Children's Hospital LOS ANGELES®

What to do when numbers don't tell the whole story: An introduction to qualitative research

Jennifer Baird, PhD, MPH, MSW, RN, CPN
Sharon M. Hudson, PhD
November 22, 2019

Time	Topic
11:00-11:10am	Welcome and Introductions
11:10-11:40am	Introduction to Qualitative Research
11:40-12:00pm	Interviewing Techniques
12:00-1:15pm	Interviewing Practice Session
1:15-1:30pm	Break
1:30-2:00pm	Coding Techniques
2:00-2:40pm	Coding Practice
2:40-3:00pm	Debrief and Next Steps

- Identify at least three major types of qualitative inquiry

- Describe two qualitative data collection strategies

- Practice conducting a qualitative semi-structured interview

- Develop codes for a sample piece of interview text

Philosophical Traditions
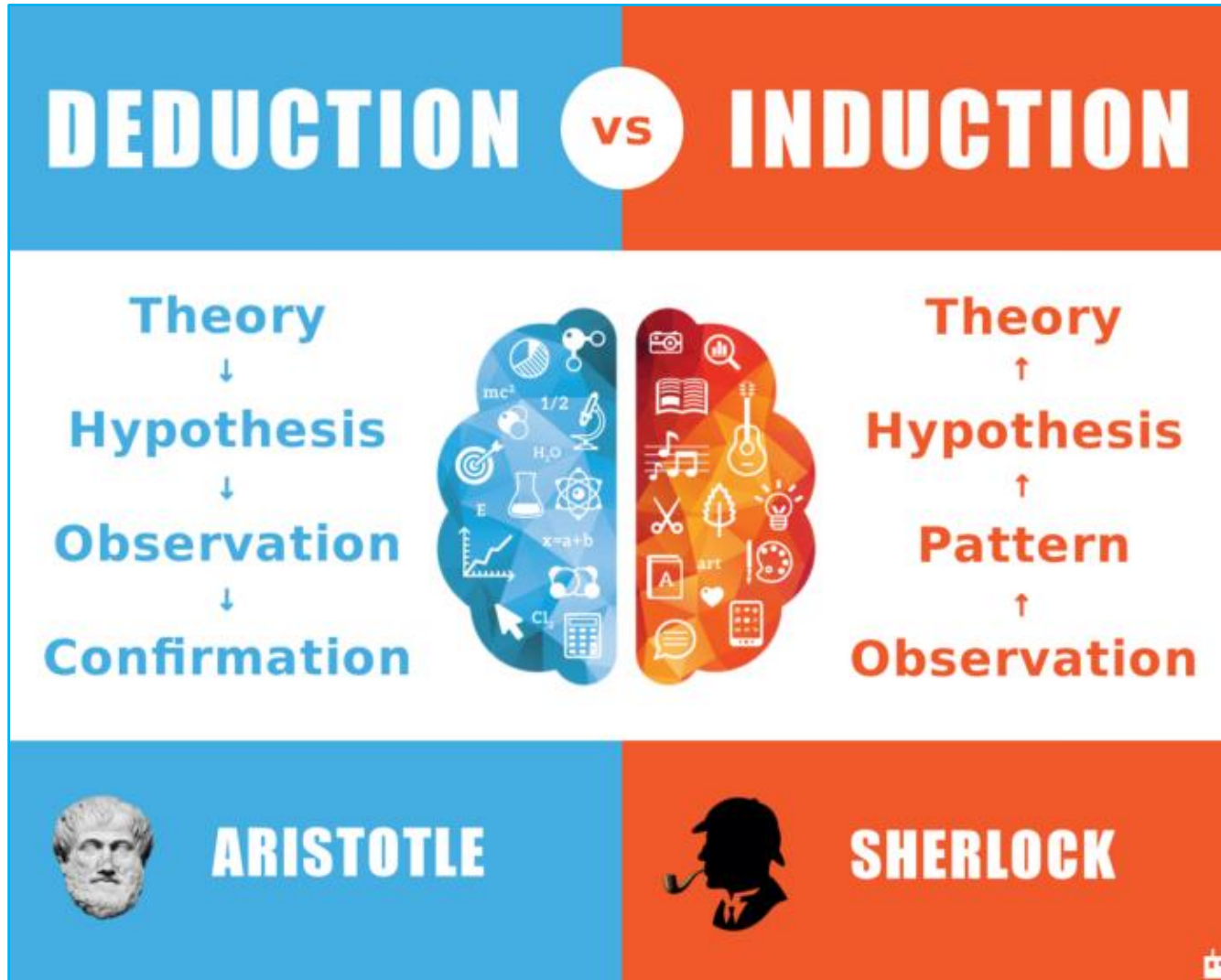
Postpositivism		Constructivism
Aligned with *quantitative* methods	—	Aligned with *qualitative* methods
Search for the **t**ruth, but not the **T**ruth	—	Multiple truths exist, dependent on individual's positioning
Theory testing, search for causal relationships	—	Theory generating
Objectivity, emphasis on reliability and validity	—	Meaning is a social construction

The goal of qualitative research is to understand:

👤	Individuals' experiences
👥	Cultural and group practices
🔄	Social processes

Qualitative Descriptive

Grounded Theory

Ethnography

Phenomenology

Case Study

Qualitative Descriptive

Common in healthcare literature

Thematic analysis of text to describe perceptions, processes, and behaviors

High level of description, low level of interpretation

Grounded
Theory

Sociological theory of **symbolic interactionism** underpins this methodology

Focus on social processes

Product of GT = a theory (or conceptual model) that is *grounded* in the data

High level of interpretation, lower level of description

Ethnography

Roots in anthropology and sociology

Examination of practices, behaviors, and patterns of interaction among a social group

Analysis derived from prolonged engagement in the natural setting

High level of description, lower level of interpretation

Phenomenology

Roots in German philosophy – Heidegger and Husserl
Understanding and describing individuals'
lived experience
High level of interpretation, lower level of description

Case Study

In-depth analysis of a single case

Often draws on multiple sources of data to construct/depict the case

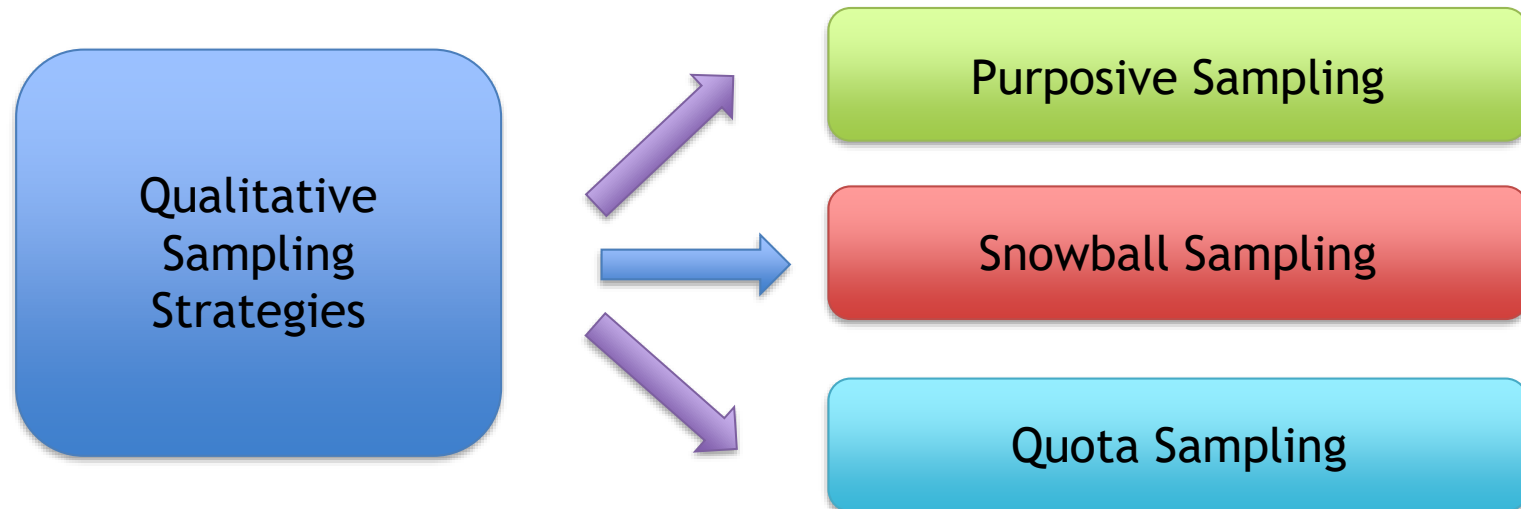High level of description, low level of interpretation
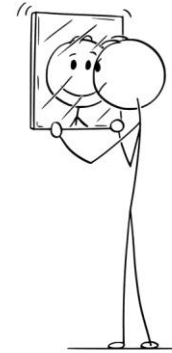
Interviews

Focus Groups

Observation

Texts

Photos and electronic media

Goal: Recruit KEY INFORMANTS about the phenomenon being studied

Qualitative Sampling Strategies

Purposive Sampling

Snowball Sampling

Quota Sampling

Recruitment proceeds until saturation is achieved.
Saturation = point at which no new themes are being generated

- Reflexivity
  - Recognizing your own positionality
  - Making this known to participants, in research reports

- Qualitative skill set
  - Meaningful engagement with participants
  - Asking open-ended questions
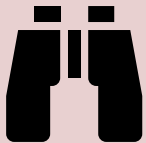 - Following the story
  - Group facilitation

Interviews and Focus Groups

	Use an interview guide (structured vs. semi-structured)
	Audio record for later transcription
	Observation of behaviors, reactions, context
	Field notes to capture impressions

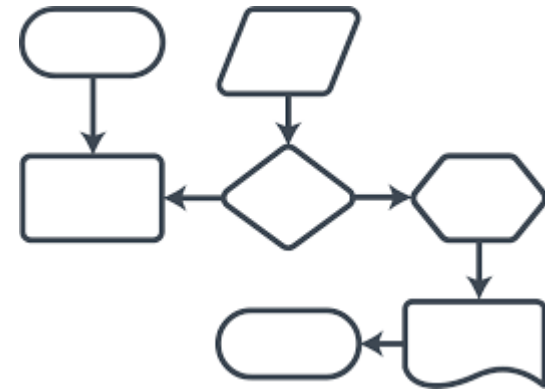| Immersion in the data	Co-occurring data collection and analysis	Coding
Memoing	Labeling of key themes	Identification of processes

Most qualitative studies rely on quotes to illustrate the themes uncovered during analysis

Choice of appropriate quotes is important – consider if/how a quote helps to illustrate your theme

Process or situational maps can also help to describe the context and illustrate themes.
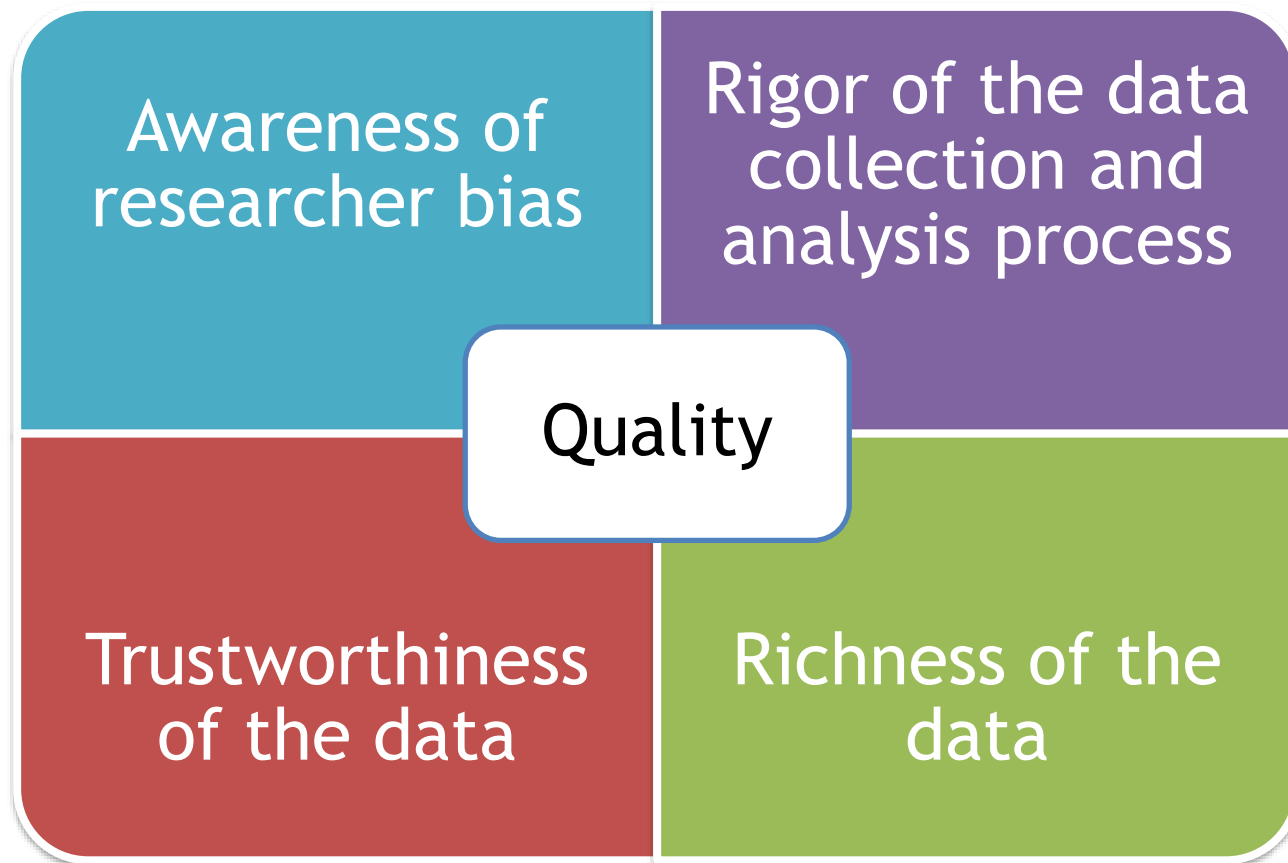
Interviewing Techniques

Jennifer Baird, PhD, MPH, MSW, RN, CPN
November 22, 2019

- Recognize the role the interviewer plays in a qualitative research interview
- Describe the difference between structured and semi-structured interviews
- Identify at least three strategies to employ when conducting a qualitative interview

Structured Interviews

- Standardized questions

- Asked in a pre-determined order

- Every participant receives the same set of questions

- Appropriate for use when the topic being studied is well-understood

Semi-Structured Interviews

- Basic set of questions used to initiate conversation around a group of topics

- Interviewer follows the participant's lead – follow-up questions help to further explore a topic or a new idea

- No two interviews look the same

- Appropriate for use when the topic is not well-understood

Guiding Principles for the Interview Guide

- At least one question for each topic you want information about

- Probes/prompts to accompany the main question

- Create open-ended questions

- Avoid leading questions

- Consider the use of stories to provide concrete examples ("Tell me about a time when…")

- Build a logical flow for the questions

- Revisit during data collection – what questions are missing?

Planning for the Interview

☎	Phone or in-person?
📍	Find an appropriate location
🕐	Give yourself plenty of time for the interview
🎤	Make sure your audio-recording devices are working
✏	Plan for time to make notes right after the interview

Be present in the interview

Follow the conversation

Don't be afraid to jump around the interview guide

Ask clarifying questions to make sure you understand

Talk less than the participant

Be aware of your verbals and non-verbals

Becoming a Stronger Interviewer

Improvement Strategies

- Listen to your audio recordings

- Read your transcripts with a critical lens – where did you talk too much? Where are your verbal habits getting in the way?

- When/where appropriate, interview with a partner

- Debrief with members of your research team

- Form groups of 3:
  - Interviewer
  - Research participant
  - Observer
- Everyone will have a chance to serve in each role
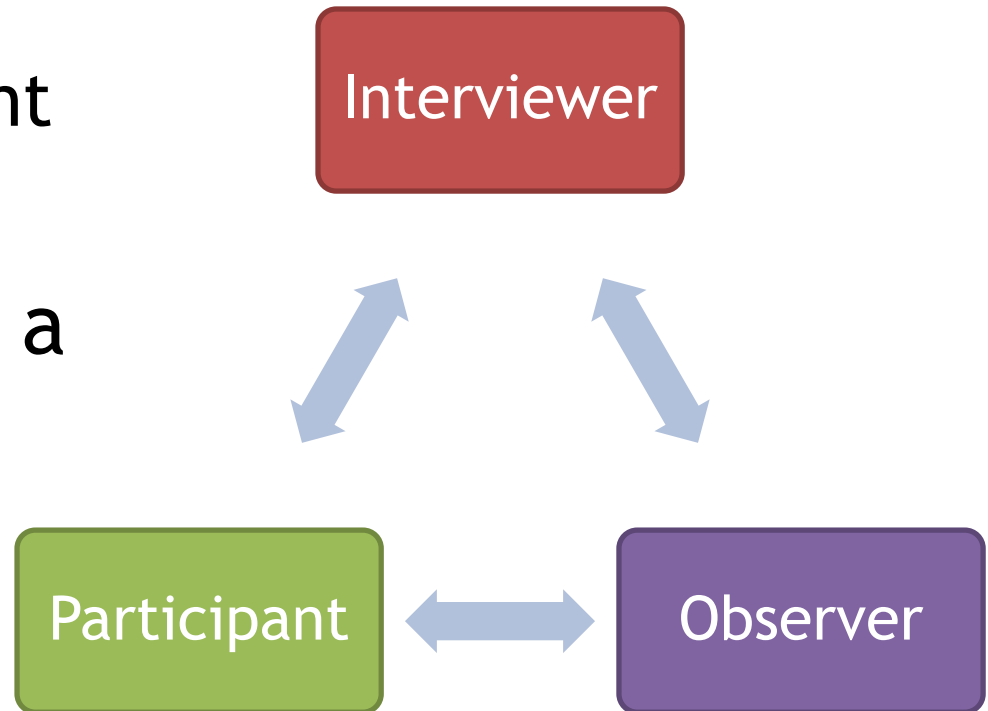
- Develop a basic interview guide for one of the following topics:

| Faculty/staff engagement at CHLA | Planning the perfect summer vacation | A topic of your choice! |

- Take turns in each role
  - We'll be the time-keepers!
- Observers should listen for:
  - Phrasing of the question
  - Verbal and non-verbal patterns
  - Ability to clarify and follow-up where appropriate

Time	Topic
11:00-11:10am	Welcome and Introductions
11:10-11:40am	Introduction to Qualitative Research
11:40-12:00pm	Interviewing Techniques
12:00-1:15pm	Interviewing Practice Session
1:15-1:30pm	Break
1:30-2:00pm	Coding Techniques
2:00-2:40pm	Coding Practice
2:40-3:00pm	Debrief and Next Steps

Coding Qualitative Information

Sharon M. Hudson, PhD
Division of General Pediatrics
Children's Hospital Los Angeles

- Remember: you collected the data to help you answer some specific questions
- Coding is the way to map out the relationship between your transcripts and your research questions
- You need to get familiar with the data

A code is a label or a tag for assigning meaning to the data. It's the meaning that matters. (Miles & Huberman, 1994)

A word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data (Saldaña, 2013)
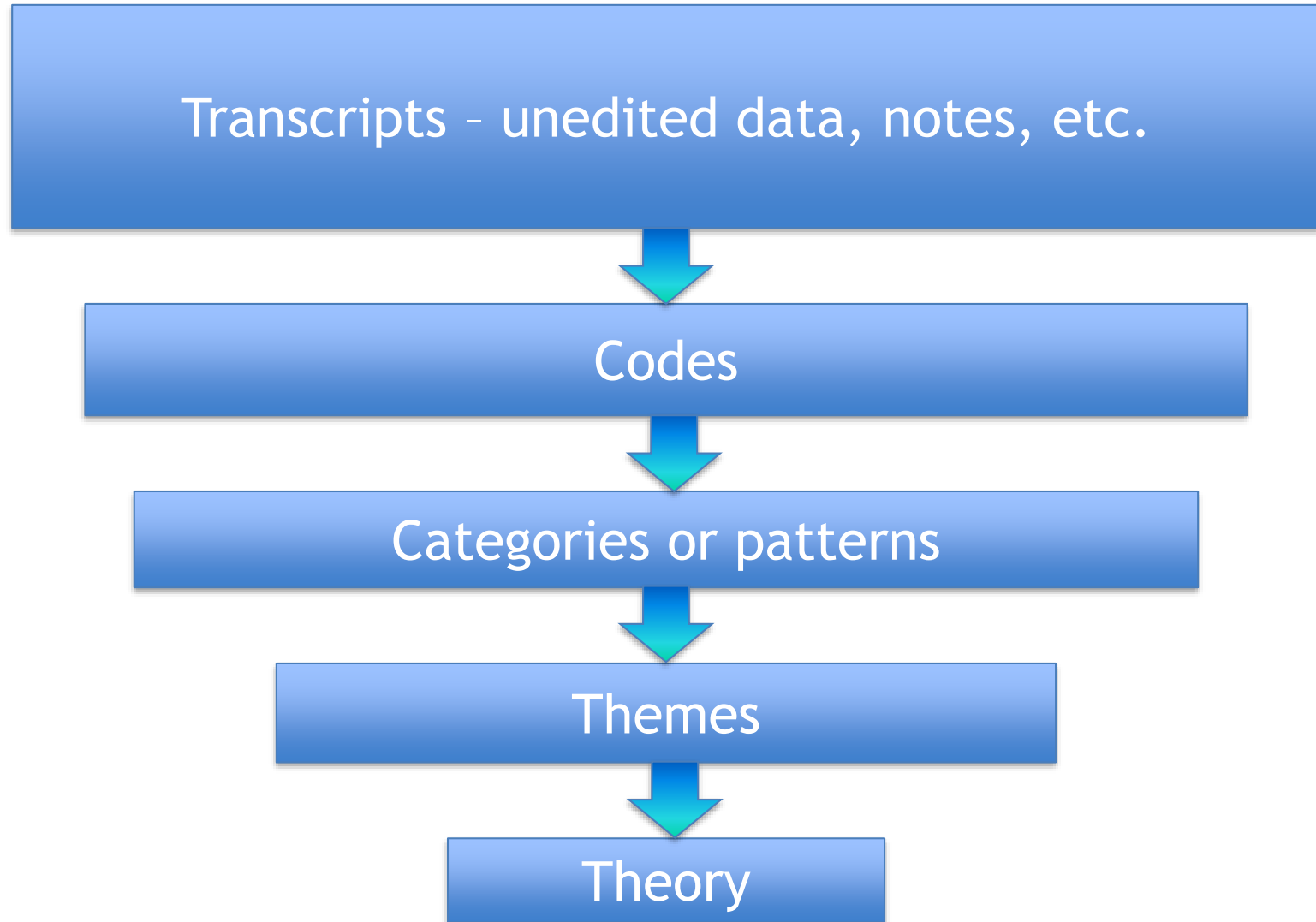
You want to summarize what's important without losing too much detail

Uh-oh! A frog.

- What are people doing? What are they trying to accomplish?

- How, exactly, do they do this? What specific means and/or strategies do they use?

- How do members talk about, characterize, and understand what is going on?

- What assumptions are they making?

- What do I see going on here?

- What did I learn?

- <u>Descriptive/attribute</u> codes: don't require interpretation on your part. Can include relevant demographic or other descriptive information (gender, language, other defining characteristic of participant)

  Example: Nurse states, "Kids don't need an appointment to get their HPV vaccine in a nursing visit, they can just walk in."
  Code: NURSING VISIT
  Code: NURSE

- <u>Process</u> codes: what people do or say

Example: Pediatrician says, "I tell them that their child is due for the HPV vaccine, which is a vaccine that can prevent cancer."

Code: FRAMING AS CANCER PREVENTION

- <u>Emotion</u> codes

Example: Family medicine physician says, "I offered the vaccine but the dad got really angry and said that he didn't want me to bring it up again. I didn't want to risk getting a bad satisfaction score, so I didn't talk about it again."

Code: ANGRY PARENT
Code: FEAR OF POOR EVALUATION

- <u>Interpretive </u>codes: you infer something from the text

Example: Family medicine physician says, "I'm an advocate, but I'm not a babysitter. It's up to the family to come and get the vaccine."

Code: RESPONSIBILITY-FAMILY
Code: JUDGING FAMILY

- Start with your interview guide
- Go through the first 5 transcripts
  - Look for text that reflects answers to the interview/research questions
  - Look for other common themes that come up
- Your goal is to record topics that come up frequently and are important to the research questions, and identify text associated with those topics

- Barriers to managing child's asthma
  - Uncertainty regarding diagnosis/care
  - Financial (access to care/medication)
  - Communication difficulties
  - Lack of knowledge/information
  - Lack of trigger management
    - Don't know what triggers are present
    - Trigger management likely inadequate
    - No control over triggers

"I think it's a critical vaccine, and I try to get everyone immunized, male and female, as soon as they've hit their eleventh birthday...I just say, you know, okay, let's discuss any immunizations your child is eligible for now at this age...T-dap, meningococcal, and HPV. I ask them, 'Are you familiar with these immunizations?' If they have questions I answer whatever questions they have. And if they're uncertain, I explain as much as I can given the amount of time I have about HPV disease and why you need to immunize at age 11 or 12 and not ages 16 to 18...I let them know, look, I gave it to my daughter. As soon as she hit her eleventh birthday, she got all 3 doses. So, you know, we're not recommending something for your children that we don't do for our own."

- You look at the first 5 and make a list of codes
- Then look at the next 5 transcripts: keep all the old codes and add any new ones you need (and remember to go back and code for those themes in the first 5!)
- Repeat as needed, until you're not coming up with new codes

- Define each code
- Make sure you are specific about what should/should not be coded using that theme
- Include examples
- Someone who's never coded a transcript for your project should have everything they need in the codebook to code well

- After you've used your finalized codebook to code 20% of your cases

- Are any codes so similar they could be combined?

- Are any codes so broad that they should be further defined or split into subcategories?

- Look for patterns
  - Do you only hear some themes from certain types of people?
  - Does the content of what's coded to that theme differ for different types of people?
  - Do the themes seem to be related to each other in some way – for example, do a group of themes seem to all be related to some larger phenomenon?

Create an analysis matrix

	High completion provider (n=31)	Low completion provider (n=30)
Department culture supports HPV series completion	8 (26%)	0
Promoting series completion seen as provider's role	16 (52%)	9 (30%)
Makes return appointment for subsequent doses before pt leaves	16 (52%)	7 (23%)
Lack of proactivity in promoting series completion	0	4 (13%)
Notes barriers related to education or culture	16 (52%)	7 (23%)

FACTORS INFLUENCING HPV VACCINE COMPLETION
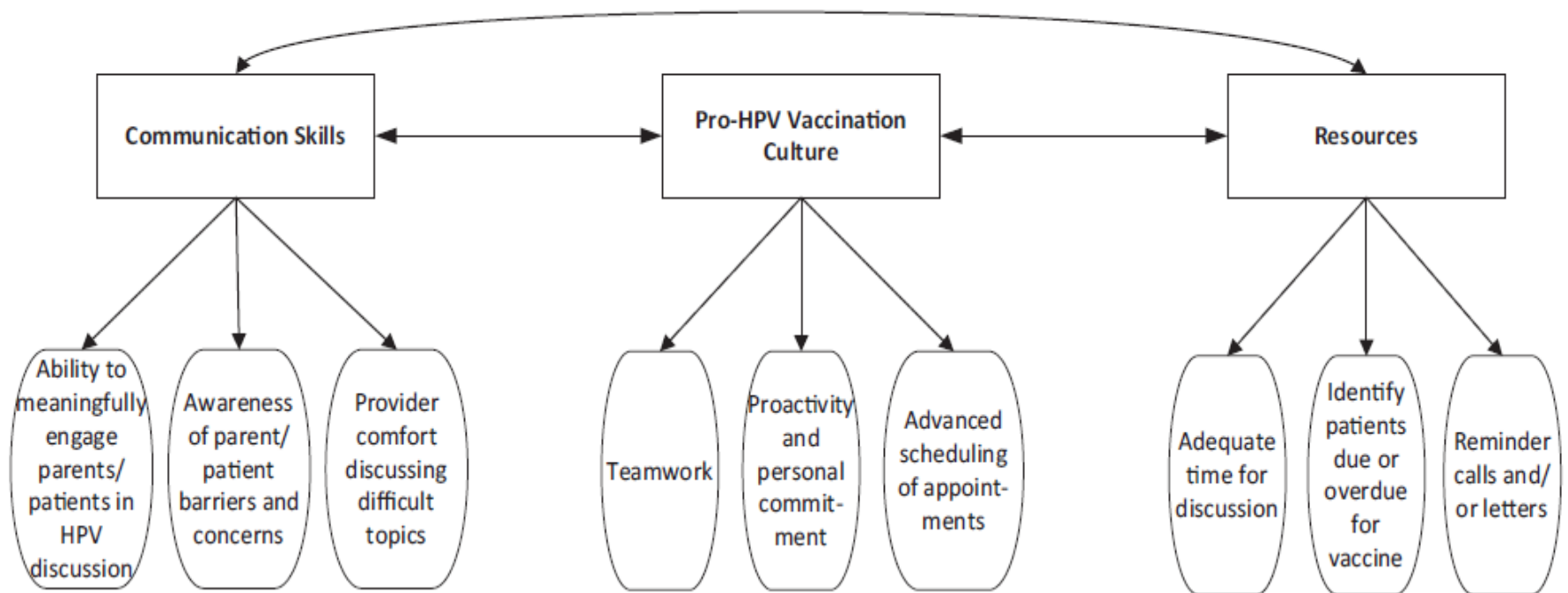
From Hudson et al., 2016
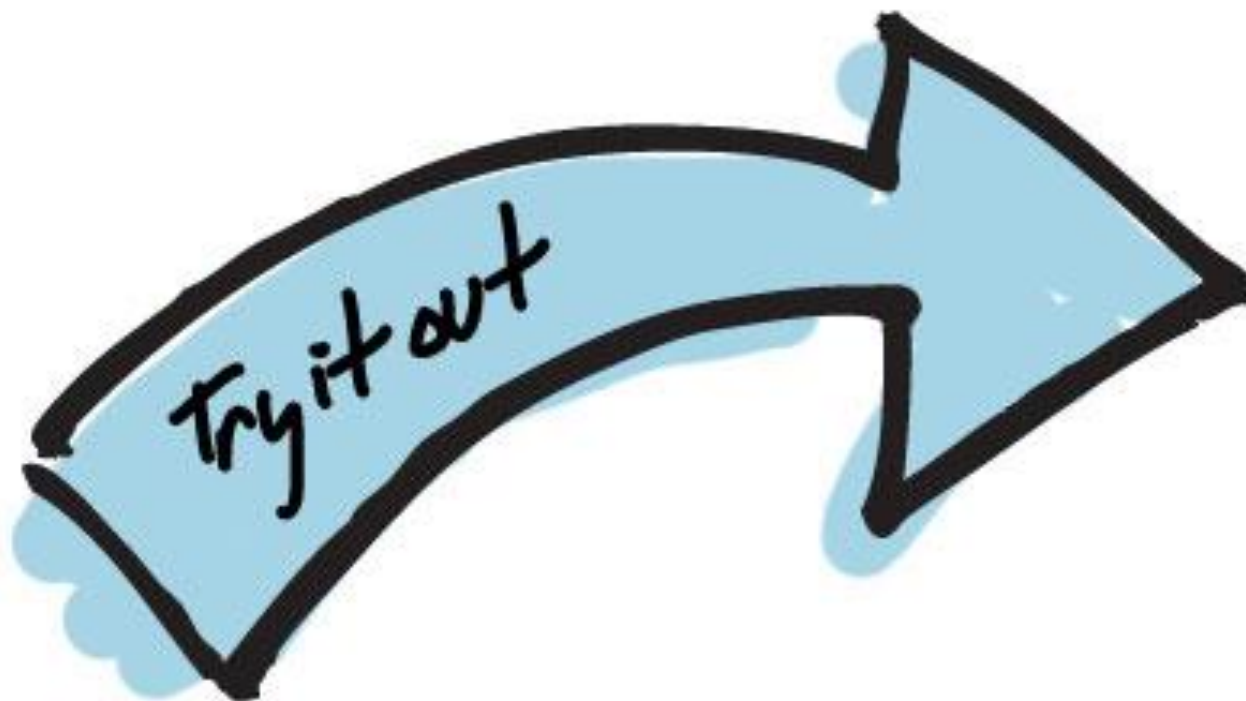
- Have questions? Reach out!
- Contact Information:
  - Dr. Baird:
    - jebaird@chla.usc.edu
    - x12661
  - Dr. Hudson
    - shhudson@chla.usc.edu
    - x16188