CAHS Research Education Program Research Skills Seminar

Qualitative Research Methods

24 November 2023

Presented by

Dr Lorna Davin

Senior Lecturer Medical Education

University of Notre Dame Australia

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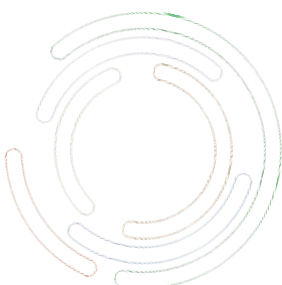
Qualitative Research Methods

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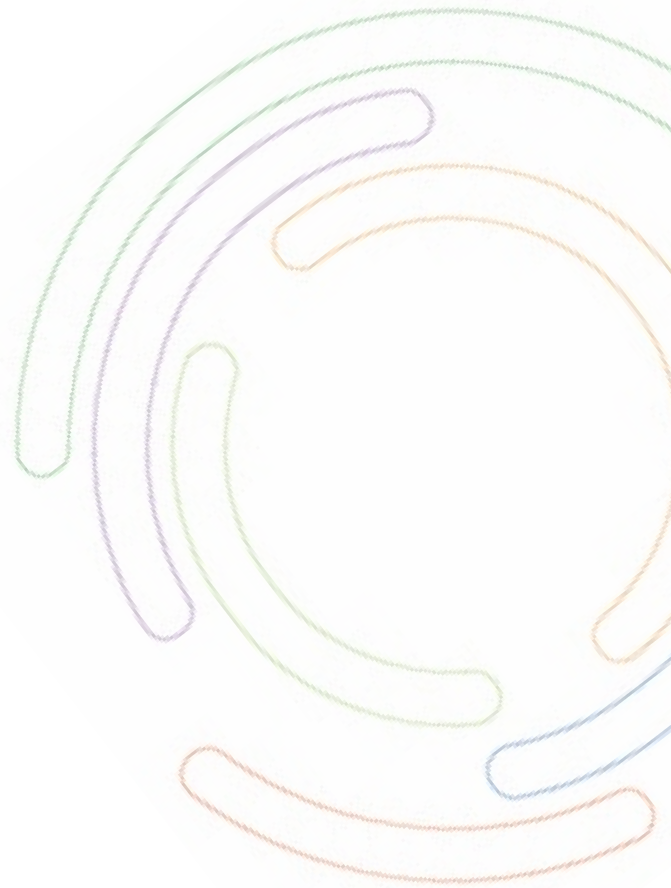
CAHS Research Education Program

2023 Research Skills Seminar Series

Qualitative Research Methods

Presented by   *24th November 2023*

Dr Lorna Davin

Senior Lecturer Medical Education
University of Notre Dame Australia

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Acknowledgement of Country

The Child and Adolescent Health Service acknowledge
Aboriginal people of the many traditional lands and
language groups of Western Australia.
We acknowledge the wisdom of Aboriginal Elders
both past and present and pay respect to
Aboriginal communities of today.

2

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A free, open-access resource designed to upskill busy clinical staff and students and improve research quality and impact.

Over 20 topics across the research process
- 1h overview
- Handouts are provided

Recorded and uploaded

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- Emailed link

Please hold questions to the end
- Use provided microphone

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Qualitative Research Methods

CAHS Research Education Program

Dr Lorna Davin
Senior Lecturer, Medical Education
University of Notre Dame Australia

24th November, 2023

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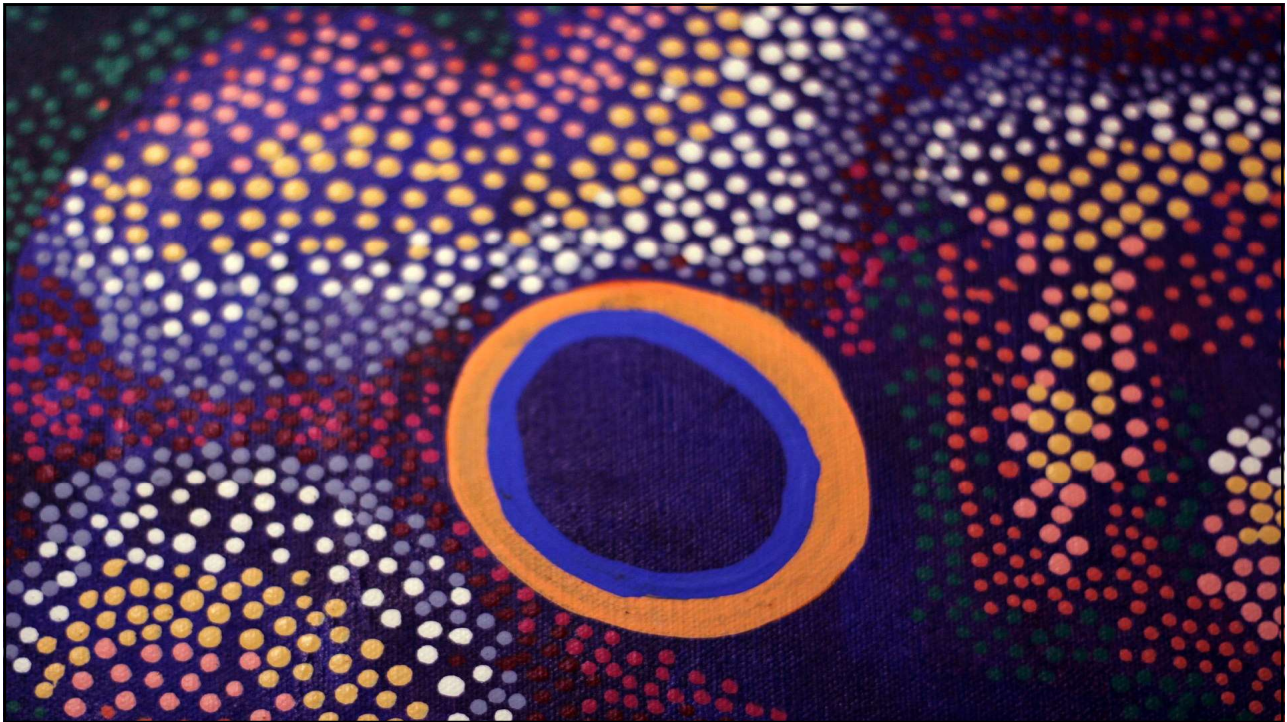
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Overview

- *What, why, when ?*
  - *– Philosophies and Paradigms*
- *How to:*
  - *– Develop your approach in response to your research question*
  - *– Choose methodology and methods*
  - *– Recruit participants*
  - *– Make meaning of your data*
  - *– Write up and share your findings*
- *Misunderstandings, misuse and myths*
- *Questions*

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Qualitative Research – why, what and when?

- A research approach used when we are looking for a depth of understanding of human experience – using non-numerical data – *most often* words, may be text, audio, visual, artwork, photos

- Used mostly in the social sciences, in the study of human behaviour

Research hierarchy

- Philosophy your overall influence
    - Ontology – asks what exists
    - Epistemology – asks how do you know this?
    - Questions whether there is one single reality or multiple realities
- Paradigm – your theoretical framework based on your beliefs, assumptions and values
- Qualitative research is exploring multiple truths
- Methodology – refers to the specific process you follow based on your philosophy and paradigm to undertake your research

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How you frame your research question determines your approach

Usually HOW AND WHY questions – How did you …? Why? What are the consequences? What have we learnt from this. What now?

- Qualitative interpretive approach = multiple responses - interpretive, building depth of understanding

    Pandemic example

    - you want a vaccine that works

    - you also want to know why some people may be reluctant to be vaccinated

- Inductive approach – data driven – *working towards* being free from any pre-conceived theory or conceptual framework.

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How your methodology frames your overall approach

- **Ethnography** – observing through immersion in a community, culture, organization, up close, over time in their own environment

- **Phenomenology** – meaning attributed to seminal lived experience, exploring essence of the experience

- **Narrative Inquiry** – lived experience told and interpreted through stories

- **Grounded theory** – an iterative process, using data to construct a theory

- **Collaborative yarning** – acknowledges and priorities indigenous ways of communicating and developing knowledge

- **Action research** –through simultaneous action and research determining impact of action on outcome

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How you can use different methods to collect your data

- Interviews
- Surveys – open ended questions
- Focus groups
- Observation, field notes
- Case studies
- Stories
- Audio recordings
- Reflective journals
- Secondary research – reviewing existing materials

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How you recruit participants

- Snowballing – current participants help recruit additional participants for your study

- Convenience participants – selecting participants based on their accessibility and availability

- Purposive sampling – selecting participants based on characteristics directly related to your research question

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How to make meaning of your data

- **Thematic analysis** – identifying, analysing and interpreting patterns of meaning across data, rich description

- **Content analysis** – interpreting the meaning and understanding of the use of words, phrases and constructs – eg patient care morphing into patient management – changes meaning

- **Narrative analysis** – interpreting human experience the way in which people story their lives, related to social and cultural context, a focus on people, place and time (temporality)

- **Constant comparative analysis** – used in grounded theory as a way of coding and recoding iteratively and inductively to develop theory

- **Qualitative data analysis software** – a software tool which assists with coding, categorizing, and reporting on data

- **Discourse analysis** – explores how language is constructed and used in how we communicate

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How to undertake a *Reflexive* Thematic analysis

- Braun and Clarke (2006) seminal article, widely used as a guide
  - not a fixed set of rules and not linear.

- Familiarise yourself with the data – reading and re- reading

  1. Generate initial codes – identifying initial threads

  2. Searching for themes – grouping of codes to develop themes

  3. Reviewing the themes – reviewing, refining, colleague review

  4. Defining and naming themes – finalising themes, description and interpretive analysis

  5. Producing the report – writing up your findings and related analysis

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Example

I hate it and I'm counting down the days. This is also mainly about working with families but it is within a geriatric population. They all remind me of my own grandparents and it pulls on my heart strings. I do a lot of 'Not for resuscitation' orders, death certificates and family meetings. I almost find it bizarre how removed I am from it, I don't know if it is a lack of interest in the area or just a protective mechanism

(Intern, Davin, 2016)

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Example

This term has probably taught me a lot about doing the things that make people feel cared for even if it's not the things that make you feel that you are caring for them.

To me, caring for someone is giving them a diagnosis, a prognosis or a solution. For them it seems that it's more about the little things.

Whether that's because patients associate caring about the small things with caring about the big things or because patients in pain care more about their sore foot than their heart failure that is causing it I don't know. Either way, I'll be offering more bottles of water from now on

Intern, Davin 2016

Example

Compassion tends to be the first emotion ditched when I'm busy. Intellectually, I know I should care about what the patients and their families are going through but it's just easier not to because there's no time. Got to get that cannula in. Get those bloods sent off. Get the referral done. Get imaging forms in. I was filling out the care of the dying pathway form and I realised I hadn't even SPOKEN to the patient or his family. But I just didn't care. Until now …   (Intern, Davin 2016)

Inductive approach
- does not start with a fixed theory

Certain stressors tend to affect my mindset such as workload and support from the senior doctors. When the **senior doctors are critical** then it **affects my confidence** in being able to adequately care for patients, and this in turn makes me **feel like a fraud** in front of my patients and as if **I do not have the right to be caring for them** and showing compassion. The reverse of this is that when I feel like I am **doing well at my job I find it very easy to have compassion**.

(Intern, Davin 2016)

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See Sawing Self-efficacy
– example inductive approach

- **Self Efficacy theory (Bandura, 1994)**
  - perception of own success or failure
  - observing others
  - receiving encouraging feedback, and,
  - your emotional state

- Their own perceived success or failures derived primarily from
  - biomedical competence
  - in addition to the consequences of observing their peers and colleagues as both positive and negative role models
  - feedback from peers, senior colleagues and patients was central to their ongoing confidence and competence creating a seesawing effect, where positive or negative feedback created an emotional rollercoaster heightening their vulnerability.

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How to format your research

- Traditionally in quantitative research – Intro, Methods, Results and Discussion (IMRaD)

- 'Strict division – authors are not supposed to discuss in the results section but merely present findings' (Hoeyer and Bearman, 2023, p 97)

Qualitative research less clearly structured , but a focus on the why, what and so what assists in finding a way forward

The Why	Why is this topic important?
The What	What do we know about it already, what did we do and what did we find out?
The So What	How can we use the things that we found

(Hoeyer & Bearman, 2023 p97)

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Writing up your findings

- Reducing your data to a journal size article can be challenging
- Use headings and sub-headings to signpost to your reader what is coming
- Organise around what you asked, and what you found
- Use direct quotes from your participants to illustrate your interpretation
- Tables or other visual images can assist in explaining what you found
- While it is important to provide enough description to provide context, being analytical and interpretive is critical
- Make sure to make recommendations for improved practice
- And make sure to include the limitations of your study and suggestions for future research

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Misunderstandings

In our effort to be seen as robust we have borrowed from quantitative traditions, with unintended consequences

- **Thematic emergence** – 'a number of themes emerged' – no – you as the researcher actively identify them

- **Saturation** – saturation means no additional data are being found, which is difficult to define as an endpoint in qualitative research, *sufficiency* suggested as possible alternative

- **Triangulation** –using multiple sources of data 'that converge upon the singular truth' – at odds with the interpretive nature of multiple truths

- **Member checking** –feedback from your respondents, may not be valid as the researcher and participants bring different perspectives to the process

(Varpio, Ajjawi, R, Monrouxe *et al.* (2017)

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Misuse of the approach

- Using thematic analysis without clearly outlying the assumptions that underpin your approach. Constructivist (how we individually construct meaning from experience) interpretation, inductive?

- Focused on being descriptive rather than analytical or interpretive

- Providing a weak analysis which is not well supported by your data, being unconvincing and unfounded.

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Myths

1) Qualitative research lacks reliability due to subjective nature

- **All researchers influence their research – what gets funding, what gets researched, the way in which questions are designed, what is included/excluded.**

- **The key is to identify and acknowledge yours or the studies biases in a transparent way.**

- **Reflexivity is important in transparently countering our own bias and prejudice.**

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"*They all look like ankles.*"
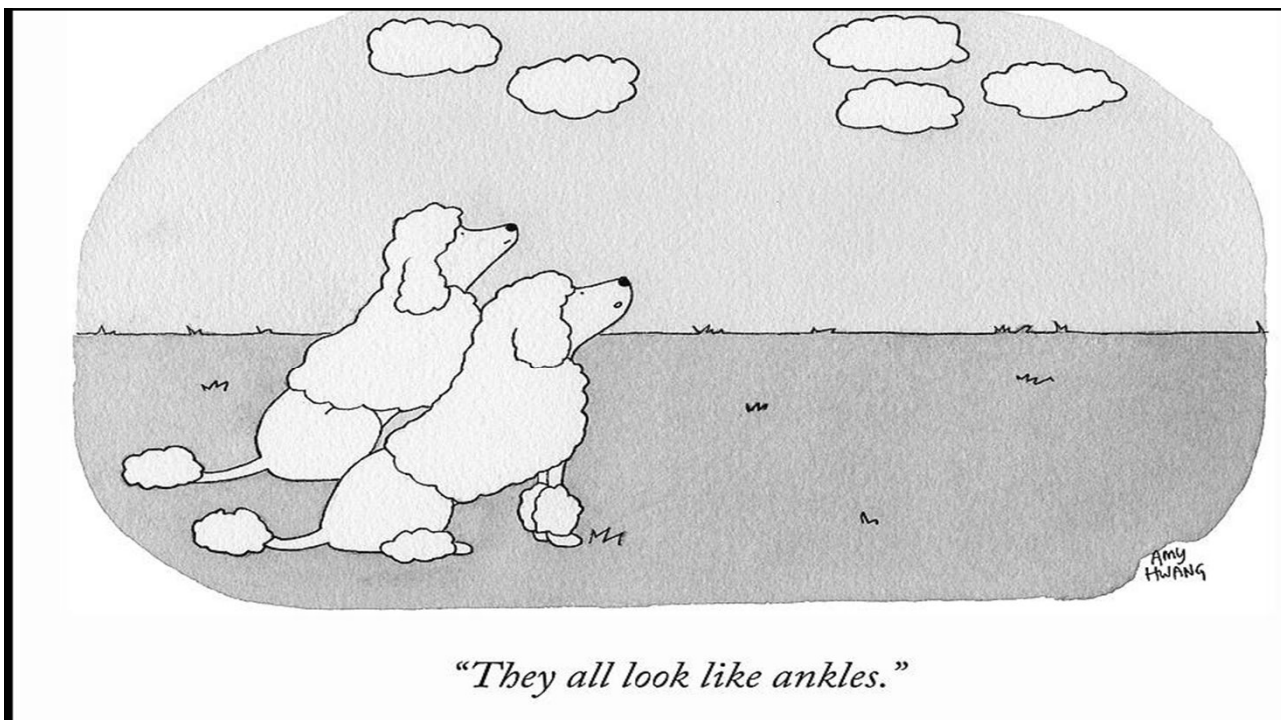
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Myths

4) Results or findings need to be generalizable to inform practice

- Qualitative results/findings may be transferrable to a similar cohort in a similar context

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Myths

3) Qualitative data are easy to collect and analyse

- A big NO!

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So What?

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Dr Helga Mikkelsen, Brandon BioCatalyst and Ashley Schoof, Telethon Kids Institute

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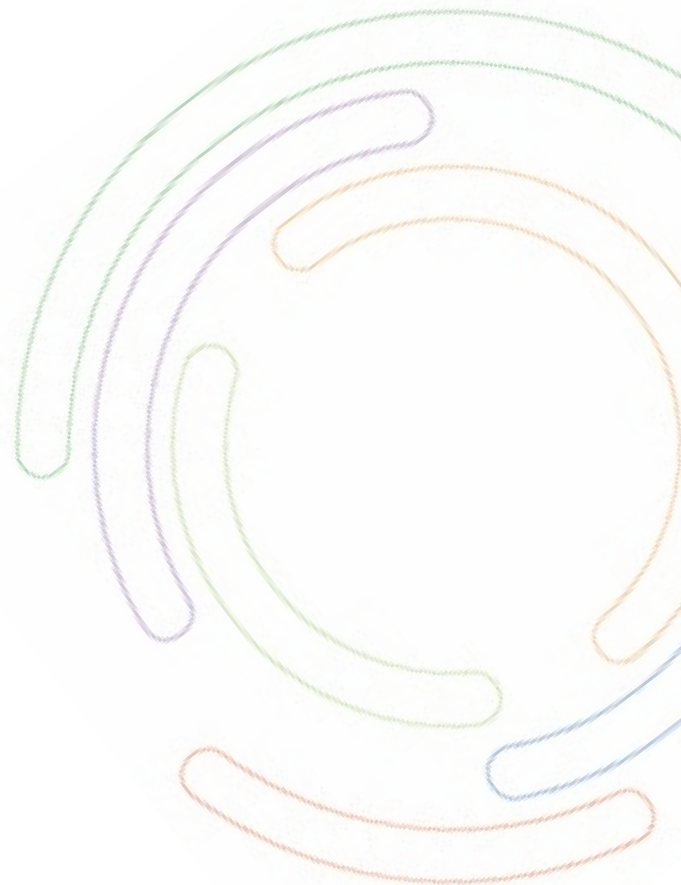
Qualitative Research Methods

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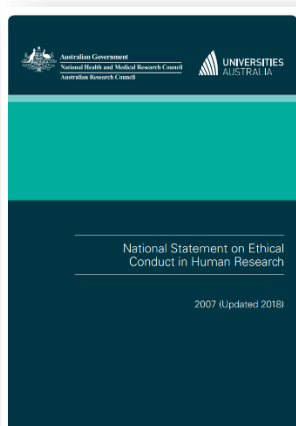
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Ashley Schoof
Commercialisation Officer

Ashley is responsible for the identification, protection and commercialisation of Intellectual Property at Telethon Kids to support the development of new discoveries, preventions and cures.

Dr Helga Mikkelsen
Investment Analyst

Following degrees in Chemical Engineering and Biotechnology, Helga completed her PhD in microbiology at the University of Cambridge and postdoctoral research in bacterial genetics at Imperial College London.

She has since worked with medical innovation and has managed the development of devices and drug treatments in the UK and Australia in her work with Brandon Biocatalyst.

Brandon Capital manages Australia and New Zealand's largest life science investment fund, Brandon BioCatalyst.

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2	17 Mar	**Introductory Biostatistics**	Michael Dymock, TKI	-	2023
3	28 Apr	**Scientific Writing**	A/Prof Tony Kemp, UWA	-	2023
4	5 May	**REDCap for Data Capture and Management**	Dr Jane Mugure Githae, CAHS	-	2023
5	12 May	**Using Social Media in Research**	Dr Kenneth Lee, UWA	-	2023
6	19 May	**Getting the Most out of Research Supervision**	A/Prof Sunalene Devadason, UWA/CAHS	-	2022
7	26 May	**Research Impact**	Dr Tamika Heiden, Vic	-	2023
8	2 Jun	**Survey Design & Techniques**	Dr Jane Mugure Githae, CAHS	-	2023
9	9 Jun	**Conducting Systematic Reviews**	Prof Sonya Girdler, Curtin Uni	-	2023
10	16 Jun	**Consumer & Community Involvement in Research**	Belinda Frank, TKI	-	2023
11	23 Jun	**Project Management**	Melanie Wright, SMHS	-	2023
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13	21 Jul	**Introduction to Good Clinical Practice**	Alexandra Robertson, CAHS	-	2023
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Please rate your agreement with the following statements:

	N/A	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
The aims and objectives were clear	○	○	○	○	○	○
The session was well structured	○	○	○	○	○	○
Presentation style retained my interest	○	○	○	○	○	○
The speaker communicated clearly	○	○	○	○	○	○
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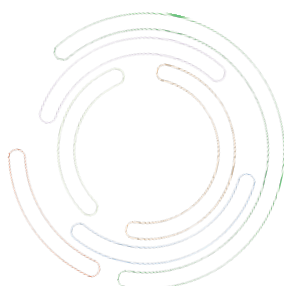
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