Qualitative Research Methods

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CFAR Sociobehavioral Prevention Research Core & International Core
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Outline

- Introductions
- Research Question
- Selecting a method
  - Phenomenology
  - Grounded Theory
  - Discourse Analysis
- Sampling
- Types of Data

“KIBERA”

Aerial view of Kibera
Jan Cága http://caga.cz/photo/shantytown/

Boy and open sewer
http://aoav.org.uk/2013/ids-understanding-violence/

Young mappers from Kibera
http://www.mapkibera.org/blog/

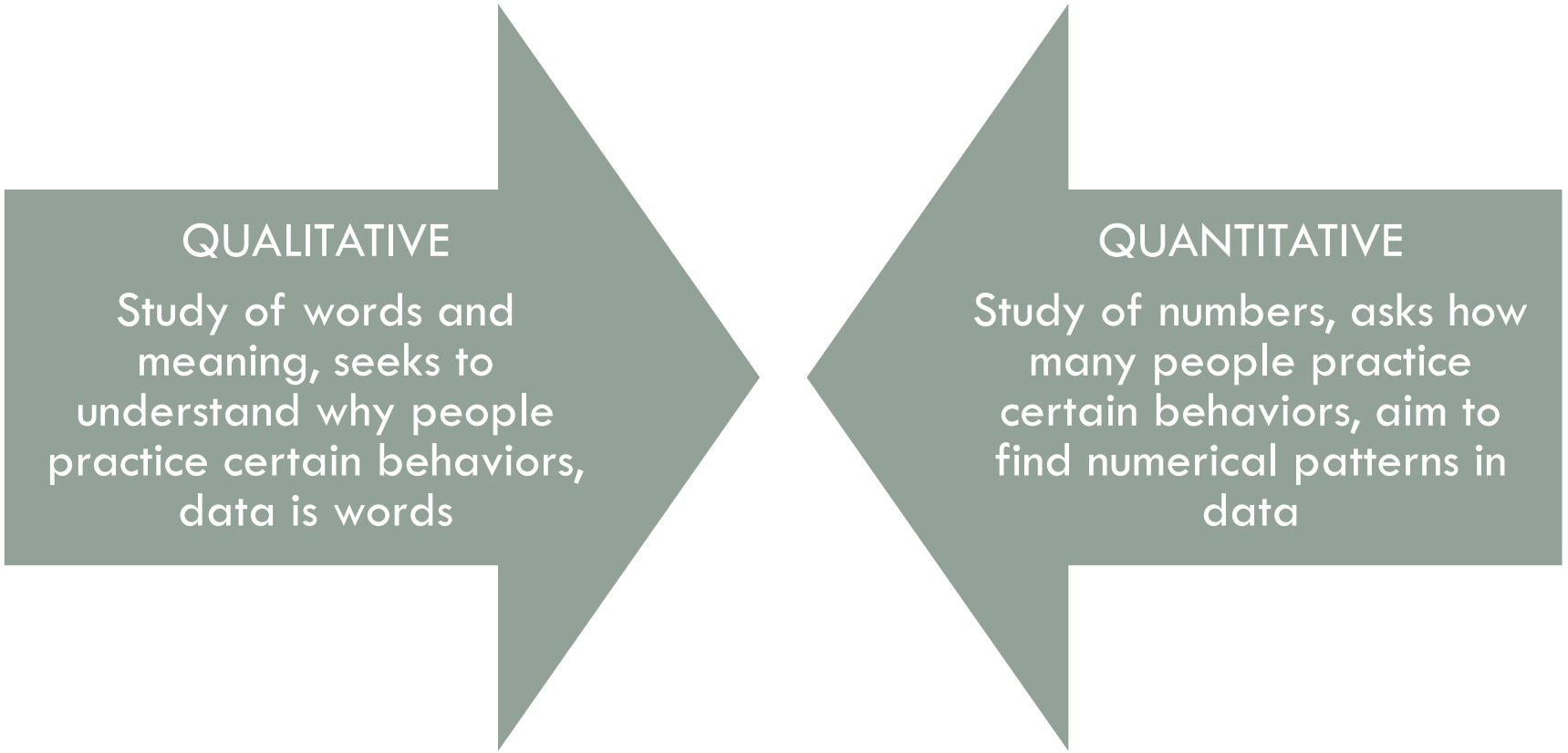
“KIBERA RESILIENCE”

“KIBERA FAMILY”

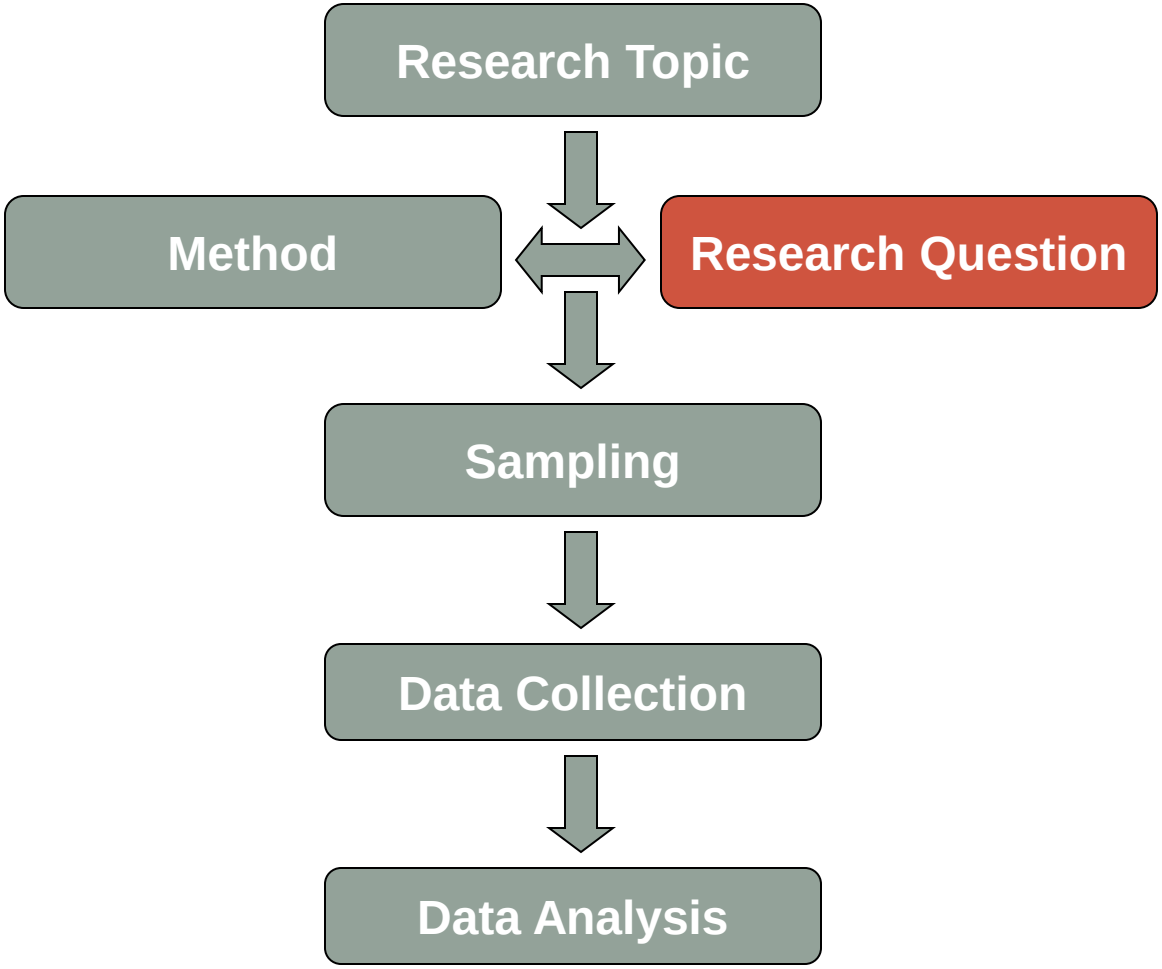
Odongo Family eating breakfast in the house
Photographer **Christian Als** (http://christianals.com/site/?p=3)

The roofs of Kibera in Nairobi, Kenya.
JR – Kenya aerial photography. 2009

Qualitative vs. quantitative



Start with a Research Topic



Selecting the Method for your Question

Type of Q	Method
Qs about meaning (ex. What is the meaning of…?) and about the core or essence of phenomena or experiences	Phenomenology
Process Qs about changing experiences over time (ex. What is the process of becoming…?) or understanding questions (What are the dimensions of the experience…? What is happening here? How is it different?)	Grounded Theory
Qs about how different social languages are used and mixed, how language (spoken & written) enacts social and cultural perspectives and identities	Discourse Analysis

Concurrency R21 Aims (PI: Andrasik)

Specific Aim 1: Perform formative research to develop appropriate HIV prevention messages that convey the importance of sexual network dynamics in King County, Washington.

- 2.1.A. Our CAB will conduct focus group and key informant interviews with members from highly-affected communities: a) native-born African-Americans and b) foreign-born blacks, in particular, Ethiopian and Kenyan immigrants, who form the majority of incident HIV among foreign-born blacks in King County.
- 2.1.B. Develop a multimedia tool that illustrates the principles of HIV transmission in sexual networks for use in community discussions. This video/animation tool will be designed so that it can be accompanied by narrated text in different languages and will be iteratively piloted in English, Kiswahili, and Amharic.
- 2.1.C. Identify sexual network message dissemination channels in the target populations (African-Americans and East African immigrants). These channels may include social network approaches (person-to-person communication), civil society approaches (churches, community events, and community-based organizations), and the media (radio, TV, and print).

Concurrency R21 Aims (PI: Andrasik)

Specific Aim 2: Pilot and evaluate the impact of the HIV prevention concurrency messages among populations of African-Americans and African-born populations in King County, Washington.

Hypothesis: A culturally-informed understanding of the impact of overlapping sexual partnerships and sexual network dynamics on HIV transmission can reduce levels of risky concurrent partnerships.

- 2.2.A. Using Aim 1 findings, launch HIV prevention concurrency messaging among: 1) native-born African-Americans and 2) Ethiopian and Kenyan immigrant groups. Evaluate acceptability and impact, including message comprehension and recall (1-month post recall among n=60), intention, and attitude strength.
- 2.2.B. Develop and implement a manual of the community-based research translation processes used, including community involvement and outreach; HIV prevention message development; and message dissemination through social networks (including faith-based communities) in affected communities.

Concurrency R21 Aims (PI: Andrasik)

Specific Aim 3: HIV disparity message findings and tools will be shared in a national seminar.

- 2.3.A. Utilize the Center for AIDS Research network of sociobehavioral cores to host a national meeting.
- 2.3.B. At this meeting explore the feasibility of a community-collaborative multi-site randomized controlled trial collecting social and sexual network data and assessing impact of a sexual concurrency intervention for primary HIV prevention in US areas with large populations of African-Americans and African immigrants.

Depression in India R21 Aims (PI: Manhart)

Specific Aim 1: Identify the most appropriate tool to screen HIV-positive individuals in South India for depression. Three hundred HIV-positive individuals attending an HIV clinic in Chennai, India will undergo *a composite questionnaire comprised of 3 depression screening measures (GHQ-12, HADS, CESD-R), plus measures on social support, coping, stigma and adherence (for Aim 2).* Participants will also be assessed for depression by local Indian psychiatrists familiar with the cultural context of depression. We will determine the sensitivity and specificity of each screening scale relative to depression determined by psychiatric evaluation.

- ***Sub-Aim 1 (a): Determine inter-rater reliability between two psychiatrists assessing depression among HIV patients.*** *A total of 150 individuals will be assessed for depression by both psychiatrists and diagnoses will be compared using a kappa statistic. Prior to enrolling the study population for Aim 1, 50 individuals will see both psychiatrists for assessment. Throughout the enrollment period, 50 individuals will see both psychiatrists midway through and 50 towards the end of the study to monitor inter-rater reliability.*
- ***Sub-Aim 1 (b): Determine the cultural appropriateness of the HADS, CESD-R, the Medical Outcomes Study (MOS) social support scale, and Brief COPE in India.*** *Prior to using these validated psychometric scales, we will translate them into Tamil and assess face and content validity. We will then recruit 63 HIV-positive persons and conduct a test-retest assessment as well as a cognitive interview among 15.*

Depression in India R21 Aims (PI: Manhart)

Specific Aim 2: Estimate the prevalence and correlates of depression among HIV-patients seeking care in an urban HIV clinic. Based on the psychiatrist's diagnosis, we will estimate the prevalence of depression among the 300 HIV patients in Aim 1. We hypothesize that prevalence will be higher than that in HIV-positive persons in support networks, but lower than that in mental health referral centers [10]; that depression will be more common among those recently-diagnosed or experiencing *anxiety or* stigma, but lower among those with high social support or adaptive coping mechanisms; *and that moderate but not severe depression will be associated with sexual risk behaviors.*

Specific Aim 3: Identify barriers and facilitators to integrating depression screening into existing HIV-care services. Using focus group discussions among psychiatrists, HIV care providers, and counselors (two groups of 10 persons each), and in-depth interviews among HIV-positive persons (n=10) and relevant political decision makers (n=10), we will explore the acceptability of screening for depression, the political will to integrate depression screening into HIV-care settings, barriers and facilitators, and service models.

Sampling

- Select the RIGHT people to answer your question; balance that with not leaving out the people who may confirm or disconfirm your theory
  - Research sample should be one in which your issue of interest is ***likely*** to be seen
  - Choose a setting/context in which you will ***best*** see the issue you want to study

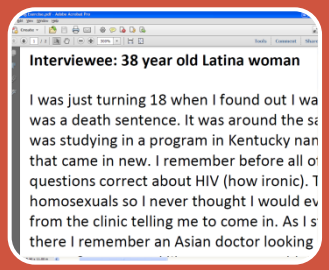
Types of Sampling

- **Purposive/Purposeful sampling**
- Convenience
- Snowball
- Theory based (GT)
- Disconfirming or Confirming cases
- Random purposeful sampling
- Stratified purposeful sampling
- And more…

Saturation

- Depends on the method and the question
- Depends on your sampling strategy
- Is ***more*** better?
- What is ***saturation***?
  - Theoretical saturation or informational redundancy
  - The point at which no new information/themes are emerging

What does Qualitative Data look like?



Text

- Transcriptions of interviews & focus groups
- Notes & memos

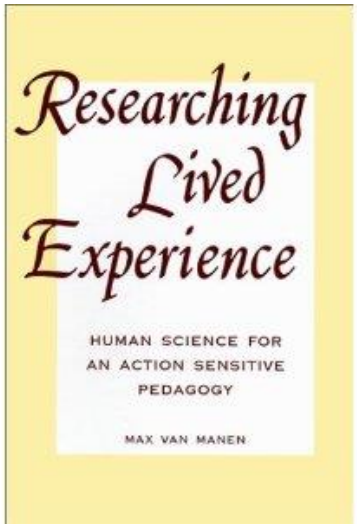
Audio

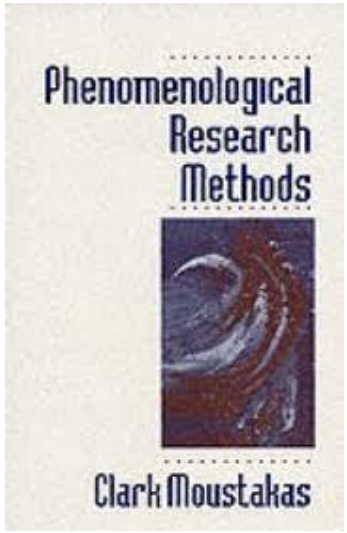
- Audio recording

Visual

- Video
- Photograph

Phenomenology





- Goal:
  - to gather an in-depth reflective description of experiences (phenomena)
- Describes the meaning for *several individuals* of their **lived experiences** of a concept or phenomenon
- Attempting to understand how people attend to the world
- Van Manen 1990, Mostakas, 1994

Research Question (PH)

What are the lived experiences of caregivers who seek HIV tests for their children?

Process (PH)

- Need to listen to caregivers' stories of getting HIV tests for their children and picking up/not picking up results, entering into conversations with no preconceived ideas
- Avoid asking predetermined questions
- Need to understand the "essence" of the experience **AND** describe the "essence" of the lived phenomenon

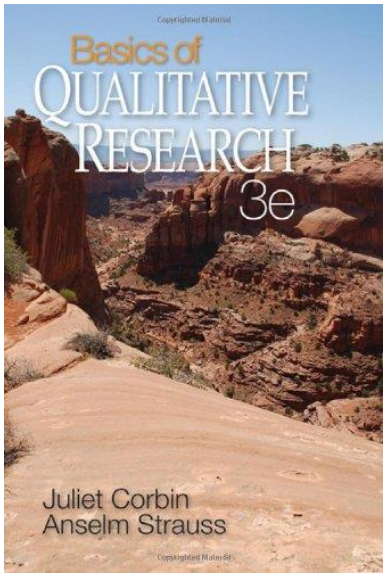
Sampling (PH)

- Choose the "best" example of the phenomenon where you are most likely to see whatever it is you are interested in
- Observe or interview experts
- ***Purposeful Sampling*** – selection of individuals/site for study because they can purposefully inform an understanding of the phenomenon
- ***Snowball Sampling*** – using recommendations of participants already in study to obtain additional participants

Data Collection (PH)

- Primarily uses interviews with individuals
  - ***Informal Conversations*** – Researcher records conversations specific to the phenomenon
  - ***Semi-structured Interviews*** – Open-ended questions are developed in advance w/ probes
  - ***Focus Groups*** – tape-recorded small group dialogue
  - ***Observations, Documents, Art*** – less often used but may be considered

Grounded Theory



- Goal:
  - to move beyond description and generate a ***theory*** about a process, action or interaction- through detailed exploration and theoretical sensitivity
- Addresses questions of process and explaining questions
- Theory is <u>grounded</u> in data from large number of participants who have experienced the process being studied
- Glaser & Strauss (1967)

Research Question (GT)

What is the process that caregivers experience deciding to have their children tested for HIV?

Process (GT)

- ***Theoretical Sensitivity***: seeking theory by working with data records and records of ideas to identify concepts and linkages that might generate theoretical insight
- Emphasizes detailed knowledge and ***constant comparison***
- Identify a concept & develop a theory by exploring relationships between these concepts in the stages or phases of the process and the ***core category (variable)***
  - ***Core Category (Variable)*** **–** runs though the data and accounts for most of the variance – goal is to account for the centrality of the core concept by telling the story of its emergence.
- ***Constant reexamination of earlier data***

Sampling (GT)

- Often starts in the field with interviews (narratives about an event told from beginning to end)
- ***Theoretical Sampling*** –
  - once you begin to understand whatever you are studying, selection of participants is directed by the emerging analysis
  - theory is modified by data obtained from the next participants
- ***Negative Cases*** – experiences contrary to cases that support emerging theory
- ***Thin areas*** – participants who have experienced special conditions identified as significant

Data Collection (GT)

- ***Unstructured Interactive Interviews*** – few prepared questions, researcher listens to and learns from participant, use of unplanned questions or probes
- ***Informal Conversations*** – Researcher has more active role
- ***Semi-structured Interviews*** – Open-ended questions are developed in advance w/ probes
- ***Focus Groups*** – tape-recorded small group dialogue
- ***Observations*** – Field notes of participant or nonparticipant observations

Data Collection (GT)

- Collect enough background data (persons, processes, settings) to understand and portray full range of contexts of the study
  - Gain detailed descriptions of a range of participants' views and actions
  - Data MUST reveal what is beneath the surface
  - Data MUST be sufficient to reveal change over time
- Gather enough data to develop analytic categories
  - What comparisons can be made between data?
  - How do comparisons generate and inform ideas?

Exploratory Questions

What are the barriers and facilitators for caregivers to receive HIV test results for their children?

- Exploratory
- More limited qualitative question
- May be paired with a quantitative study- mixed methods

Interview	Focus Group
Complex subject matter and knowledgeable respondents,	Promote discussion between participants on a specific topic
When interviewing one person at a time will yield the best info (ex. sensitive topics)	When interaction among interviewees will yield the best info (ex. community norms)
When interviewees are unique or may be in conflict with each other	When interviewees are similar and cooperative with each other
When interviewees are being asked about information that they are unlikely to give in a group of people that they don't already know (ex. when peer pressure or social desirability are a threat)	When individuals might be reluctant to give info one-on-one (ex. good for idea generation, problem identification and definition, evaluating messages for an intervention)

Interviews

- Type of interview:
  - Informal, Unstructured, Semi-structured, Structured
  - Telephone, face-to-face

Advantages:	Disadvantages
• Most in-depth • Collect information about why behaviors are practiced, how people think, and conceptualizations of behavior • Gain knowledge of exact words/language people use • Emic (insider) perspective	• Based on a few people • Interviews very long, lots of data, time consuming to analyze • Need people who aren't hesitant to speak and share ideas

Focus Groups

- Optimal size: 6-10
- How many people do I recruit for each focus group?
  - Rule of thumb: more than you need (2x)

Advantages:	Disadvantages
• Some people are more comfortable and talk more openly in group settings • Natural way some people talk about problems and personal issues in some cultures (BUT culturally dependent) • Collects information on social norms (ex. Norms around concurrent sexual relationships) • Good for feedback on materials, campaigns, etc.	• Difficulty to assess practice of personal or sensitive behaviors in groups, may only learn about behavior that people will admit in front of others • Individual behavior when it's unique will be subsumed by group behavior • Transcription is time consuming, difficult to identify speakers, analytic challenge

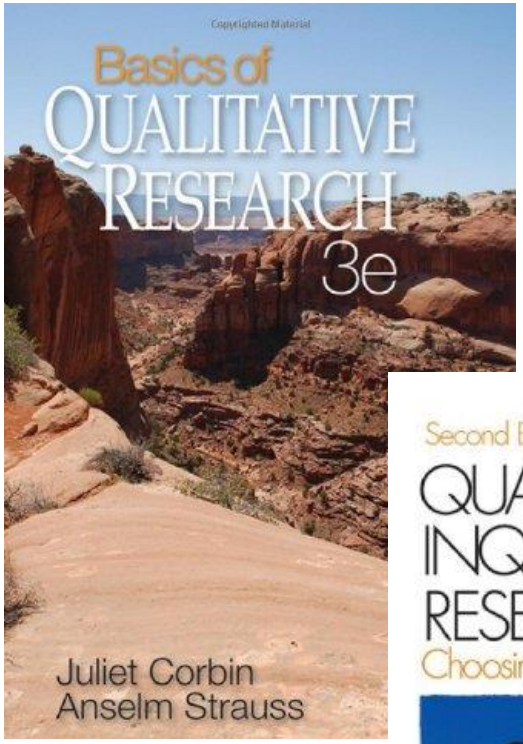
Ensuring a rigorous study design

Engage in *AT LEAST TWO* strategies to ensure rigor

- Prolonged Engagement
- Triangulation
- Member checking
- Peer Review/ Debriefing
- External Audit

Keys to planning a qualitative project

- Engage a qualitative expert from the BEGINNING
- Educate yourself before you start (read, take a course, talk to experts)
- BUDGET for your expert consultants, interviewers, transcription/translation, and coders
- Be clear about WHY you need to use qualitative or mixed methods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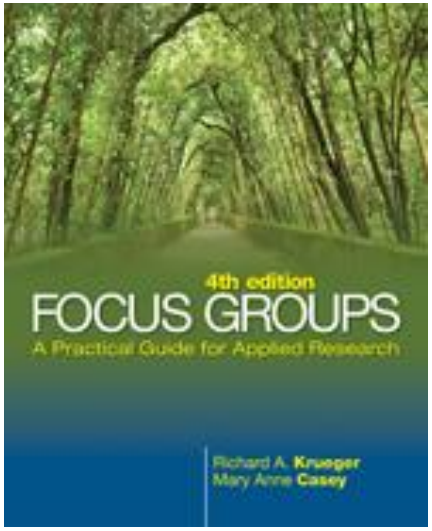
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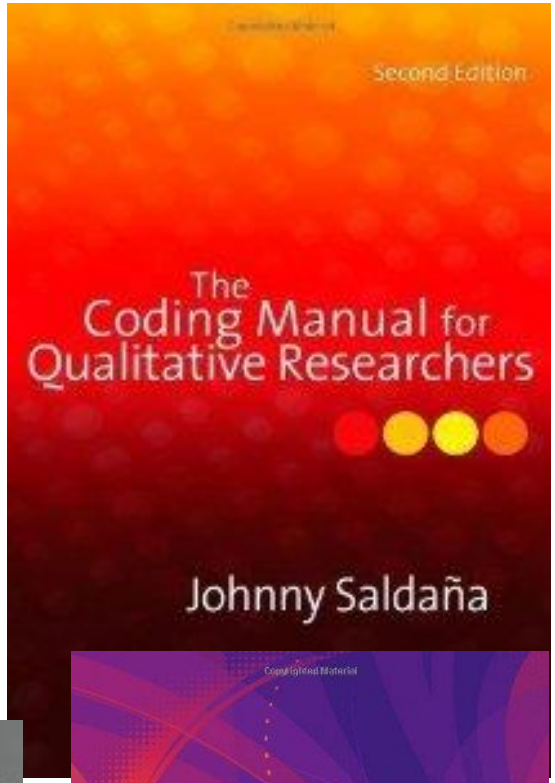
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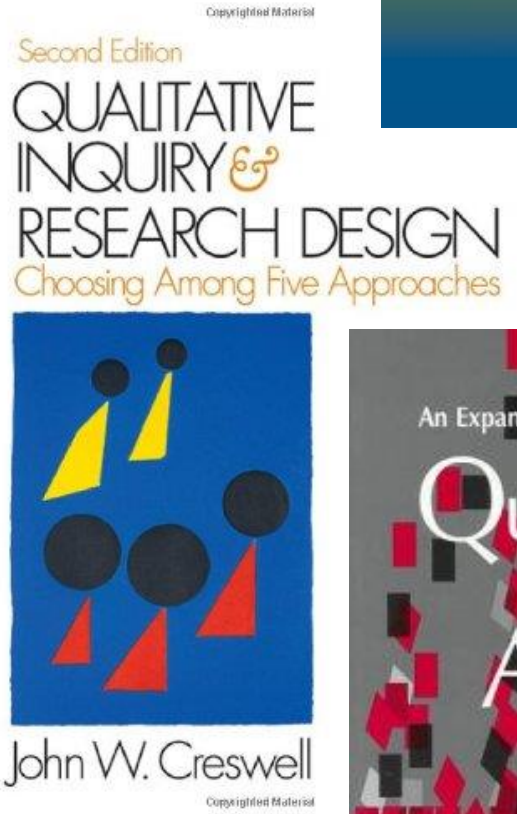
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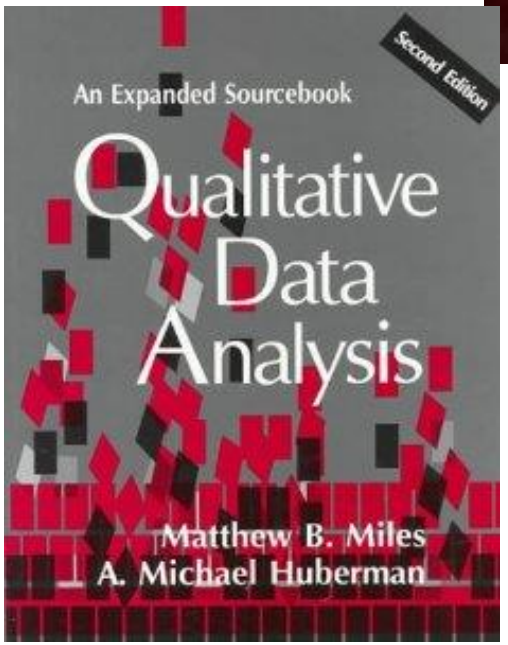
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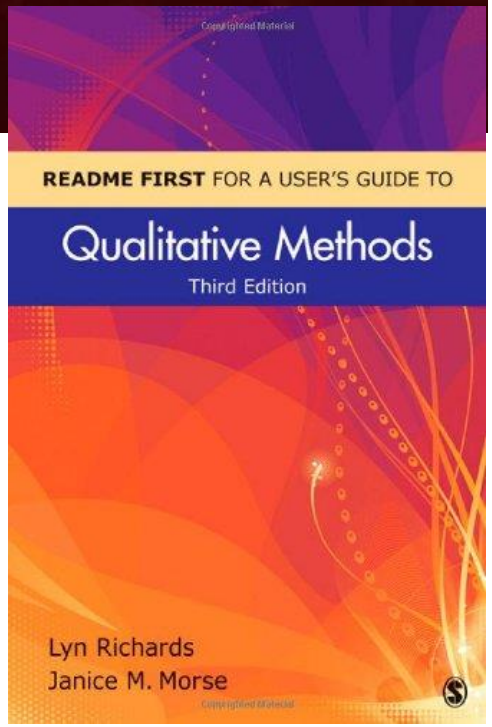
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UW courses on qualitative methods

- **HSERV 521/GH 538 Qualitative Research Methods (Pfeiffer) Spring?**
- **B H 552 Advanced Qualitative Methods (Starks)**
- GH 537/HSERV 526 Qual Research Methods for PH (Bezruchka)
- Doctoral level Social Work interpretive/qualitative research methods (Taryn Lindhorst)
- *CFAR SPRC/IC Quarterly Qualitative Research Methods Workshops (contact bovej@uw.edu)*

Thank You!

Research in Nursing & Health, 2000, 23, 246–255

Focus on Research Methods

Combining Qualitative and Quantitative Sampling, Data Collection, and Analysis Techniques in Mixed-Method Studies

Margarete Sandelowski*

Templates	Qualitative/Quantitative Relationship: Priority & Temporality	Use of Qualitative Adjunct:	Use of Quantitative Adjunct:
Template #1 Template #1a	QUAL>quan Or QUAL+quan		-measured description -validation -formal generalization
Template #2 Template #2a	QUAN>qual Or QUAN+qual	-explanation -validation	
Template #3	quan>QUAL		-guide purposeful sampling -focus information-seeking -suggest analytic paths
Template #4	Qual>QUAN	-generate items, variables -generate hypotheses	
Template #5	Quan wave 1 wave 2 wave 3 Qual on-going field work	-explanation -validation -generate items, variables -generate hypotheses	-measured description -validation -formal generalization -guide purposeful sampling -focus information-seeking -suggest analytic paths
Template #6	Qual>Quan>Qual		-instrumental bridge
Template #7	Quan>Qual>Quan	-fieldwork bridge	

[1]Constructed from information in Miles & Huberman (1994), Morgan (1998), Morse (1991), and Tashakkori & Teddlie (1998).

> indicates sequential relationship

CAPITALS indicate priority

+ indicates concurrent relationship

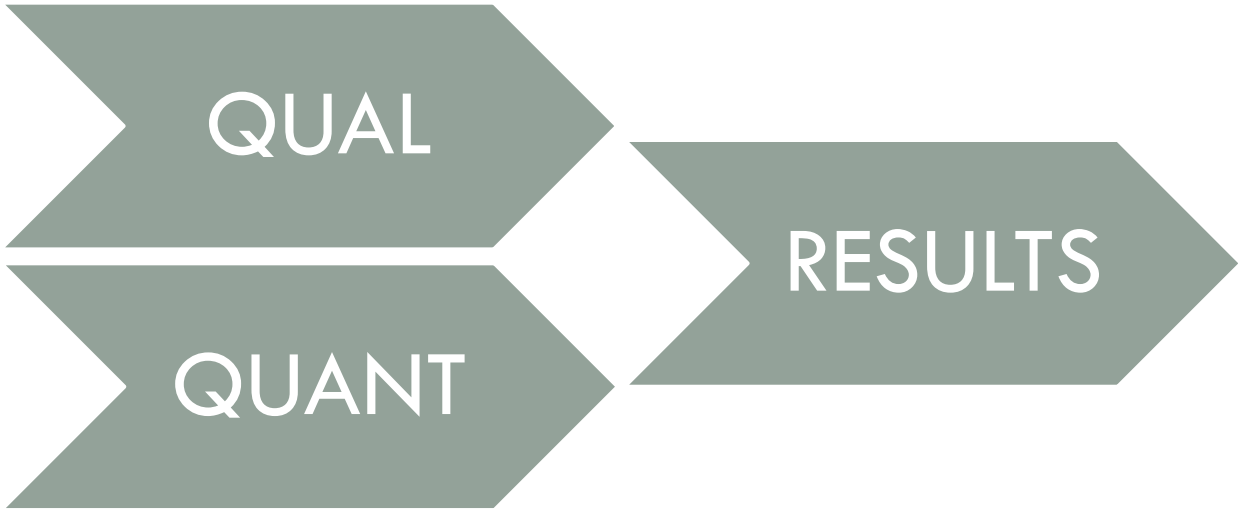
Arrows suggest a rolling wave

FIGURE 1. Hybrid, combination, or mixed-method design templates.

Combining qual & quant methods

Using qualitative to generate ideas or preliminary step in developing a intervention or quantitative study.

Use qualitative to help understand the results of a quantitative study



Conduct qualitative and quantitative simultaneously

Best Practices for Mixed Methods Research in the Health Sciences

Commissioned by the

Office of Behavioral and Social Sciences Research (OBSSR)
Helen I. Meissner, Ph.D., Office of Behavioral and Social Sciences Research

By

John W. Creswell, Ph.D., University of Nebraska-Lincoln
Ann Carroll Klassen, Ph.D., Drexel University
Vicki L. Plano Clark, Ph.D., University of Nebraska-Lincoln
Katherine Clegg Smith, Ph.D., Johns Hopkins University

With the Assistance of a Specially Appointed Working Group

Writing the Proposal for a Qualitative Research Methodology Project

Margarete Sandelowski and Julie Barroso

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