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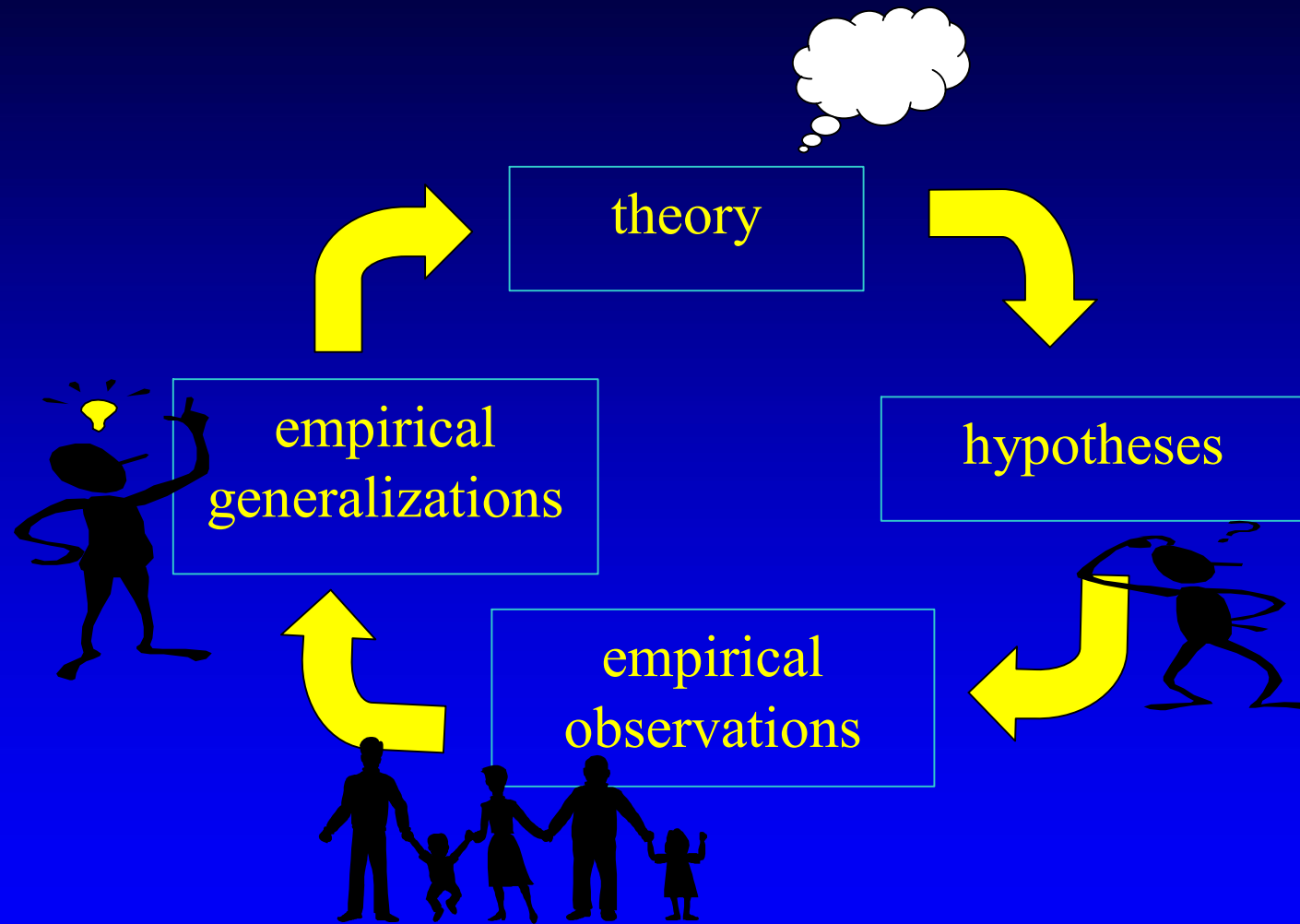
# Qualitative Research Methods

Debora A. Paterniti, Ph.D.

Center for Health Services Research in  
Primary Care

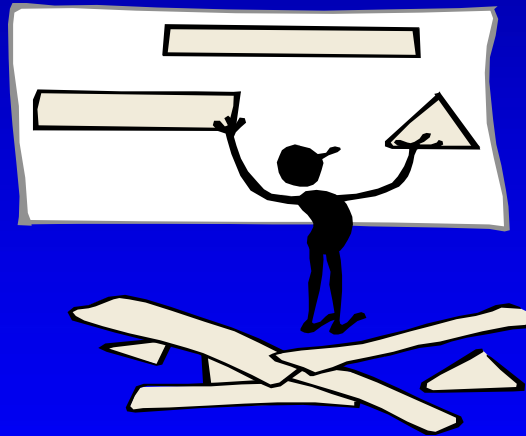
Departments of Internal Medicine & Sociology





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# Part I: Research Design



# purpose of qualitative methods

- to provide an open-ended, in-depth exploration of an aspect of life
- to focus attention on a particular experience
- to gain a specific person's or group's insights about an experience

# purpose of qualitative methods

- to elicit subjective world views of an experience
- to gain an in-depth understanding of the nature of social settings and behaviors from the “native” standpoint

# modes of data collection

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- \* intensive interviewing
- \* focus groups interviews
- \* field research
- \* case studies
- \* discourse/conversational analysis

# intensive interviewing

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- an open-ended, directed conversation that explores a participant's deep, first-hand knowledge
- focuses on “lived experience”
- emphasizes “sense-making”
- an in-depth and intimate discussion beyond what ordinary conversational conventions and etiquette permit



# focus groups

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- a small group discussion
- guided by a set of research questions that explore attitudes, values, and behaviors
- emphasizing a particular topic or event
- homogenous yet diverse group
- lead by a trained discussion leader

# field research

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- prolonged observation involving specific contexts, persons, or behaviors
- entry into the “worlds” of persons and behaviors of interest
- an attempt to understand a particular aspect of the “lived experience” from the perspective of those who live it

# non probability sampling strategies

- **convenience sampling-** ease of availability
- **snowball sampling-** selection of additional people for interviewing based on previous interviews
- **purposeful sampling-** judgment about which might be the most useful or representative
- **quota sampling-** specified characteristics known to be representative of the population

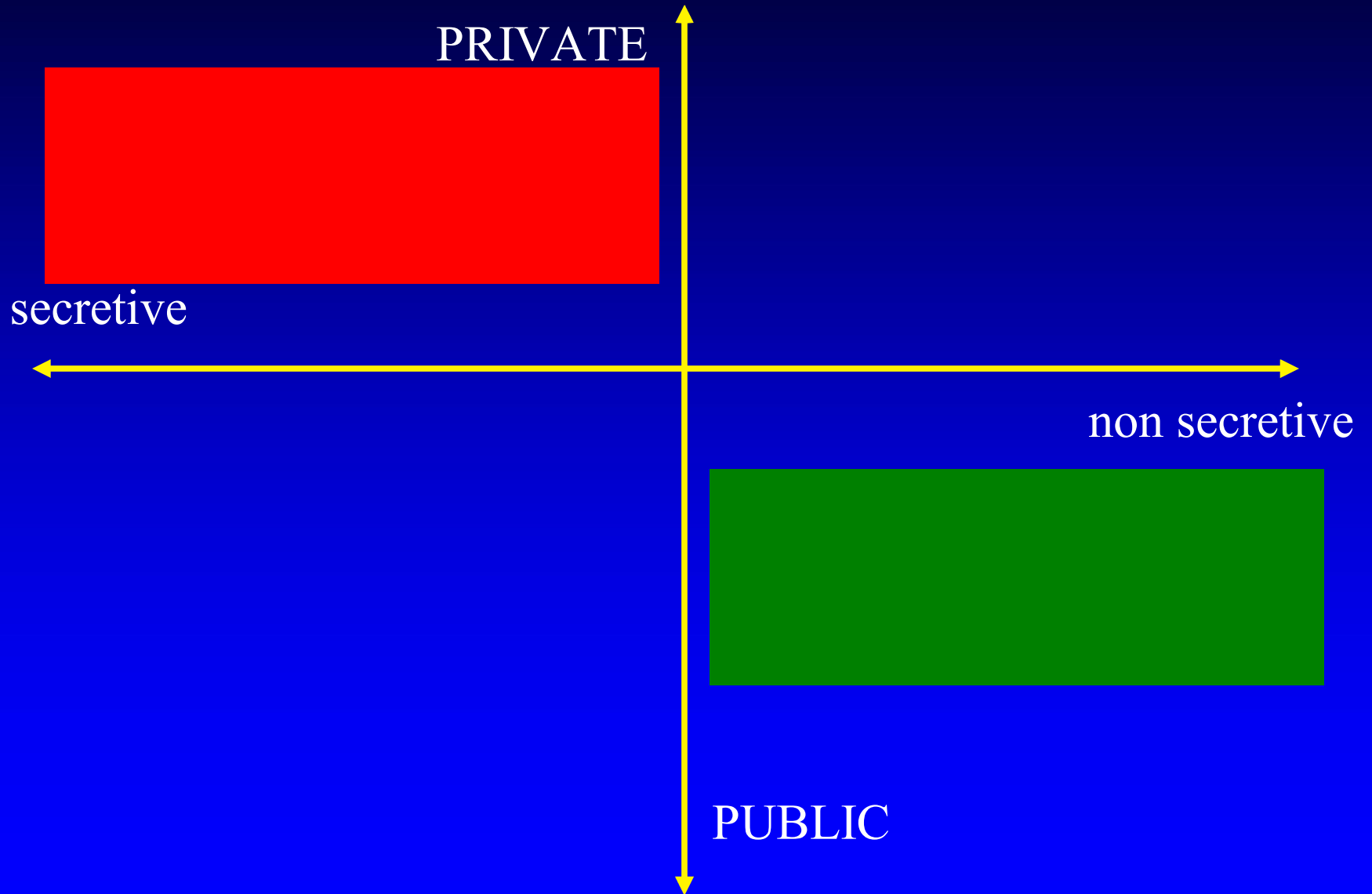
# finding participants

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- invitation by mail or telephone
  - contact person (e.g., physician)
  - targeted groups (e.g., churches)
  - posted flyers
  - newspaper and radio advertisements
  - word of mouth
- Researcher-driven
- 
- Participant-driven

# selecting settings & behaviors

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# barriers to subject participation

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- travel to the research site
- opinions of family, friends, or “experts”
- timing of interview or observations
- setting-related constraints (gatekeepers)
- Hawthorne effect
- researcher knowledge & status

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## Part II: Data Collection



# agents of data collection



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# general guiding questions

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- types and meanings
  - what is this? what does this mean?
- structures
  - what are the contexts that give this meaning?
- processes
  - how does this come to have meaning?

# data collection strategies

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- asking questions
  - phrasing questions
  - open-ended questions
  - ask participants to think back
  - avoid asking “why”
  - keep questions simple
  - be cautious about giving examples

# strategies for collecting data

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- interactional style
  - be conversational
  - be clear
  - allow sufficient time for responses
  - use what works
  - recognize the limits
- observing behavior
  - take notes on the group or setting dynamic
  - note limitations of recording devices

# types of interview questions

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- opening & introductory questions
  - tell us about....
  - when you hear....
- transition questions
  - what have you done....
  - how did you come to....
- key questions
  - what were the most important....
- ending questions
  - of all of the things that you described....

# forms of qualitative data

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- transcripts of interviews
- audio-recorded conversations
- notated observations made during interviews or in a specific setting
- pictures or videos of social group dynamics or behaviors in context

## examples: interview & focus group data

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- what does this mean?
- how does it come to have meaning?
- meaning
  - what does having a diagnosis mean?
- processes
  - how does the diagnosis come to have meaning?

## interview transcript excerpt

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...when I was first diagnosed, my physician, she uh, 'Mr. [X], you have...cancer...on one side of your prostate, no...two sides. It take me for a shock at that moment. I'm a firm believer that you don't worry about anything that you can't do anything about. {cough}

...then I went down and picked up some literature 'cause I really wasn't educated on prostate cancer, and uh...it was very limited anyway. I started readin' it, and went home and discussed it with my wife...and I have a son-in-law, he's a doctor, and they made me make the decision.... (Cancer Decision-making Project, ACS)

# focus group transcript excerpt

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P1: ...ya know, I was lookin' for the side effects, ya know, 'cause like I told y'all in the beginning, I was, 'I don't know about this medication' it's...is it gonna make me worse? But...I mean, it helped me...

P2: ...Let, let me ask a question [of] e'rybody: did the diagnosis scare y'all?"

P3: ..yeah...

P4: ...it scared the shit—it scared me.

P1: it did me...cause I had known that I had some risky behaviors...I have known there was a chance of this [P2: yeah], so I didn't 'freak out'...but of course, you face a death sentence, it's gonna scare anybody.

(Combo-Antiretroviral Adherence Project, VA focus group)



## examples: field research data

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- what is the “nature” of this place?
- structures
  - what are the contexts that give institutional life meaning?

# field note excerpt

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Colorless paint and faded wallpaper provided the backdrop for dozens of bodies seated in the open entryway. An older man with dark skin sat tied in his wheelchair with a three-inch webbed belt surrounding him; he had wet his pants. The sight of his pants intensified the smell of urine.

The man attempted to move himself down one of the many corridors with his right leg, casting it out in front of him and pulling back as he leaned forward in a feeble effort to move his body with the aid of a chair, stopping his chair next to the post where I stood. As I tried to get my bearings, he tried to maintain his balance. He took a couple of deep breaths, then loudly cleared his throat, spitting at the post as I moved past him.

A woman screamed, and I looked around at others who seemed deaf or accustomed to the noise. I heard the man behind me begin to clear his throat again as I disappeared behind the heavy wooden door marked "Staff Only." (*J Cont Ethn* 2000)

# assessing data collection

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- describe context and structure of the situation
- record observations of participants
- assess quality of the data
- evaluate relative usefulness of guiding questions
- acknowledge areas of difficulty

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# Part III: Data Analysis



# data analysis process

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- organizing and sorting data
  - developing categories from organizational units
  - developing categories from questions about meanings, structures, and processes
- coding data
  - what is this? what does it represent?
  - what do i see going on here? what are people doing? what is happening? what kinds of events are at issue?
  - what is this an example of? how is it related to other things?

# data analysis process

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- continuous identification and comparison
- retrieving and examining data
  - identifying meaningful units
  - developing structures and noting relationships
  - defining processes
- drawing conclusions
  - note categories of meaningful elements
  - summarize structural relationships
  - describe prominent patterns and processes

# notes on transcripts

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*Participant 3:* I just have a constant burning. It's really hard to eat very much..uh...so I'm always hungry, and have a hard time keeping focused at work.

*Moderator:* Some of you describe what sound like rather serious problems and others of you explained that your stomach is “bothered” or you feel nauseated. Can you tell me a little bit more about what’s going on when you feel that way?

*Participant 5:* ...well, I'm not really sure what you mean... uh...I'm kinda like *Participant 3*, here... uh... at times, I just can't eat. I just don't feel hungry because I don't want to feel all that bloating and burning. And I don't like those Tums much, so I just hang on 'til it's over.

*Participant 2:* I know what you mean. I really don't feel like doin' much when I'm feelin' that way. You know, some of the guys, they like to get together to play cards and drink beer. Well, I can't drink on a count of this, and so I don't go do that no more.

QSR NUD\*IST

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Node Browser: (2 1 3)

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[Focus Group 1 : 189 - 189 ]

\* But I think your question about abnormal, maybe it's just semantics but I got a letter that said, Based on your last mammogram, there were some things that were not clear we'd like to follow-up with. I would be smart enough, I think, to know that something might be wrong but it wouldn't scream and beat me on the head like the term "abnormal." Maybe there's some clinical reason they have to use the word "abnormal." I don't know. Maybe they think it's better to scare the be-Jesus out of us. Maybe that's somebody's idea of fun. I don't know, but I think it would make a difference if other terminology were used that we would interpret still as serious, but it wouldn't make us feel like: My God, this is probably for certain. Because I don't have your optimism. \*

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[Focus Group 1 : 193 - 193 ]

\* I think the terminology does matter and whoever writes the letter or who designs this form that Lou mentioned, it would be nice if they thought about the recipient about how somebody feels when they get that and think about the choice of wording. The outcome would be the same. I would follow-up if it said I needed to but it wouldn't scare me or I'll get my hackles up like some of you are describing if it wasn't that word. \*

...

[Focus Group 1 : 195 - 195 ]

\*O: In that form letter, it said, "See your physician. Make an appointment immediately." So, that ought to cover all bases. I think your suggestion of changing the wording is excellent.\*

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+++ ON-LINE DOCUMENT: Focus Group 2

\*MAMMOGRAPHY PROJECT

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[Focus Group 2 : 476 - 476 ]

\*Even though I've got a medical history with a sister and a mother that worked for a doctor for 37 years, there were words in there I didn't know, so I started looking. And that always makes me feel better that I can understand what they're talking about. Because even though Dr. Dixie will -- she will explain it to you, it's still, you know, sometimes

Node Explorer

- Nodes [ 0 ]
- x Tree Root [ 54 ]
  - Self efficacy
    - 1 perceived
    - 2 actual
    - 3 social support
  - Uncertainty
    - 1 information quality
      - 1 personal competence
      - 2 amount
      - 3 clarity
    - 2 options or decisions
    - 3 outcome or diagnosis
    - 4 treatment or diagnosis tests
  - Emotion
  - Cost
  - Physicality
  - Communication or information
- Searches [ 0 ]
- x Searches [ 4 ]
- Document Annotations
- Clipboard

Node: (2 1 3)

/Uncertainty/information quality/clarity

**Coding Status:**

4 documents, 36 text-units.

**Definition:**

Make Report Memo Browse Properties Close Make Report Memo Browse Properties Close



# making categories

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- (2) /Uncertainty
- (2 1) /Uncertainty/information quality
- (2 1 1) /Uncertainty/information quality/personal competence
- (2 1 2) /Uncertainty/information quality/amount
- (2 1 3) /Uncertainty/information quality/clarity
- (2 2) /Uncertainty/options or decisions
- (2 2 1) /Uncertainty/options or decisions/too few
- (2 2 2) /Uncertainty/options or decisions/too many
- (2 2 3) /Uncertainty/options or decisions/conflicting
- (2 3) /Uncertainty/outcome or diagnosis
- (2 4) /Uncertainty/treatment or diagnostic tests

(Mammography Project, Focus Groups 2005)

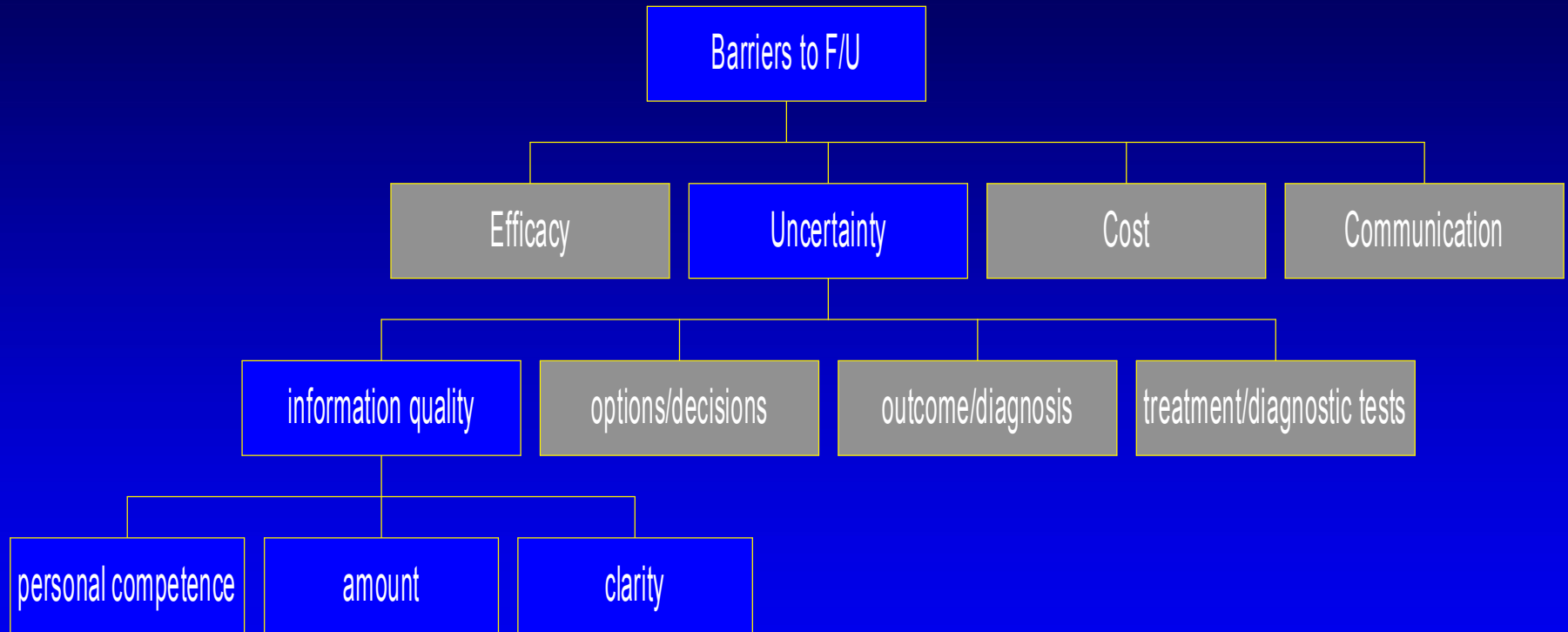
# presenting results

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- chart formats
- tables with summary data
- tables that present similarities and contrasts
- long text passages

# chart-related formats

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(Mammography Project, Focus Groups 2005)

# thematic tables

Group	Theme	Comments
All	What comes to mind when you hear the term "breast cancer?"	"I mean I'm terrified of cancer." "I would be more afraid of metastases." "I have no fear of breast cancer."
Latina	On the use of tamoxifen for prevention	"I wouldn't take something that would increase my chances of getting something else to prevent something that I know I am not going to get."
African-American	Weighing risks	"I'll tell you another real big problem I have with this is that a blood clot alone will kill you faster than cancer without any warning and that within itself frightens me."  "I have enough medical problems already, and it seems to me that it'll be adding more problems to what I already have."
All	Alternatives or Modifying factors	"I'm going to die of something anyway."  <i>(Ethnicity &amp; Disease 2005)</i>

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# Part IV: Using Results



# practical applications

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- to explore or understand diverse experiences
- to conduct research for specific needs and values
- to design surveys relevant to respondents' experiences
- to create educational materials or design interventions
- to assist organizations in providing service
- to inform policy

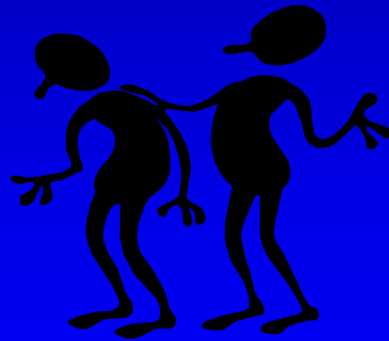
# application in theory-building

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- to expand definitions of concepts
- to provide empirical evidence to support conceptual definitions
- to identify gaps in existing analyses or theories
- to offer conjectures to check in the literature or to test by empirical research

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# Part V: Ethics & Conduct





# obligations to research subjects

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- how much do we hold onto our agenda?
- how much do we reveal about ourselves?
- how far do we probe into sensitive areas?
- how tightly do we hold onto the traditional roles of researcher and subject?
- what role do these decisions have in influencing our analysis and write-up of the “data”?

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*In Summary...*

# “Doing” qualitative research involves...

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- inductive logic
- non probability sampling
- understanding perspectives of participants
- using open-ended questions & observation
- exploring types & meanings, structures, and processes
- obtaining feedback from participants
- theory-building and hypotheses development
- assessing the researcher-participant relationship