Qualitative research – lecture 25.11.2014

Why use Qualitative Methods?

* To present a detailed view of a topic and explore complexity.
* To study individuals within their natural settings or programs, policies, events within a context.
* To develop theories.

QR can include anything that helps find out the meaning of thestudied reality.

The research questions that are asked: **HOW?** and **WHY?**

Meaning and understanding are the key terms of QR.

Key words of QR:

* reflection – reflecting on what You see
* context – very important !
* sharing the meaning
* professional perception and lay perspective – both important in deep understanding of the problem (f.e. doctors and patients in the understanding of the disease; doctors – fixed definition, patients – various definitions)
* language
* politics

QR is based on the evidence ! – contributed by plenty of Qualitative Studies, studies using meta-synthesis or meta-ethnography

uncertain times, dynamic communities, lots of changes 🡪 transdisciplinarity, blurred boarders between many categories of study (humanities + social sciences + psychology + biomedical science)

The QR gives the possibility to take advantage of various tools that these areas can offer. That’s how the generality ends and individuality is created.

Quantitative research: follow the designed research protocol

Qualitative research: designed protocol is likely to change during the work, because of unexpected environment features.

Qualitative Research sources: interview, observations, document study, audiovisual data, text/picture analysis.

Taking up the Qualitative Research you need to know what your world view is, your research perspective:

**Post-positivism:** determinism, reductionism, empirical observation and measurement, theory verification

**Constructivism:** understanding, multiple participant meanings, social and historical construction, theory generation (you develop the meaning of the reality based on the meaning of the participants; the intervention is suited to the needs of an individuals; main feature: symbolic interactionism – the perspective is based on the interaction between individuals and the meaning they produce out of it)

**Advocacy/Participatory:** political, empowerment issue-orientated, collaborative, change-orientated (very typical for Public Health interventions, focused on the changing behavior)

**Pragmatism:** consequences of actions, problem-centered, pluralistic, real-world practice orientated

\*We need to state the basic perspective in the introduction of the research (!)

Definitions:

Qualitative research

1. field of inquiry in its own right
2. crosscuts disciplines, fields and subject matter
3. multi-method in focus, involving an interpretative, naturalistic approach to its subject matter (Denzin and Lincoln, 1996)
4. rooted in traditions associated with positivism, post-structuralism, many qualitative research perspectives and methods connected with cultural and interpretative studies
5. particular tradition in social science that fundamentally depends on watching people in their own territory and interacting with them in their own language, on their own terms

“Our best thoughts come from others”

Approach – the main overarching type of research

f.e. grounded theory, ethnography, phenomenology, case study, narrative research, discourse analysis, participatiory action research etc.

Methods – allow to design data

1. participant observation – opened when the researcher is revealed (quite dangerous, those who are observed may behave differently because they know they are observed the called “Hawthorn Effect”) or covered when you don’t reveal that you are researching (a lot of ethical considerations mostly when you want to publish data – not to cause unnecessary harm to anybody),
2. interviews (semi-structured, structured, unstructured, in-depth),
3. focus groups,
4. text/discourse analysis,
5. conservation/video analysis,
6. narrative – often used when we want people to change their behavior f.e. in anorexia/obesity, we ask people to write the narratives about what they eat, how they feel etc.

Technique – specific methods f.eg. questions asked in the interview

Qualitative data analysis:

1. Content analysis
	1. conventional – you look at the text (f.eg. transcribed video), underlining, trying to reduce data and create categories, finding the main general meaning based on those categories
	2. directional – up-front theory, which guides coding of the research
	3. summative – you try to count the number of occurrence of certain terms – which are predominant.
2. Thematic analysis
	1. grounded theory – identifying major themes from the data and a core category which seems to bring all data together and develop a theory in the end.
	2. Phenomenology – using phenomenological data analysis schemes following a given type of phenomenology or an author (www.phenomenologyonline.com)

Computer programs for qualitative data analysis: NVivo (the best one), Ethnograph, NUD\*IST

Mutual elements of Public Health and qualitative research:

* multidisciplinary (anthropology, social studies, biological studies, humanities, psychology, philosophy)
* multidimensional perspective
* science and art
* paradigmatic approach
* ethical norms and values
* humanistic aspect
* participation
* change
* eclectic

Qualitative vs. Quantitative paradigms

|  |  |  |
| --- | --- | --- |
| Paradigm | Qualitative | Quantitative |
| social theory | action | structure |
| reality | subjective, multiple | objective, single |
| relation of the researcher to the researched | interactive | independent |
| role of values | value leaden | stripped of values |
| language | informal, personal | formal, set definitions |
| research process | inductice (clues/proofs 🡪 theory), theoretical sampling, context, patterns and theories support understanding, transferability | deductive (theory/hypothesis 🡪correlations) , cause and effect, statistical sampling, generalizability, valid and reliable |
| methods | observation, interview | experiment, questionnaires, survey |

Attributes of a Qualitative Researcher:

* design your research very well from the very start
* be highly tolerant for ambiguity
* be ready for changes in the designed plans and directions of research as needed
* create a proper research question
* use the terms that you understand
* have a strong determination to finish the study and don’t get overwhelmed by the qualitative data
* be ready to commit to time in the field and equal time in analysis
* resourcefulness and patience
* passion, compassion, integrity
* don’t let some of your thinking or experience impact the data that you collect (better if there are two or three people collecting data with you, triangulation of researchers).

CASE STUDY

1. *discipline*: anthropology and sociology ( !! not the educational case study method used in psychology, medicine, law etc. when the teacher fulfills the educational fields)
2. *main researchers*: Malinowski, Znaniecki, LePlay, Park, Blumer – monographies, local communities

**“how?” and “why?” questions**

An empirical enquiry, which investigates a contemporary phenomenon in itts real context, especially when the boundaries between phenomenon and the context are not clear (Yin, 1994)

It is a single research method, which concentrates on the circumstances, dynamics and complecity od a single or multiple case. (Bowling, 2000)

Case study is an analysis carried out from **different perspectices** (Woods, Cantazaro, 2001).

 – you need to look at the opinions of many other points of view (f.e. doctors and nurses and patients) to get a full picture.

1. *goal*: description, illustration, explanation, exploration (Yin, 1994; Stake, 1995)
2. Methodological triangulation, a priori theoretical framework, single or multiple case studies

GROUNDED THEORY

1. *discipline*: sociology and social psychology
2. *main researchers*: Glaser & Strauss – “Awareness of Dying” (1960), symbolic interactionism, SPP

Grounded theory derived from the systematically collected and analysed data during the research process (Strauss, Corbin, 1998).

It explains and shows depth of the researched phenomenon. GT is a creative process which is used when there is no sufficient theory or knowledge related to the researched problem (Schreiber, Storn 2001), and existent theories do not offer solutions.

GT allows for the identification od various phenomena and their changes in time that is why it is a good approach to study patients with chronic diseases. (Bluff 2005)

**Qualitative and systematic** at the same time.

The example process of collecting data:

* + create several questions and scenario based on literature reviews and present theories
	+ coding - go to the field and ask the questions, making systematic notes using the words used by informants (!)
	+ reflect on data and find the missing parts and your mistakes
	+ after-coding - go back to the field to the same informants (!) asking the same questions and coding them (can make them more abstract)
	+ reflect again, consult other researchers to compare data
	+ when there is certainly nothing new coming out in data – you can stop collecting data
	+ create categories and theory (grounded in data)
	+ make a second literature review to find common researches and compare the theories
1. *goal*: theory development, explanation
2. Core category, constant comparative method, coding, memoing, reporting

PHENOMENOLOGY

1. *discipline*: philosophy, psychology
2. *main researchers*: Huserri, Schutz, Van Manem, “bracketing”, “phenomenological reduction”, **“lived experience”**

\*One informant but with very rich experience may be enough for a complete study.

Paradigm, philosophical perspective, method or strategy of qualitative research – descriptive or hermeneutical

Phenomenology deals with understanding od a lived human experience, the goal of phenomenological method is discovery and description of deep structure od a researched phenomenon through analysis of the situation (eg. being in hospital, delivering a deformed baby, being terminally ill, care of mentally ill child etc. – Todres 2005)

Phenomenological method is a “process of struggling to see” (Boyd, 1999)

National Health Service in Great Britain is giving a lot of money for training medical personel to use phenomenological approach to research health conditions that can help improve the medical care.

recommended: <http://www.phenomenologyonline.com/>

1. *goal*: description, interpretation and understanding the meaning of lived-experience on an individual and general level
2. Thick description, reflection, purposeful sampling

ETNOGRAPHY

1. *discipline*: social and cultural anthropology
2. *main researchers*: Malinowski, Chicago School, culture, participant observation

\*you are not allowed to view the literature, but start the research as the “tabula rasa” and see whatever will come out during collecting data

Art and discipline of **watching and listening** and also trying to derive the meaning from the observed behavior of others inductively. Good ethnography is characterized by a multitude od details. Watching and listening must precede analysis and generalization. (Germain, 1999)

It assumes holistic and emic perspectice (insiders’ perspective), interactive and inductive approach. (Green, Thorogood, 2004)

1. *goal*: description, interpretation and understanding of social structure or arrangement together with its inherent culture
2. Exploration of the “first hand” knowledge, discovery, ethical issues

Interdisciplinary use of Qualitative Research Approaches:

**Case study** allows to study problems connected with health and illness, administration and management, can be used in psychology, education, health and social policy.

**Grounded theory** can be used in health promotion research and can be helpful in solving socio-psychological problems as well as determinations of various health behavior patterns.

**Phenomenological** method allows to get concrete and in-depth descriptions of patients’ lived-experiences, which are much more richer than expressions of attitudes and options.

**Ethnography** can be used in education, management, organizational culture, health promotion, social care and health policy, it can contribute to the effective communication between the world of health on the local, national or international level.