

Compensating Research Participants: A Survey of Current Practices in Toronto

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Report

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Statement on Acknowledgement of Traditional Land

We would like to acknowledge this sacred land on which the Wellesley Institute operates. It has been a site of human activity for 15,000 years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit River. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes.

Today, the meeting place of Toronto is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory.

Revised by the Elders Circle (Council of Aboriginal Initiatives) on November 6, 2014

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Introduction

In health and social research, individuals and communities are invited to contribute to research by sharing their experiences through interviews, focus groups, and surveys.

Honoraria and incentives are used throughout health and social science research but there is debate about whether and how to compensate research participants. The *Tri-Council Policy Statement*, which outlines ethical considerations and guidance for research involving humans in Canada, alerts researchers to the need to carefully weigh the use of incentives against any potential harms for participants in research (TCPS, 2014). Beyond this, however, there is a lack of publicly available practical guidelines to support researchers and research ethics boards when making difficult decisions about participant compensation.

It is common for researchers to pay participants, despite the absence of formal guidance on how to compensate participants and what amounts are appropriate. As a result, payment practices vary.

Research has been conducted in Australia and the United States to understand how researchers compensate participants (Ripley et al. 2010; Fry et al., 2005). To date this work has not been done in Canada. To respond to this gap, this report outlines the results of our recent survey of the types and amount of compensation that health researchers are providing to participants in the Greater Toronto Area. The companion think piece identifies current debates in the literature and key considerations for ensuring payment practices are fair and inclusive.

Together, this work provides insight into current health and social research compensation practices in Toronto and identifies emerging good practices for paying research participants in a fair and inclusive way that researchers and research ethics boards can consider when making decisions about research compensation (see “Fair & Inclusive Compensation for Research Participants: A Guideline”).

Methods

Survey of Current Practices

Health researchers and students conducting research in the Greater Toronto Area were invited to complete an online survey between October-November 2017. The survey focused on researchers who primarily conduct health services and/or social, cultural, environmental, and population health research as defined by Canadian Institutes of Health Research (CIHR, 2014).

Purposive sampling (non-probability) was used to reach health researchers who were based at a range of organizations (e.g. universities and colleges, hospitals, community-based service providers). Specifically, the survey was shared through Wellesley Institute’s email-based newsletter and social media channels, and a number of relevant health and research listservs. Additionally, health researchers at universities, colleges, hospitals, NGOs, and community service providers in the GTA were invited by email. All participants provided informed consent via an online form.

The survey included 15 open and closed-ended questions about how researchers compensate adult research participants; this included all monetary and non-monetary forms of compensation, reimbursements, incentives, and tokens of appreciation. Descriptive statistics were used to analyze closed-ended responses and thematic analysis was used to analyze open-ended responses to understand the range of current compensation practices. The qualitative and quantitative data are reported together by theme in order to highlight both the patterns of current research practices and the conceptual discussions and debates that researchers raised in response to certain practices. Current practices are described through summary statistics based on 9 close-ended questions. Attitudes and opinions of researchers are presented using 6 open-ended, qualitative questions that sought to elicit from researchers their rationale and observations of the importance underscoring certain practices.

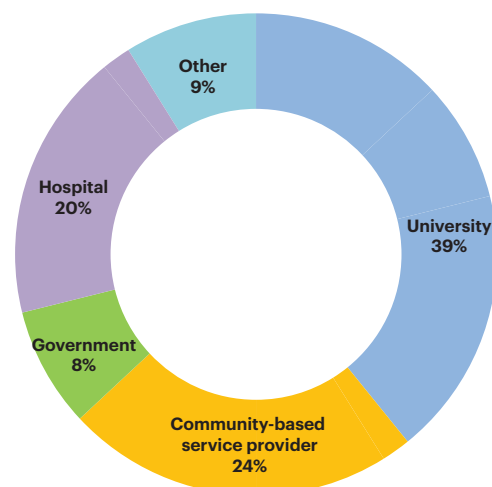
This approach to the use of mixed methods enables us to identify points of triangulation of the findings, while also bringing attention to any points of divergence or debate that were raised in the data. This research study has been approved by Ryerson University’s Research Ethics Board.

Results: Current Compensation Practices

Who participated?

A total of 71 researchers completed the survey. Respondents were based at a range of institutions such as universities, hospitals and community-based service providers (see Figure 1). Respondents conducted health services research (55%) and social, cultural, environmental, and population health research (79%).

Figure 1: Where researchers were employed, by institution type



Types of compensation

Researchers provide a range of monetary and non-monetary forms of incentives, compensation or appreciation to participants.

This survey found that the most common practice was for researchers to reimburse or reduce participant expenses (90%), followed by providing cash compensation (65%) and gift cards (65%) (see Table 1).

Table 1

| Type of Compensation | % of Researchers Who Had Provided |
|--|-----------------------------------|
| Reducing or Reimbursing Participant's Costs (i.e. travel, food, child care and elder care) | 90% |
| Paying Participants with Cash | 65% |
| Provided gift card | 65% |
| Nothing | 4% |

Only 4% of researchers had not provided any type of reimbursement, compensation or token of appreciation to participants.

Reimbursing & Reducing Participant Expenses

Current Practices

The survey asked researchers if they had ever provided food, transportation, child care or elder respite care, or had provided cash to reimburse participants for these expenses. These are examples of expenses that could be covered rather than an exhaustive list.

The majority of researchers (90%) reported having provided ways to cover or mitigate at least one of these expenses. However, there was variation in what expenses researchers addressed and how they went about doing so. It was much more common for researchers to provide food and cover travel costs and less common to provide or cover the costs of child or elder care (see Figure 2).

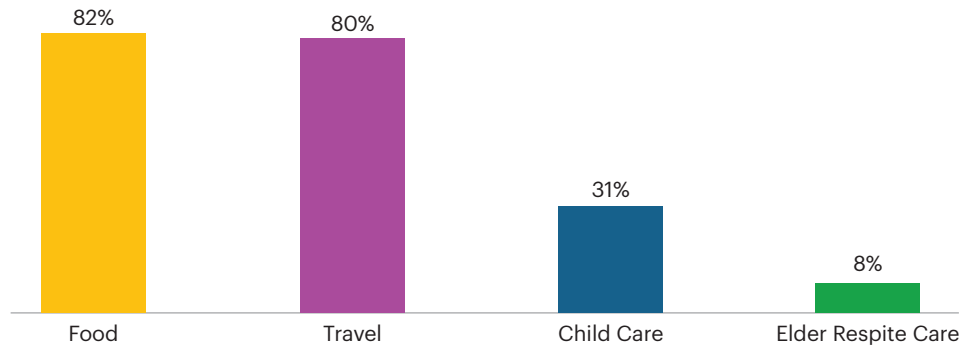


Figure 2: % of researchers who had ever provided food, covered travel costs, or provided or covered child or elder care costs for participants

While researchers overwhelmingly provided food rather than reimbursing food expenses, researchers approached travel costs in a number of ways: many provided a public transit fare or tokens for a round trip, others provided a set amount of money to cover travel, and some covered mileage, parking and/or cab costs.

Importance of Addressing Participation Costs

Through open-ended questions, researchers emphasized the importance of reducing participation costs. In doing so they highlighted a broad range of expenses, which they indicated could be a barrier to participation for some populations.

“It is important to make sure that everybody who wants to participate can participate and that finances are not a barrier.”

“I also think it is important to consider any expenses or costs a participant might incur through participation (transportation, missing out on a meal time at service agency, lost wages, etc.)”

“I think transportation is particularly important to consider when working with people who have disabilities. Often if they’re coming to participate in a focus group, etc. outside of the GTA they are not able to take Wheel-Trans and then must pay for private transportation which becomes expensive very quickly.”

While there appears to be consensus amongst researchers who responded to the survey about the importance of reimbursement, researchers did so in a variety of ways and discussed how they try to consider participants’ needs when making decisions about reimbursement.

“Those without transportation would receive transportation [costs] but those who have their own would not be reimbursed”

“I also like to take into consideration expenses that the participant might incur (or benefits they might forego). That can be addressed separately (providing food for a long interview over lunch) or built into the honorarium.”

“Usually, [compensation] includes a gift card, lunch, and mileage reimbursement. However, if anything was ever a barrier for participation (e.g., child care, cost of transportation), we would reimburse on a case-by-case basis”

Most researchers had provided food to participants while other decisions about reimbursement appear to be more flexible and responsive to participant needs. Ultimately, covering or reducing expenses appears to be common practice among those surveyed, and was identified as an important strategy for reducing barriers to participation for some populations.

Compensating Participants’ Time with Cash

Current Practices

The majority (65%) of researchers provided research participants with cash compensation for their involvement in local research studies. Researchers who indicated that they had provided monetary compensation were asked how much they paid participants hourly for three types of data collection: interviews, focus groups, and surveys.

For all methods, there was some variation in the amount of payment researchers offered; for example, while the median hourly amount provided was \$25, researchers provided as low as \$15 per hour and as high as \$100 per hour for interview participants. There was also some variation between data collection method. The median hourly amount offered was lowest for surveys (\$20) and highest for interviews (\$25). Despite this slight variation, both the overall median and mean of all combined responses for interview, surveys and focus groups was \$25 for one hour of participation.

| Interviews | Amount Per Hour | Focus Groups | Amount Per Hour | Surveys | Amount Per Hour |
|--------------------|-----------------|--------------------|-----------------|--------------------|-----------------|
| Minimum-Maximum | \$15-100 | Minimum-Maximum | \$10-50 | Minimum-Maximum | \$5-40 |
| Average (mean) | \$28.50 | Average (mean) | \$25 | Average (mean) | \$20 |
| Most common (mode) | \$25 | Most common (mode) | \$25 | Most common (mode) | \$25 |
| Middle (median) | \$25 | Middle (median) | \$22.50 | Middle (median) | \$20 |

Importance of Compensation

When asked about what they think about compensation, many researchers strongly emphasized that compensation is a necessary and vital way to acknowledge the contributions that participants make to local health and social research. Researchers described how participants share their knowledge, time, experiences, stories, and histories to research, which should be understood as a foundational contribution, service, and value-add to research, and therefore compensated accordingly.

“If we value the information the compensation should reflect that. If we don’t value the information then why are we collecting it.”

“Those participating who are Lived Experience should be treated as knowledge keepers and compensated accordingly including all expenses.”

“Participants should always be compensated for their time. They are doing us a service.”

“ALWAYS provide financial compensation to the research participants, otherwise it’ll be tantamount to exploitation.”

“It is imperative for us to be able to compensate clients/service users for sharing their histories/stories/experiences with us (and their time).”

Monetary compensation is a way that researchers recognize and respect the contributions of people with lived experience. Moreover, some researchers expressed concern that without compensation, they run the risk of exploiting communities. Researchers emphasized the worth and value of participants’ time and frequently spoke about ensuring compensation was commensurate with the time participants contribute to research.

“If you start with the assumption that their time is as valuable as yours then it changes how you think of compensation.”

“For vulnerable persons I think the compensation should be commensurate with the time they give.”

“I think of honorariums as compensation for people’s time. If I am getting paid they probably should be too. And I prefer to provide cash so that participants can decide how they want to use the money.”

While on average researchers indicated that they pay participants \$25 per hour, some researchers elaborated on how they make decisions about payment amounts, which helps explain why variation exists. Some researchers appear to be influenced by recent fair and

living wage movements and discussions in the city, which informs their approach to fair compensation.

“We think following the fair wage campaign of \$15 an hour is a good guideline and that to be mindful that community-based researchers and organizations often have tight budgets.”

“I think gift cards for marginalized people are insulting, especially if it’s due to a perception (as it often is) that they might spend the money ‘irresponsibly’. I’m allowed to spend the money I earn how I want. I also think that researchers need to value other people’s time as much as their own.”

Often in the context of limited budgets, these researchers referenced using various existing wage benchmarks to inform payment amounts (i.e. the Ontario minimum wage, \$15 fair wage, and \$21 living wage).

When making decisions about payment, some researchers also indicated that they consider the level of disclosure, the intensity and invasiveness of questions, and the effort required of participants. However, researchers did not elaborate on how they define or operationalize this idea of invasiveness or effort, beyond compensating participant for their time.

Gift Cards & Gifts

Current Practices

Many researchers (65%) had given participants gift cards. Gift cards varied in value from \$5-50. A variety of types of gift cards were provided including coffee shops, grocery stores, retail, and prepaid credit cards. Some researchers indicated that they prefer to provide prepaid credit cards rather than gift cards to provide participants with more flexibility.

Concerns about Gift Cards

Despite the common use of gift cards, researchers had strong opinions that it is important to compensate participants with cash, and problematic to provide gift cards particularly when working with populations deemed vulnerable.

“I think it is morally wrong that we give participants grocery vouchers instead of money. We want to dictate to them what they should spend the money on when it is their choice how they want to spend it [...] People want money - it is insulting to give people grocery vouchers especially for people experiencing homelessness who don’t have access to a house or fridge to store their groceries. Let them decide what they spend it on.”

“I think gift cards for marginalized people are insulting, especially if it’s due to a perception (as it often is) that they might spend the money ‘irresponsibly’. I’m allowed to spend the money I earn how I want. I also think that researchers need to value other people’s time as much as their own.”

These researchers challenged the notion that some participants should be paid in gift cards rather than with cash payment. Instead they argued that participants should be fairly compensated for the time they contribute to research with cash rather than gift cards.

Current Gift Giving Practices

Gift giving can sometimes be important, in addition to providing monetary compensation. A few researchers noted that they provide cultural gifts and gifts as a sign of reciprocity when working with Indigenous communities. Those researchers had also provided monetary compensation and reimbursed participant expenses.

Additional Factors that Influence Current Practices

In addition to covering participants’ expenses and compensating participants’ time, researchers described several other factors that contribute to payment practices.

Community Input

Researchers highlighted the value of consulting with partners, stakeholders, and communities when making decisions about compensation.

Do you pay people differently?

Researchers were asked through an open-ended question if they ever compensate participants differently based on their circumstances.

Several researchers (15%) indicated that while they do compensate participants with lived experience (i.e. service users, clients, community members), they do not provide compensation to participants who are participating in a professional capacity (e.g. service providers, policy makers, academics).

“I compensate former prisoners but not corrections or non-profit staff.”

“Only marginalized populations are compensated; healthcare professionals, and other professionals, are not.”

“We compensate community members; we do not compensate service providers.”

“Tend not to offer compensation if waged and participation during working hours as part of work (e.g. frontline staff, managers).”

“All clients/service users receive the same compensation. Typically, academics, professionals, or stakeholders do not receive compensation.”

“I generally do not offer honorarium to government officials, policy makers, executive directors, etc. but I do provide honorarium to youth and participants living in poverty.”

Some researchers differentiated between individuals who are participating in the context of paid work, and individuals who are contributing to research based on their lived experience and not in a professional capacity. There was a recognition that some participants may be living in poverty or identify with a marginalized population or community. This knowledge or awareness of the marginalization of communities and populations plays a central role in shaping efforts to ensure payment are fair and equitable, rather than exploitative.

Discussions surfaced about whether to compensate populations differently based on socioeconomic status, social location, or “vulnerability.” Several researchers emphasized that participants should be compensated equally and highlighted that proper informed consent processes can address concerns raised by REB about undue influence.

“I feel that participants should be compensated equally regardless of their social location. E.g., I don’t think potential coercion is a sufficient reason to pay someone who is homeless or uses drugs less for their research participation than we would pay someone who is housed/doesn’t use drugs (just as 2 examples). I would love to have a document I could cite when my REB expresses concerns about coercion in this regard.”

“I know in the research ethics literature there can be concerns about high honorariums being coercive. That doesn’t feel like that much of a concern to me unless the honorarium is extremely high and the research is risky and is with marginalized folks. In most cases, with a proper informed consent process that adequately discusses risk, I trust participants to make the call for themselves.”

Funding & Organizational Factors

Finally, researchers highlighted that the administrative influence of funders and institutional and organizational policies, as well as research ethics board requirements can influence compensation decisions. Several researchers stated that while they wanted to provide higher rates of compensation, they were not able to due to funding restrictions. Some researchers

described how they made decisions about compensation given limited resources and institutional policies.

“Cash [is] always my preference. Gift cards [are] paternalistic but an option where research funds are tight and gift cards have been donated.”

“I would like to provide more compensation to participants with disabilities to acknowledge the value of their lived experiences, but funders of research are not always willing to provide higher amounts of compensation for participants.”

“For some groups of people, cash works best as they are able to use [it] to meet their individual needs. Institutional bureaucracy can factor into method of payment.”

Moreover, researchers identified several ways that institutional policies and attitudes can influence compensation decisions: for example, compensating participants who are institutionalized (e.g. people who are in correctional facilities) can be difficult due to existing policies; some researchers' home institution have onerous processes for providing cash to participants; and some institutions and REBs are wary when researchers provide cash to participants who are deemed vulnerable.

Discussion

This report presents new results of a survey of health researchers in the GTA, which addresses a gap in understanding of current research payment practice in Toronto. While the non-probability sample limits the generalizability of the results, the researchers who responded work in a range of research settings. This suggests that the survey reflects a range of current practices used by health services and social, cultural, environmental, and population health researchers in the region. This new understanding of current practices can contribute to further development of shared guidelines.

Similar research has been conducted exploring research payment practices in the United States and Australia and has been fruitful in identifying good practices and informing guidelines (Fry et al. 2005; Ripley et al. 2010). Indeed, through a survey of American researchers, Ripley and colleagues (2010) note that researchers consider multiple factors when making decisions about payment, which likely contributes to variable practices. They recommend that going forward researchers specify the intended purpose(s) of payment – acknowledging participant's time, incentives, and covering expenses – at the beginning of decision-making processes and then consider whether compensation is adequate for the stated purpose.

Similar to research in other jurisdictions, our research results indicate that it is common for GTA researchers to use compensation to reduce or cover out-of-pocket expenses for participants and to pay participants for the time they contribute to research. Strikingly, only a small minority of respondents had never provided any form of compensation.

Reducing or covering participant experiences appears to be a norm amongst a large majority of those surveyed. Researchers highlighted the importance of doing so in a responsive way that is flexible to participants' needs. In our companion think piece, we highlight that mitigating and covering out-of-pocket expenses is a critical consideration to ensuring diverse individuals do not face financial barriers to participation.

It appears to be common practice for researchers to pay participants according to the time they contributed to research. Despite some variation, researchers provided an average of \$20-25 per hour (median) for surveys, focus groups, and interviews. Unlike research from other jurisdictions, this survey suggests that the practice of providing gift cards appears to be common yet a contentious issue for researchers in Toronto. Researchers provided clear opinions against the practice of compensating research participants using gift cards, conscious of how this could result in unfair and inadequate compensation for participants and communities. Yet, for some the practice of providing gift cards are a response to administrative requirements of funders, institutions and sometimes, REBs.

Respondents also highlighted how institutional and funding policies and attitudes influence compensation decisions, which point to the multiple stakeholders who are involved in this issue. Similarly highlighting the role of institutional restrictions, Matheson and colleagues (2012) have documented and raised concerns about the variation in practices amongst corrections departments across Canada regarding use of incentives in research involving offenders in prison or in the community.

Despite continued debates about this issue, this survey suggests that payment of research participants is a norm in the GTA. Together with our think piece, this work highlights that payment appears to be an acceptable and equitable way to reduce out-of-pocket expenses and fairly acknowledge the contributions of all participants.

Conclusion

This research provides insight into current practices for compensating health and social research participants in Toronto. While researchers continue to grapple with payment decisions, often with funding and institutional constraints, this work suggests that researchers commonly use payment to recognize both the expenses and contribution of participants. These approaches to compensation are common, accepted, and indeed deemed important. In addition, this work highlights important and timely conversations that are occurring in health and social science research in Toronto around equitable research

practices, and how best to ensure that marginalized community members are acknowledged and recognized for their contributions to local research.

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