

METHODOLOGY

The research method was designed to assess the perspectives of a broad spectrum of MSF-Holland staff working at different levels within the organisation. Staff were surveyed in both the field and the Amsterdam office, using a mixture of qualitative and quantitative methods.

3.1 QUESTIONNAIRE

To assess the views of field staff, a 53-item multiple choice questionnaire was designed on the basis of factors believed to be relevant to the field context. Each field office was sent five copies of the questionnaire with the request that they be completed by the country manager, the medical co-ordinator, a project co-ordinator, and two other project staff members selected at random. To ensure anonymity, respondents were not identified by name, and completed questionnaires were returned to the Amsterdam office in sealed envelopes. A total of 140 questionnaires were distributed to the field and 63 were returned completed, producing a response rate of 45%.

3.2 SEMI-STRUCTURED INTERVIEWS

Based on a preliminary analysis of questionnaire data from the field, semi-structured interviews were designed to explore particular issues in more depth. Interviews were conducted over a two week period at the Amsterdam office with randomly selected field staff and with representatives of relevant office departments and units. Interviews lasted between one and two hours and were taped on a non-attributable basis. A total of 15 interviews were conducted. Interviewees included field staff, management team members, and representatives of the Medical Department, HRM Department, Emergency Desk, Psychosocial Department, and Monitoring and Evaluation Unit.

3.3 FOCUS GROUP

A focus group consisting of 10 medical co-ordinators was conducted at the Amsterdam office. Views were sought on a number of issues identified by the preliminary analysis of questionnaire data. The group discussion lasted approximately 90 minutes and was taped on a non-attributable basis.

3.4 CONSTRAINTS OF METHODOLOGY

This research design was meant to address some of the limitations of the more common case study approach which seeks to define the conditions necessary for programme success by surveying the experiences of particular programmes and distinguishing the factors which led to the success or failure of their activities. A case study approach, however, is often not conducted on a scale wide enough to allow analysis of an organisation's general operational systems. Whilst seeking to avoid these limitations, however, the research methods of this study necessarily introduced other limitations. In particular, during the course of the questionnaire design, assumptions were made with regard to the knowledge base of field staff. It was assumed that most staff would have had some degree of contact with mental

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health programmes and would be familiar with general operations at the Amsterdam office. Both these assumptions proved to be invalid, resulting in a large proportion of missing data and necessitating caution with regard to the interpretation of questionnaire data, in particular those items pertaining to the operations of the Amsterdam office. In the analysis reported below, items with a percentage of missing data higher than 40% have been excluded on the basis of their assumed unreliability.

Efforts were made to compensate for the limitations of the quantitative data by modifying the research design and introducing semi-structured interviews with field staff visiting the Amsterdam office. Using data from the focus group discussion with medical co-ordinators, issues of specific relevance to the field were identified, and these were incorporated into the design of subsequent semi-structured interviews with field staff.

3.5 ANALYSIS

Questionnaire results were entered onto a computer database. Data were collated after the exclusion of missing data; thus the results reported below represent the percentages of field staff who indicated a response to a particular questionnaire item. Interview and focus group tapes were transcribed and subjected to a content analysis. The results are reported below in the context of the study's key questions. The full questionnaire results, including percentages of missing data, are presented in Appendix A.