</li> <li>b) Asked for support from a friend.</li> <li>c) Who was the source of referral?</li> <li>d) If you discontinued the treatment, why did you do so?</li> <li>e) Sought help from spiritual healer.</li> <li>f) Who referred you to see a Psychiatrist?</li> <li>g) If you discontinued, why is it so?</li> <li>h) Adopted psychological interventions.</li> <li>i) Who guided you to it?</li> <li>j) If you discontinued, why is it so?</li> <li>k) Gone through some medical treatment.</li> <li>l) Who had lead you towards it?</li> <li>m) If you discontinued, why is it so?</li> <li>n) Who is paying for your treatment?</li> </ul>	
5. In the light of your experiences, explain how a practitioner (doctor, nurses or clinical psychologist can help in curing the disorder?	Lead question

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After the institutional approval was sought, I conducted a mock interview with my peer (Guest, Namey and Mitchell, 2013) to assess the efficacy of the interview guide in conducting in depth interviews. Further, as I was a novice in the qualitative research domain, I decided to implement the pilot study as the first step to gain experience as well as expertise in conducting interviews (Janghoban, Latifnejad, & Taghipour, et al., 2014).

### 2.1 Implementation of the pilot study

The pilot study was carried out in the following five steps (Ismail, Kinchin and Edwards, 2018).

#### 2.1.1 Determining

In the first step of determining, I tried to ensure the setting of the interview and selection of the participants as close to those intended in the main study as possible. For this purpose, I used the same criterion for the selection of the participants as would be used in the main study. The target participants in this study were the individuals who were clinically diagnosed with depression since last one year with either mild or moderate level of severity. I used purposive sampling to select the potential participants by sending a letter to Medical Superintendent of the Pakistan

Medical and Dental Council (PMDC) recognized government as well as private hospital and their respective head of the department of Psychiatry. I requested the authorities to refer patients from the outpatient unit who were clinically diagnosed with the depression and willing to take part in this inquiry. Further, Kim (2010), Seidman (2006), and Ismail, Kinchin, and Edwards (2018) documented the acceptable range for the sample size of the pilot study which can be 2 to 5. I decided to conduct the pilot study only on 2 participants (Seidman, 2006). As Hurn and Tomalin, (2013) suggested that the unofficial meet up with research participants helps in establishing trust and in breaking the ice. Upon referral, I met with the participants individually to introduce myself and brief them about the purpose of the research. Seeing their willingness, I provided the participants with written consent to address the issue of the voluntary participation, ensuring confidentiality, the rights of the participants to withdraw from participation in the data collection procedure and the audio recording. In addition, due to the sensitive nature of the research questions, it was mentioned in consent form that the participants will be provided with free of cost psychological services from a clinical psychologist after interview to ensure their psychological and emotional safety. The selected participants were screened further based on Cross-Cutting Symptom Measures level II (American Psychological Association, 2015) to rule out any co-morbid psychological disorder with depression. Moreover, I used this screening

tool to identify the participant's severity level and I selected only those participants who had moderate and mild severity. I excluded one participants with higher severity level with depression as their severity level might interfere with the comprehension and understanding of the interview guide. When using an interview as a research tool, particularly face-to-face interviews, Jacob and Furgerson, (2012) suggest using a setting that offers the utmost comfort to the partakers of the inquiry. For this reason, the participants were allowed to choose the setting for the interviews they were most comfortable in. As the participants felt more at ease in giving interview in the outpatient unit of the Department of Psychiatry of the hospital, I decided that the interviews would be conducted there during the participant's follow-up visits to these units. The participants were also informed that they were taken as sample for the pilot study and their participation meant to guide the proposed plan of the main study.

#### 2.1.2 Assessment

The focus of the second stage of the assessment was on rapport building. I engaged them in informal conversation about their daily routines, weather update etc. When the participants seemed to be at ease in that setting, I provided them an introductory statement orally to brief them formally about the commencement of the interview (Moustakas, 1994). The interviews were conducted for one and half an hour and they were audio recorded. At the end of the interview, I summarized the participant experiences and

requested them to verify the information. Further, I also asked the participants to provide feedback about their interview experience such as understanding of the questions being asked, sequencing and relevance of the questions to their experiences. The participants reflected that the interview was logically organized, easy to comprehend and flowed smoothly in a sequence.

### 2.2.3 Adjustment

In the adjustment phase, the initial interview was conducted in outpatient unit that was full of distractions and it was difficult to maintain the privacy of the participants. I requested the head of the relevant department to facilitate the researcher with a space (a small room, or corner of the room with a table chair) to conduct the interview and also to ensure the privacy of the participants. Additionally, while listening to the audio tape of the first interview, I realized that I focused more on exploring the questions rather than listening to what the participants were saying in response to those questions. That is why I decided to work on this weak area in the next interview to overcome the shortcomings of the previously held interview process.

### 2.2.4 Revisiting

The fourth stage of revisiting was employed and I conducted interviews with the second participant by following the same format as mentioned above. Keeping in mind the problems encountered during the assessment phase, I conducted the interview in a separate room. This helped to listen more closely to the participants and to follow the way the participant was

reconstructing their experiences. Further, in order to be reflexive and attentive, I conducted two interviews in a week (Seidman, 2006).

## 3. Personal Reflections

According to Van Teijlingen and Hundley (2002) researchers often claim that they have learned something from conducting a pilot study and have made the necessary changes, yet they do so without offering the reader the details on what they have exactly learnt. I provided personal reflections on the issues identified as the result of the piloting as well as the lessons derived while carrying out the pilot study. These reflections are based on various issues as a means of avoiding them in the main data collection as well as they provide insights for other researchers especially the novice researcher. They are as follows:

### 3.1 Challenge 1. *Improving methodological underpinnings.*

In conducting pilot study, the biggest challenge was to recruit the potential participants. As the interviews were planned to be audio recorded, so 2 female participants who were unmarried were reluctant to give data. Among the reasons explored was a general unwillingness to disclose their experiences with the depression as the diagnosis of depression would create a hurdle in their marriage. Although, I assured their confidentiality, privacy of the data and the use of categories instead of their names but one of the participants outrightly disapproved to participate. According to the literature in Pakistan, the findings of cross sectional study indicated that depression is highly associated with stigma and



discrimination in both gender. However, females in comparison to male experience significantly greater level of self-stigma and discrimination (Khan, Kausar, Khalid and Farooq, 2015). Further, Javed, Naeem, Kingdon, Irfan, Izhar and Ayub (2006) also found that in developing countries, the prevailing norms of culture and gender plays a vital role shaping the stigma associated with depression. The stigma serves as a belief that public have negative and discriminatory attitudes towards people with mental illness. Reciprocally, public also has negative attitudes towards mental illnesses specifically towards Schizophrenia, Depression, and Substance Abuse. Additionally, the patriarchal culture of Pakistan provides more tolerability to the men's problem in comparison to the women. This societal trend engulfs all aspect of the life like; illness, health, employments, responsibilities and decision making. The fear or anticipation of being stigmatized by the society cause avoidance in participation in particular life areas; hence lead individual towards self-segregation and social banishment. Therefore, engendering cultural values in the official meetup with the selected participants, I initially focused more on trust building with the participants by using nonverbal gestures such as welcoming the participants with a smile, keep standing until they were seated, maintaining proper eye contact, keeping facial expressions appropriate according to the flow of their experiences and listening to them keenly like an active listener (Seidman, 2006). Further,

being a novice researcher and to facilitate myself in establishing rapport and trust building with the participants, I followed the outline format suggested by Ranney, Meisel, Choo, Garro, Sasson & Morrow (2015) to conduct interview. Initially, I spoke a brief statement overviewing the goals of the study and a confidentiality statement. Then I proceed with an ice breaker question in a non-controversial manner to made the participants to feel at ease in sharing their daily experiences. This sequence helped me to exploring my interview guide in a flow. Further, I asked sensitive and difficult question later in the interview when I felt that I have developed comfort and rapport with the participant. As Thapar-Bjorkert and Henry, (2004) affirmed that a researcher holds a very important position in the whole research process and their position may affect the final analysis. For this end, the researcher's personal connection with the interviewees is important. Marshall and Rossman (2006) pointed out that, 'the success of qualitative studies depends primarily on the interpersonal skills of the researcher. To make my personal connection with the participant, I modified the specific wording of the questions, prompts and probes as needed to follow interesting and relevant lines of inquiry according to their conscious recollection of the experiences. Moreover, I used more non-verbal cues such as head nodding to show understanding of the interviewee's responses, using fillers like mm-hmm and short pauses to encourage the participant to explore their experiences more

confidently. I used direct probes less frequently and only when the resistance was clear and when I was not satisfied with the depth of the answer. It seemed to help the participants to go into the deep layers of their experiences and relate with me easily. The second biggest challenge was the setting of the interview, which was full of distractions, and it was difficult for me to maintain the privacy of the participants. According to Ranney et al. (2015) suggested that for interview, the room should be checked out properly prior to the actual data collection, to ensure adequate privacy, control of excessive noise, temperature, or any other factors that may preclude good data collection. My first interview was full of distractions and I requested the head of the department of psychiatry to facilitate me with a table and a chair or arrange a separate room to conduct my interview with the second participant. One of the heads of the department of psychiatry facilitated me with a separate room and another one asked peons to assist me in data collection process by providing with a table and a chair. The peons were given monetary incentive for this service. When I was conducting my interview with the participant, I found one of my participant experienced distressed and appear to be tearful while sharing her personal journey with depression. I took a pause to facilitate her to recollect her energy and presented her box of tissue and water bottle. When she got stable, I started my I started my interview again when she got stable after a short while. In lieu of ethical considerations, I referred her for prearranged

psychological services after the interview. Thirdly, while exploring question 3 (see table 2), both the participants asked my own perception of depression as an illness. It was a delicate situation indeed, and I felt that I am losing control over the interview process. I used the professional hat of clinical psychologists and informed the participants about the diagnostic criteria of depression according to DSM-5 (American Psychological Association, 2015). That criteria helped in clearing their myths and misperceptions about depression. Moreover, I also maintained that as human beings we all have different perceptions about depression, which are usually culturally determined so let us talk in detail about your perspective and societal perception about depression. In this way, I tried to create a feeling of togetherness by emphasizing on We – Relationship (Schutz, 1967) by giving neutral answers (Schutz, 1967). According to Seidman (2006), this relationship requires the interviewer to maintain a balance by keeping enough distance from the participant and at the same time establish a bond with the participant so that the focus is more on their experiences rather than the researcher.

### *3.2 Challenge 2. Refinement of data collection method*

I made only a few changes to the in-depth interview guide after the pilot study. The main modification was the use of the word “psychological problem” instead of “disorder” as the participants perceived the former as a label. Further, to facilitate the interview process, I

focused on exploration of events, people and conditions that were playing a role in the development and maintenance of stigma and discrimination about depression as well as some reflections about them. It helped the participants to talk about their life experiences with the depression. Moreover, during interviews, I talked with the participants in conversational style making the interview process more natural and relaxed. I also discovered that in-depth interview guide was helpful in keeping track of the phenomenon under study but I also felt the need to follow their own conscious recollections of the experiences rather than sticking to the interview guide. So I let the participants talk about their experiences without interrupting their flow of thoughts too much. This made them to go into deeper layers of thoughts and recalling significant experiences. Creswell (2013) stated that our questions changes during the interview due to increased understanding of the phenomena. This was true for me too. I gained in-depth understanding about the phenomena of stigma and discrimination about depressive patients with each interview. I learnt about how to put up the semi-structured questions. With each interview, my skills as an interviewer improved and I asked the question in better way. Furthermore, I also practiced using a neutral tone in asking questions and in paraphrasing the interview responses.

### *3.3 Challenge 3. Positioning from phenomenological perspective*

Berger and Roni (2013) contends that positioning refers to how researchers view themselves in

relation to the research, and the data; and their understanding of self in the creation of the knowledge. The examination of this internal dialogue can reveal stimuli from our past experiences which we carry with us still. As the researcher, I was also the clinical psychologist, and I was inescapably influenced by my perspective and values thus making it impossible for me to conduct objective, value free research. Further, the constructivist paradigm assumed that researcher keep their values intrinsic during the whole research process and findings of the research emerged through the interaction that takes place between the researcher and the researched (Cohen & Crabtree, 2006). Similarly, according to Husserl (1970) in phenomenology, positioning requires from the researcher to understand the what (ontology) and how (epistemology) of the experience about the phenomena. For him, the reality of the phenomena is deeply embedded in the lived experiences of the participants. This positioning needs the researcher to suspend his/her own attitudes, beliefs, and suppositions in order to focus on the participants' experience of the phenomenon and identify the essences of the phenomenon. The challenge facing the researcher engaging in Husserl's phenomenology, is:

“To describe things in themselves, to permit what is before one to enter consciousness and be understood in its meanings and essences in the light of intuition and self-reflection. The process involves a blending of what is really

present with what is imagined as present from the vantage point of possible meanings; thus, a unity of the real and the ideal”.

To achieve the above mentioned state of transcendental subjectivity and a fresh receptive mind, I asked from myself the same question as suggested by Pitard (2017) that who I am in relation to the research. Being a clinical psychologist and a researcher, I was aware that my lived experiences has an impact on my consciousness and the way I interpret them, will shape how I react to lived experiences in future. To suspend my previous prejudgments and assumptions with the depression and the depressive patients, I needed a deeper level of awareness to gain in depth understanding about the reality of experiences. For this purpose, I extended my reading on the philosophical assumptions I was using in my study such as ontology, epistemology and other theories related to the depression, stigma and discrimination. This extensive reading enabled me to listen to inner me and I explored my previous assumption I had about the depression related stigma and discrimination. When I conduct my interviews with depressive patients, I assumed my position as a tabula rasa, a blank state and used participant's descriptions to have an understanding about the essence of the phenomena (Davidsen, 2013). Further, I remind myself consciously of my role as an as an inquirer from phenomenological perspective. Further, after listening the audio tape and reviewing the

first transcription, I observed that in a struggle of positioning myself from a phenomenological perspective, I kept myself distant from the participant in first interview. Though interview were non-directional, yet I felt the need to relax first. This experience made me feel like an outsider rather than an insider and the participant experienced much difficulty in establishing rapport with me and sharing their experiences. This reflection gave away the need to improve my comfort zone first and then work on my rapport building with the future participant. Therefore, during the second interview, I consciously tried to be relax while positioning myself form a phenomenological perspective and also to improve rapport building with the participants. Once the participant was at ease, I was no longer a stranger. A delicate transition occurred and I became an insider from being an outsider.

#### *3.4 Challenge 4. Practicing epoche in conducting phenomenological inquiry*

The positioning of myself from phenomenological perspective was achieved completely by through practicing epoche. According to Moustakas, (1994) the epoche process starts before interviewing the participants. To achieve the process of epoche, I developed a hypothetical picture and formulated philosophical assumptions about the experiences of depressive patients based on variety of sources such as scientific theories, knowledge, or explanation, descriptions made by the participants; and my personal views and

experiences. I stated my assumptions clearly before conducting the pilot study and read them thoroughly before collecting the data. Outlining these biases and preferences, made me aware of my perspective that might influence in conducting the interviews, analysis and interpretations (Fahim, 2002). Additionally, Seidman (2006) suggested the use of active listening, field notes or journal logs to keep the integrity of epoche in transcendental phenomenology. I practiced active listening at three levels. First, I focused on the participant's nonverbal gestures for the description of their experiences, concentrating on inner voice of the participants by asking about the meanings of those experiences, their conscious awareness, flow of interview and participants' energy level. Secondly, I used journal logs to keep a record of these observations during active listening. Spradely (2000) recommended the use of personal or journal logs to take into account the experiences of the researcher that might show personal bias in the results. Lincoln and Guba, (1990) emphasized the use of field notes to establish reliability and credibility of qualitative research. The use of field notes along with audio recording helped me to capture an additional level of understanding to the deeper layers of phenomena. Additionally, the field notes also served as an initial form of analysis. Thirdly, Ranney et al. (2015) suggested that in qualitative research the research should debrief with one another in person or in written form. This would help in ultimate refinement of interview guide

and determination of data saturation. Practicing this suggestion, I created my summary document of each interview. Yet, it proved to be much challenging than was anticipated. For this purpose, I incorporated peer review (Lincoln & Guba, 1990) in the main study to ensure the credibility of the qualitative analysis to avoid any possible biases in the final interpretations.

#### **4. Recommendations**

Based on the above-mentioned personal reflections, I propose the following recommendations for the main study. In the pilot study, I explored that there is a strong need to be more skillful in the interviewing process by using indirect and direct probes. The questions in interview guide were non-directional, but during the actual interview process, I found that there is a need to be non-leading in terms of intonations of the questions, in concluding the question, or in paraphrasing the interview responses. Sometimes, the participants became silent or seemed reluctant to respond to certain questions. I learnt from this experience that they need time to rethink and recollect their memories of the phenomenon. I assisted them by summarizing their previous discussion. I note down these pauses in the field notes and come back to them at the end of the interview (Weiss, 1994). These pauses helped me in my initial analysis.

In terms of theoretical framework, the pilot study endorsed the use of constructivism as an appropriate theory to support the research question. Initially, I intended to follow the thematic analysis as a method of analysis in the

main study. However, after carrying out the pilot study, I realized that the phenomenon could be best investigated by exploring the essence of the participant's experiences. I preferred Moustakas' (1994) adaptation of transcendental phenomenological framework for analysis (Van Kam, 1969). Lastly, I found that positioning myself and practicing epoche provided me with a useful tool to examine how my life accumulated assumptions have impacted my research. This examination was not restricted to conscious, recent events but extended to selections and patterns evident in my assumptions. This awareness of internal conscious and unconscious selection of data in my life experiences revealed layers of awareness that might otherwise remain experienced but concealed. I experienced that positioning enabled me to be reflexive upon my own experiences with the participants. I required time to be still, to listen to the internal voices and to probe for reactions that are stirred by experiences with the data.

## 5. Summary

The pilot study helped me in different social, cultural and methodological perspectives. I learned how to maintain focus on meeting my set objectives. I refined the road map for the main study and it helped me to situate myself in the social and cultural context of the patients as a novice researcher. It enabled me to be flexible and place myself and my research practice under examination. This may aid in acknowledging any ethical dilemmas (such as dealing with female gender) that might permeate the research process

and could hinder the acquisition of knowledge. Finally, it also helped me to gain some practice in conducting the interviews and enabled them to learn about practicing epoche during the interview process.

## 6. Conclusion

The pilot study is very important to conduct the main study. This paper has focused on pilot study conducted as a part of a large qualitative study by a Ph.D. researcher in the field of Clinical Psychology. According to the results mentioned above, I faced challenges and encountered different experiences from numerous perspectives, including ethical, cultural, social and professional. The pilot study helped them to assess the feasibility and assessment of the planned main study. I tried to fulfill my ethical obligation as a researcher by reporting their personal experiences in this paper to provide the other novice researchers a guideline to conduct the pilot study. It might be helpful for other researchers to deal with the issues before investing a great deal of time, money, and effort in the full-fledged study.

## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*. American Psychiatric Publication.
- Arain, M., Campbell, M. J., Cooper, C. L., & Lancaster, G. A. (2010). What is a pilot or feasibility study? A review of current practice and editorial policy. *BMC*

- medical research methodology*, 10(1), 67.  
doi:10.1186/1471-2288-10-67
- Arnold, D. M., Burns, K. E. A., Adhikari, N. K. J., Kho, M. E., Meade, M. O., & Cook, D. J. (2009). The design and interpretation of pilot trials in clinical research in critical care. *Critical Care Medicine*, 37(1), 69-74. doi:10.1097/ccm.0b013e3181920e33
- Baker, T. L. (1994). An assessment of the relationship between service quality and customer satisfaction in the formation of consumers' purchase intentions. *Journal of retailing*, 70(2), 163-178. Retrieved from [https://doi.org/10.1016/0022-4359\(94\)90013-2](https://doi.org/10.1016/0022-4359(94)90013-2)
- Berger, R. (2013). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), 219-234.  
doi.org/10.1177/1468794112468475
- Biemer, P. P., & Lyberg, L. E. (2003). *Introduction to survey quality*. John Wiley & Sons.
- Castillo-Montoya, M. (2016). Preparing for interview research: The interview protocol refinement framework. *The Qualitative Report*, 21(5), 811-831. Retrieved from <https://nsuworks.nova.edu/tqr/vol21/iss5/2>
- Cohen, D., & Crabtree, B. (2006). *Qualitative research guidelines project: The interpretivist paradigm*. Retrieved from <http://www.qualres.org/HomeInte-3516.html>
- Collingridge, D. S., & Gantt, E. E. (2008). The Quality of Qualitative Research. *American Journal of Medical Quality*, 23(5), 389-395. doi:10.1177/1062860608320646
- Creswell, J. W. (1998) *Qualitative Inquiry and Research Design: Choosing among Five Traditions*. Thousand Oaks, CA: SAGE
- Creswell, J. W. (2013). *Qualitative Inquiry & Research Design: Choosing among Five Approaches*. Thousand Oaks, CA: SAGE.
- Crossman, A. (2019, March 13). How a Pilot Study Can Improve Sociological Research? Though co. Pilot study in research. Retrieved from <https://www.thoughtco.com/pilot-study-3026449>.
- Davidson, A. S. (2013). Phenomenological approaches in psychology and health sciences. *Qualitative Research Psychology*, 10, 318-39. doi:10.1080/14780887.2011.608466
- Denzin, N. K., & Lincoln, Y. S. (2013). *The landscape of qualitative research*. Los Angeles: SAGE Publications.
- De Vaus, D. A. (1993). *Surveys in social research*. London: UCL Press.
- Fahim, U. (2002). Becoming a culturally sensitive person: An exploration into the development of cultural sensitivity (Unpublished doctoral dissertation).

- California Institute of Integral Studies,  
San Francisco, CA.
- Finzen, A. (1996). *The Board of Directors is schizophrenic. The disease and the stigma*. Bonn, Germany: Psychiatrie-Verlag.
- Guest, G., Namey, E. E., & Mitchell, M. L. (2013). *Collecting qualitative data: a field manual for applied research*. Thousand Oaks: SAGE Publications.
- Harding, T. (2007). The construction of men who are nurses as gay. *Journal of Advanced Nursing*, 60(6), 636–644. doi:10.1111/j.1365-2648.2007.04447.x
- Husserl, E. (1970). *The idea of phenomenology*. The Hague, The Netherlands: Nijhoff.
- Hurn, B. J., & Tomalin, B. (2013). *What is Cross-Cultural Communication? In Cross-Cultural Communication*. Palgrave Macmillan, London.
- Ismail, N., Kinchin, G., & Edwards, J. A. (2018). Pilot Study, Does It Really Matter? Learning Lessons from Conducting a Pilot Study for a Qualitative PhD Thesis. *International Journal of Social Science Research*, 6(1), 1. doi:10.5296/ijssr.v6i1.11720
- Jacob, S. A., & Furgerson, S. P. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *Qualitative Report*, 17, 6. Retrieved from <https://nsuworks.nova.edu/tqr/vol17/iss42/3>
- Janghorban, R., Latifnejad, R., & Taghipour, A. (2014). Pilot Study in Qualitative Research: The Roles and Values. *Journal of Hayat*, 19(4). Retrieved from <https://www.researchgate.net/publication/264416271>
- Javed, Z., Naeem, F., Kingdon, D., Irfan. M., Izhar. N., Ayub. M. (2006). Attitude of the university students & teachers towards mentally ill, in Lahore, Pakistan. *Journal of Ayub Medical Collage Abbottabad*, 18(3):55-58. Retrieved from <https://www.researchgate.net/publication/6459262>
- Khan, N., Kausar, R., Khalid, A., Farooq, A. (2015). Gender differences among discrimination & stigma experienced by depressive patients in Pakistan. *Pakistan Journal of Medical Sciences*, 31(6):1432-1436. doi: <http://dx.doi.org/10.12669/pjms.316.8454>
- Kim, Y. (2010). The pilot study in qualitative inquiry identifying issues and learning lessons for culturally competent research. *Qualitative Social Work*, 10(2), 190-206. Retrieved from <https://doi.org/10.1177/1473325010362001>
- Leon, A. C., Davis, L. L., & Kraemer, H. C. (2011). The role and interpretation of pilot studies in clinical research. *Journal of Psychiatric Research*, 45(5), 626-



629. doi:10.1016/j.jpsychires.2010.10.008  
https://www.ncbi.nlm.nih.gov/pubmed/11439935
- Lincoln, Y. S., & Guba, E. G. (1990). Judging the quality of case study reports. *International Journal of Qualitative Studies in Education*, 3(1), 53-59.  
doi.org/10.1080/0951839900030105
- Lindquist, R. (1991). Don't Forget the Pilot Work, *Heart & Lung The Journal of Acute and Critical Care*, 20(1), 91-2.  
Retrieved from <https://www.researchgate.net/publication/21168407>
- Lock, L. F., Spirduson, W. W. & Silverman, S. J. (2000). *Proposals that Work: A Guide for Planning Dissertations and Grant Proposals*. Thousand Oaks, CA: SAGE
- Marshall, C & Rossman, B. G. (2006). *Designing Qualitative Research*. Sage: London
- Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International journal of qualitative methods*, 1(2), 13-22.  
doi.org/10.1177/160940690200100202
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.
- Perry, S. E. (2001). Appropriate Use of Pilot Studies. *Journal of Nursing Scholarship*, 33(2): 107. Retrieved from
- Pitard, J. (2017). A Journey to the Centre of Self: Positioning the researcher in autoethnography. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 18(3) 10.  
Retrieved from <http://dx.doi.org/10.17169/fqs-18.3.2764>.
- Pryor, J. B., & Bos, A. E. R. (2015). Stigma: Implications for helping behavior. In D. A. Schroeder & W. G. Graziano (Eds.), *Oxford library of psychology. The Oxford handbook of prosocial behavior*. Oxford University Press.
- Ranney, M. L., Meisel, Z. F., Choo, E. K., Garro, A. C., Sasson, C., & Morrow Guthrie, K. (2015). Interview- based qualitative research in emergency care part II: Data collection, analysis and results reporting. *Academic Emergency Medicine*, 22(9), 1103-1112. doi: 10.1111/acem.12735.
- Schutz, A. (1967). *The phenomenology of the social world*. Chicago: Northwestern University Press.
- Seidman, I. (2006). *Interviewing as qualitative research: a guide for researchers in education and the social sciences*. New York: Teachers College Press.
- Spradley, James P. (1979). *The Ethnographic Interview*. New York: Holt, Rinehart, and Winston.

- Spradley, J. P. (2000). *You owe yourself a drunk: an ethnography of urban nomads*. Prospect Heights, IL: Waveland Press.
- Thabane, L., Ma, J., Chu, R., Cheng, J., Ismaila, A., Rios, L. P., Robson, R., Thabane, M., Giangregorio, L., & Goldsmith, C. H. (2010). A tutorial on pilot studies: the what, why and how. *BMC Medical Research Methodology*, *10*(1). doi:10.1186/1471-2288-10-1
- Thapar Bjorkert, S., & Henry, M. (2004). Reassessing the research relationship: location, position and power in fieldwork accounts. *International Journal of Social Research Methodology*, *7*(5), 363–381. doi:10.1080/1364557092000045294
- Van Kaam, A. (1969). *Existential Foundation of Psychology*, New York. Image Books, New York (Original work published, 1966).
- Van Teijlingen, E., & Hundley, V. (2002). The importance of pilot studies. *Nursing Standard*, *16*(40), 33-36. doi:10.7748/ns2002.06.16.40.33.c3214
- Van Teijlingen, E. R., Rennie, A. M., Hundley, V., & Graham, W. (2001). The importance of conducting and reporting pilot studies: the example of the Scottish Births Survey. *Journal of Advanced Nursing*, *34*(3), 289–295. doi:10.1046/j.1365-2648.2001.01757.x
- Weiss, R. S. (1994). *Learning from Strangers: The Art and Method of Qualitative Interview Studies*. New York: Free Press.
- Wimpenny, P., & Gass, J. (2000). *Interviewing in phenomenology and grounded theory: is there a difference?* *Journal of Advanced Nursing*, *31*(6), 1485–1492. doi:10.1046/j.1365-2648.2000.01431.x