

Managing mobility and progressivity in video-mediated interviews

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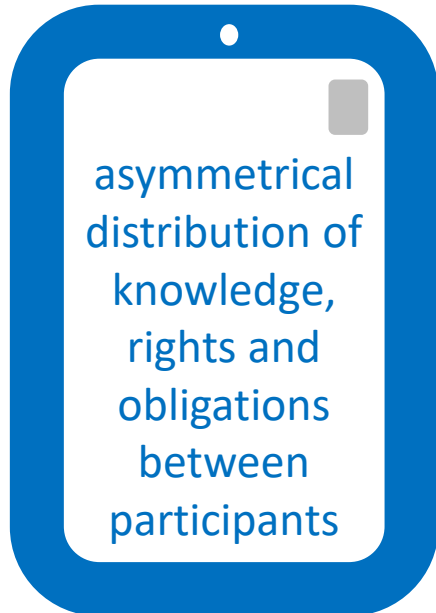
VIDEO-MEDIATED RESEARCH INTERVIEWS



Video-mediated interaction: an embodied phenomenon

(see Heath & Luff 1992, 1993 ; Fornel, 1996 ; Morel & Licoppe, 2010 , 2012 ; Due & Licoppe, 2021)

- 'talking heads' (also: walking bodies)
- videoconferencing devices – may or may not be portable (e.g. laptop / smartphone VS desktop computer)
 - incl. camera, screen, speakers / headphones
 - also: internet connection (wired VS wireless) ; lighting conditions for adequately appearing on-screen



Research interviews (see Roulston, 2006, 2019)

- as a setting for investigating social interaction
 - and interactional problems (see Mazeland & Ten Have, 1996 ; Roulston, 2014)
- membership categories and assigned tasks: interviewer *asks questions* > interviewee *answers*

VIDEO-MEDIATED RESEARCH INTERVIEWS:

A RESOURCE FOR COLLECTING DATA UPON RESTRICTED ACCESS TO ETHNOGRAPHIC FIELDSITES

- **Project ETIC (End-Of-Life Trajectories in Care): *Managing end-of-life trajectories in palliative care: a study on the work of healthcare professionals***



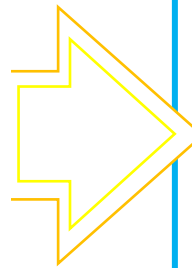
- Funded by the FCT - Portuguese Foundation for Science and Technology (ref.: PTDC/SOC-SOC/30092/2017)
- Coordination: Alexandre Martins & Michel Binet ; Fieldwork: Oriana Brás ; Tatiana Mestre ; David Monteiro
- Investigating the the workplace practices of Palliative Care (PC) professionals (2018-2022)
 - with a central concern on social interaction
 - mixed-methods qualitative approach: EM/CA ; Pragmatic Sociology ; Grounded Theory
- 2019: Ethnographic fieldwork, recording of palliative care teams at their workplaces
 - 3 multi-professional palliative care teams, 3 settings for PC intervention (hospital, hospice, home-based) in Portugal
 - corpus of audio-recorded palliative care team meetings and phone calls (~ 16 h.)
- ➔ **2020-21: Access to fieldsites (hospitals, patients' homes) restricted due to COVID19**
 - **video-mediated interviews (Zoom) with professionals at their homes or workplaces** (n=40, ~60 h.)
 - eliciting descriptions of professionals' workplace practices (before and during the pandemic)

INTERVIEWEES' ON/OFF-CAMERA MOBILITY

: AN EXPLORATORY STUDY

Interview at home – on-camera dislocation to other rooms:

- professionals may move to another part of the house for
 - physical needs (e.g. smoking ; going to toilet)
 - summons (e.g. attending to door ring)
 - also: securing wi-fi connection
- carrying the video-conferencing device



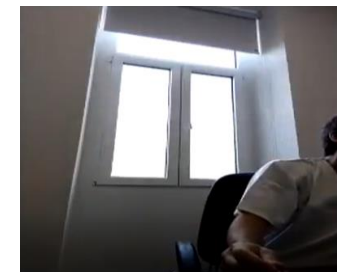
occasioning
interviewees'
(on / off-camera)
dislocation to
another place



may result in a
temporary suspension
of the main activity
(interview)

Interview at the hospital – off-camera dislocation¹ elsewhere

- professionals may be summoned by other members of the staff
 - going elsewhere (e.g. taking a phone call , meeting a patient)
 - keeping others away from camera view
- leaving the device on the desk



Managing progressivity and intersubjectivity

¹ On practices for moving out of view in family video-mediated communication, see Gan & deSouza (2022)

E1

E2

Extract 1a | On-camera dislocation (I)

Interviewee moves to another room during question



EMA

DAR

01 DAR que situações é que envolvem a decisão de sedar\ que decisões- que que situações é que envolvem (.)
which situations do involve the decision of sedating\ which decisions do involve (.)

02 m:: (.) o o envolvimento dos cuidadores/ que tipo de problemas% é que pode% apresentar o envolvimento
hm (.) the involvement of caregivers/ what kind of problems may present the involvement

ema %nods-----% %gets up-->

03 dos cuidadores na na% sedação/ e (1.0) pronto=
of caregivers in in sedation/ and (1.0) there=

ema %walks-->>

04 EMA =eu 'tou eu 'tou a ouvir\
=i am i am hearing

05 DAR quais é que são as dificuldades e que soluções e% o que é que se %faz% a esse a esse% respeito em paliativos (.)
which ones are the difficulties and what solutions and what what does one do in that in that respect in palliative (.)

ema -->% %turns light on% %walks-->>

06 se me puder falar um pouco&
if (you) can tell me a bit&

07 EMA sim\
yes

08 DAR &um pouco sobre isso (.) assim sobre os aspetos que sejam mais relevantes (.) e de algum caso mais marcante (.)
&a bit about that (.) like on the more relevant aspects (.) and about any case (that is) more striking (.)

07 ou que lhe pareça mais&
or that seems to you more&

08 EMA m hm

09 DAR &relevante para nós percebermos essa questão eu também (.) agradeço\
&relevant for us to understand that situation i also (.) thank

10 EMA a questão da sedação pode ser respondida assim rapidamente (.) que é (.) coloca-se a questão %se a sedação% será ética\
the issue of sedation can be responded to rapidly (.) this is (.) one questions if sedation is ethical

ema %closes door&

((continues))

Q

A

1-3: DAR produces (open-ended) question

- EMA nods, gets up during question
- 4: EMA confirms hearership, orients to possible interference of getting up

5-9: DAR continues question

- EMA turns room light on

10: EMA addresses topic of the question, projects answer

10-11: EMA produces extended answer

- closes room door

Extract 1b | On-camera dislocation (II)

Interviewee suspends answer for going outside



1-4: EMA elaborates answer to DAR's question, projects completion

- 3: looks away from camera
- 4: grasps device, gets up, walks

5: EMA announces suspension

- topicalizes mobility
- provides account
- apologizes, projects aligned response from DAR (5), who then provides alignment token (6)

- confirms hearership (8)

9: EMA resumes topic

- change-of-state token ("ah")
- continues answer (10)

((cont., 150 seconds omitted))

01 EMA até no caso de ser um local com pessoas (.) eh (.) inexperie:ntes (.)
even in the case of it being a place with persons (.) uh (.) (who are) inexperienced (.)
ema >>sitting down-->
02 a nível: (.) a nível de controlo sintomático (.) poder ser mais ético sedar
on the level of (.) on the level of symptom control (.) (for it) to may be more ethical to sedate
03 enquanto não se encontra uma resposta adequada (.) do que não fazer nada\ .h% .h .h
while one does not find an adequate response (.) than to not do anything\ .h .h .h
ema %looks away from camera-->
04 h h h (.) pronto. e\$ eh e\$ (.) e essa continua a ser a minha opinião\
h h h (.) there. and uh and (.) and this continues to be my opinion\<
ema -->%grasps device-->
\$gets up, walks-->
05 e::h (.) desculpe eu vou sair lá para fora\$ eh %só para: (.) pa' fumar\ (.) \$se não se importa\
uh (.) sorry i am going outside just to (.) to smoke\ (.) if you do not mind\<
ema -->\$ \$walks-->
ema -->%opens door-->
06 DAR okay\
07 EMA h h h .h:: (.) desculpe lá%\
h h h .h: (.) sorry PRT
ema -->%
08 EMA e::h mas eu 'tou a ouvi-lo na mesma\ (.) e::hm:\$
uh but i am hearing you anyways\ (.) uhm
ema -->\$
09 (3.8)
10 EMA mas o que (.) ah (.) mas o que eu ia dizer (.)
but what (.) oh (.) but what was i about to say (.)
11 a decisão que se toma (.) de sedar (.) é sempre baseada ou então no sintoma ...
the decision that one takes (.) of sedating (.) is always based whether PRT on the symptom ...

((continues))

A

...

>A

Extract 2 | Off-camera dislocation

When prompted to take phonecall, interviewee walks away to another room

RUI

IRI

Q

A

...

01 IRI como é que (.) queria saber mais em pormenor como é que faz e-
how is it that (.) (i) would want to know in more detail how do you do tha-
02 como é que fala com as pessoas sobre a sua condição de saúde\ (0.7) e::h (.) se me puder contar\
*how do you talk to people about their health condition\ (0.7) uh (.) if you can tell me\
03 RUI eh habitualmente eu sei que (.) isso dependerá se (.) dependerá se é o primeiro*
uh usually i know that (.) it will depend whether (.) it will depend wheter it is the first
04 momento da passagem de informação ou se é um segundo&
moment of passage of information or if it is a second&
05 IRI m hm\
06 RUI &momento ou (.) mas habitualmente os doentes que já passaram por um tratamento activo digamos assim-
&moment (.) but usually the patients who have already gone through an intensive treatment so to speak-
07 ??? ((knocks on door))
08 RUI sim/
yes/
09 ??? doutor rui (.) pode vir ao telefone/
doctor rui (.) can you come over to the phone/
10 RUI `tá bem\ mas (.)
alright\ but (.)
11 só um bocadinho\ `tá bem/
just a little bit\ alright/
12 (0.5) ((RUI turns away from camera))
13 RUI diga diga
tell tell
14 ??? o senhor xxx xxx xxx xxx xxx xxx
mister xxx xxx xxx xxx xxx xxx
15 RUI xxx uma entrevista= ((gets up from seat))
xxx an interview=
16 ??? =ah\
17 RUI para um trabalho de investigação\
*for a research work\
16 ??? a:h\
17 (2.5) ((looks at camera, puts headphone in ear))
18 RUI desculpe eu venho já já já (.) `tá bem/
excuse me i will come back right away right away right away (.) alright/
19 IRI tá bem tá bem
alright alright
20 RUI obrigado\ desculpe lá ((looks away, walks away from camera))
thanks\ sorry PRT
21 IRI não tem mal*

1-2:
IRI produces (open-ended) question

3: RUI answers

- 6: audible knock on the door during RUI's turn
- 7: RUI suspends turn, turns to staff member
- 8: staff member informs RUI that he is being called on the phone
- 9-11: RUI announces break, turns away from camera, puts IRI on hold (see Licoppe & Tuncer, 2014)
- 12-13: RUI engages with staff member, obtains information on the phone call, informs about research interview

Note:

Due to the quality of the recording, it was not possible to annotate the temporality of RUI's embodied conduct in fine detail.

For this reason, the authors decided to use more generic descriptions ((between double parentheses))

- 14: RUI announces temporary departure to IRI, gets up from seat, apologizes

Extract 2 | Off-camera dislocation (cont.)



RUI



IRI

21: Back on his seat, RUI resumes the interaction with IRI

- takes off protection mask
- puts on earphone
- turns to camera

22-23: RUI initiates greeting sequence, IRI aligns

- joint orientation to resuming the interaction

• 24-28: RUI washes hands, topicalizes need of wearing mask

- visibly accounts for having left in order to meet a patient

• IRI aligns (26, 28)

29: RUI produces change-of-state token (“ah”), projects resumption of suspended activity

30: IRI aligns

31: RUI topicalizes patients’ knowledge, elaborates on previous answer

((RUI is back on seat))

```
21      (6.0) ((RUI takes off mask, puts earphone in ear, turns to camera))
22 RUI  olá de novo
        hello again
23 IRI  olá
        hello
24 RUI  xx e depois estas máscaras também não é o (.) não é o ambiente ideal
        xx and then these masks it is also not the (.) not the ideal environment
25      o contexto ideal% para usar em cuidados paliativos (.) mas
        the ideal contexto for wearing in palliative care (.) but
        rui      >>...%turns to camera-->>
26 IRI  pois é (.) pois é
        right (.) right
27 RUI  sobretudo: (.) os doentes são tão frágeis em termo clínicos
        especially (.) the patients are so frail in clinical terms
28 IRI  pois é
        right
29 RUI  ah eh (.) em relação a
        oh uh (.) in relation to
30 IRI  exa:%cto
        exactly
        iri      %nods-->
31 RUI  ao trabalhar a informação que o doente (.) tem\% (.) normalmente eu tento perceber
        to the working out of the information that the patient (.) has\ (.) normally I try to understand
        iri      -->%
32      o que é que o doente sabe\ ou seja
        what is it that the patient knows\ this means
```

((continues))

...

>A

SUMMARY & CONCLUDING REMARKS (I)

Interviewees may momentarily disengage from the interviewing activity and walk to another place

in order to:

- attend to external summons (e.g. other staff members)
- engage in self-involvement (e.g. smoking ; toilet)
- (also: stabilize internet connection)

Announcement of disengagement

may include:

- reference to mobile trajectory
- reference to concurrent activity
- apology

Maintenance / resumption of main activity (Q&A)
produced with:

- announcing hearership status
- change-of-state token (“oh”);
- explicit reference to topic / issue

Interviewer aligns with
suspension and resumption:

- agreement upon announcement
- confirmation upon resumption

SUMMARY & CONCLUDING REMARKS (II)

On video-mediated interviews as an interactional phenomenon:

- interactional affordances of personal computing devices and video-conferencing platforms
- multimodal organization of multiple, concurrent activities
- participants' methods for managing progressivity and intersubjectivity
- on the practical relevance and local accountability of mobility

On video-conferencing interviews as a resource for collecting data upon restricted access to delicate fieldsites:

- documenting professionals' description of own practices
- VS recording the actual practices
- Interviews as interactional data
- emergence of a new object of study, adding complexity and scope to ongoing research

GEACC – Group for Ethnomethodology and Conversation Analysis of Social Clusivity

Centro Lusíada de Investigação em Serviço Social e Intervenção Social, Universidade Lusíada de Lisboa (Portugal)



The main objective of GEACC is to promote, in Portugal, the introduction of ethnomethodological Conversation Analysis within research and training in Social Work, through direct and microanalytical studies of the conversational frames of social intervention in diverse sectors of intervention.

For more information, please visit:

<http://geacc.hypotheses.org>

Ongoing work on 'methodography':
video-mediated sessions for
accompanied self-confrontation with
one's (recorded) professional practices
in social intervention.



**Workshop On Methodography
By Accompanied Self-confrontation**

@ Universidade Lusíada de Lisboa

Many thanks for your attention!