Interuniversity Symposium on Qualitative Research in Medical & Health Sciences

WORKSHOP:
MATCH YOUR RESEARCH QUESTION WITH THE APPROPRIATE QUALITATIVE APPROACH

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Examples of some research methodologies / designs and related questions

1. Grounded theory
2. Phenomenology
3. Action research - Evaluation research
4. Case study
5. Ethnography
6. Narrative research
7. Discourse analysis

GROUNDED THEORY

- Aims to develop an explanatory theory of basic (psycho-social) <u>processes</u> that take place in a certain context

- Studies processes and aims to construct a theory to expose the different aspects of those processes (and their underlying relationships) – cfr. theoretical sensitivity and theoretical sampling

- Can develop a (middle–range) theory based on the **constructed** reality of participants & researchers

- Link between data and theory = 'grounded' theory

- How-questions
   F.e. How or why does an adolescent become a smoker?

Features of GT analysis

<u>Three key practices</u>:
- **Iteration** – *simultaneous involvement in data collection and analysis*
- Using the **constant comparative method** – *making comparisons during each stage of the analysis, advancing theory development*
- **Memo-writing**

<u>Key steps to identify core categories/concepts</u> (*diverse ways to reach research objectives*)
- **Open** coding
- **Axial** coding
- **Interpretative analysis**
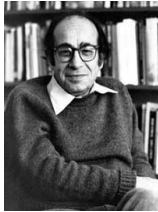
Grounded Theory

'Is that normal?' Pre-clerkship students' approaches to professional dilemmas. [1]

Ginsburg S [1], Lingard L.

OBJECTIVES:
Context has been recognised as a key variable in studies of medical student professionalism, yet the effect of students' stage of training has not been well explored, despite growing recognition that medical students begin to form their professional ethos from their earliest medical school experiences. The purpose of this study, which builds on previous research involving clinical clerks, was to explore the decision-making processes of pre-clerkship medical students in the face of standardised professional dilemmas.

METHODS:
Structured interviews were conducted with 30 pre-clerkship (Years 1 and 2) medical students at one institution. During the interviews, students were asked to respond to five videotaped scenarios, each of which depicted a student facing a professional dilemma. Transcripts were analysed using an existing theoretical framework based on a constructivist grounded theory approach.

PHENOMENOLOGY

- First person lived experiences

- Related to people's experiences in specific context

- Many different forms based on different strands of philosophy

- Variety of methods of analysis (f.e. thematic analysis)

- Main distinction between descriptive and interpretative approaches (based on phenomenological philosophy)

PHENOMENOLOGY

- Descriptive phenomenology (Husserl)
  - 'describe the essence of a phenomenon'

  - Avoid interpretations

  - Methods used involve distilling what is essential from accounts of specific phenomena

  - (key writer A. Giorgi)

    'What does it mean to be a smoker?'

PHENOMENOLOGY

- Interpretatieve fenomenologie (Heidegger-Merleau-Ponty)
  - 'Focus on the lived experience'

  - 'Description and interpretation of the 'lifeworld' more then finding the essence

  - While you should seek to avoid presuppositions believe that you can never entirely 'bracket' them- emphasis on reflexivity

  - 'thick descriptions'

  - Key writers Max van Manen – J. Smith

  'How does it feel to be a smoker in a time where smoking is seen as the evil thing'?

Phenomenology

Phenomenological analysis of patient experiences of medical student teaching encounters

Emma McLachlan[1], Nigel King[2], Etienne Wenger[3] and Tim Dornan[4]

Context   It is important to know how patients are affected by becoming opportunistically involved in medical student education. In previous studies, researchers rather than patients set the research agenda and expert patients or people well known to teachers were more often involved than ordinary people.

Objectives   This study aimed to explore how ordinary patients experience undergraduate medical teaching when they become involved in it opportunistically and to derive practical insights from the lived experiences of these patients.

Methods   The research was conducted in line with a conceptual orientation towards communities of practice theory and used phenomenology as a way of exploring patients' lived experiences in depth. Minimally structured interviews were carried out with 10 patients following ordinary out-patient or general practice appointments in which students were being taught. Template analysis was used to generate provisional themes and a process of phenomenological reduction was used to distil individual respondents' lived experiences to their essence.

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ACTION RESEARCH

- Problem orientated – focus on solving practical problems

- Focus on improving situations (organizational and professional)

- In a specific location

    E.g. 'How can we improve policies aimed at students not starting smoking in high schools located in deprived neighbourhoods?'

Features of action research

- Main features
  - Change
  - Participation – empowerment
  - Action
- Collaboration between researchers and practitioners
- Different stages, cyclic process:

Learning through and during process

  - Planning initial steps;
  - Implementing the change;
  - Evaluating the results of the change;
  - Modifying actions in the light of the evaluation.

Action Research

Hockley, J. (2014) **Learning, support and communication for staff in care homes: outcomes of reflective debriefing groups in two care homes to enhance end-of-life care.** Int J Older People Nurs. 9(2):118-30.

Background: Nursing care homes are increasingly the place where frail older people die. However, training in end-of-life care is not statutory.

Aims and objectives: To **develop strategies** to promote quality end-of-life care in nursing care homes.

Design: **Action research** was used to work **collaboratively with the managers and staff** in two nursing care homes to develop end-of-life care.

Methods: There were **three overarching phases**: an **exploratory** phase, **feedback/planning of actions** and a **summative** evaluation. Two main **actions were inductively derived**. One of the actions, reflective debriefing groups following a resident's death, is reported.

Froggatt, K. & Hockley, J. (2011) **Action research in palliative care: defining an evaluation methodology.** Palliative Medicine 25(8):782-7.

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CASE STUDY

- Research in a unit, a location, a community or an organization
- Individual, group, incident…= study object, an entity studied as a single unit
- An actual phenomenon (case/cases) in depth and in real life context
- "Good approach when the researcher has a case bounded by time or place and wants to study the problem in depth by comparing different cases" (Creswell 2007)

  E.g. 'What are the consequences of a non-smoking rule at the playground?'

Case study

Vallenga, D., Grypdonck, M.H., Tan, F.I., Lendemeijer, B.H., & Boon, P. (2006) **Decision-making about risk in people with epilepsy and intellectual disability**. Journal of Advanced Nursing, 54(5):602-11.

Aim: This paper reports a study of the process of risk-evaluation and subsequent decision-making in the care for people with epilepsy and intellectual disability.

Methods: In 2003 a multiple embedded case study was conducted with 15 clients. In each case, the client, their representative, care-manager and nurse were interviewed.

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ETHNOGRAPHY

- Focus on culture (norms, rules, routines)

- Within groups, countries, communities

- Immersing in the life of the person/population being studied
  – placing phenomena in their social and cultural context

- Describes and interprets social and cultural phenomena in groups/settings

  E.g. 'Smoking as/in a high school culture'

Features of ethnography

Main features:
- Datacollection through observation and interviews
- The use of thick description
- Selection of key informants and settings
- The emic-etic perspective

Extensive fieldwork

Ethnographic record: field and analytic notes

Ethnography

Shin, K.R., Cho, M.O. & Kim, J.S.(2005) **The meaning of death as experienced by elderly women of a Korean clan.** Qualitative health research, 15(1):5-18.

Tutton, E. & Seers, K. (2004) **Comfort on a ward for older people**. Journal of Advanced Nursing, 46(4):380-9.

> AIMS: This paper reports a study to investigate what comfort means both to older people in hospital and their health care workers. RESEARCH METHODS: **Ethnography** was the methodology chosen, and data were collected using **in-depth interviews** with 19 older people and 27 staff members, and 130 hours of **participant observation**, complemented by **additional weekly visits** to the study ward.

The, A.M., Hak, T., Koëter, G. & van Der Wal, G. (2000) **Collusion in doctor-patient communication about imminent death: an ethnographic study**. BMJ, 321(7273):1376-81.

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NARRATIVE RESEARCH

- Chronical, story-oriented research questions

- To use when detailed stories can help to understand the problem – reflections on people's experiences and the meaning that this experience has for thema

- How people experience something over a longer period of time

- Type of stories: everyday stories, autobiographical stories, biographical stories, cultural stories, collective stories

- F.e. 'What is the role of smoking in the life history of high school children?'

Features of narrative research

- Illness narratives (restitution-, chaos-, and quest narrative)
- Narrative interviewing
  - Remembering – providing a stimulus
  - Initial question
- Narrative analysis
  - Thematic or holistic analysis
  - Structural analysis – focus on form (how is the story told?)
  - Visual analysis (f.e. photographs, ..)

McIlfrick S., Sullivan, K., McKenna, H. & Parahoo, K. (2007) **Patients' experience of having chemotherapy in a day hospital setting.** Journal of Advanded Nursing, 59 (3), 264-74.

> Using narrative analysis to explore patients' experiences of chemotherapy in a day hospital. These patients viewed their experiences as both negative and positive, the former relating to the dehumanising aspects of treatment and the latter to social relationships with other patients and the maintenance of a sense of normality. The researchers used an in-depth analysis of patients' narratives.

Wenneberg S, Ahlström G. (2000) **Illness narratives of persons with post-polio syndrome.** Journal of Advanced Nursing, 31(2), 354-61.

CONVERSATION AND DISCOURSE ANALYSIS

- Focus on conversations, focus on the way in which conversations are organized and ordered in social exchanges

- Exploration of ideas and patterns in texts

- Structural analysis, based on formal characteristics of the conversation: interpretations on the level of interactions and relationhips, f.e.: expressions of power and identity by means of language

    E.g. 'How do students talk about smoking?'

Conversation and discourse analysis

Karhila, P., Kettunen, T., Poskiparta, M. & Liimatainen, L. (2003)
Negotiation in type 2 diabetes counseling: from problem recognition to mutual acceptance during lifestyle counseling. Qualitative health research, 13(9):1205-24.

> Negotiation, an essential communication activity in lifestyle counseling, has rarely been studied at the micro level of interaction. Furthermore, the evidence for interpersonal negotiation to occur in counseling practice is inconclusive. In this study, the authors describe how negotiation focused on lifestyle changes was produced in nurse-patient interaction. The research data, 73 videotaped diabetes counseling situations, were analyzed using conversation analysis. The process of negotiation consisted of recognizing the problems in the patients' health behavior, offering proposals as solutions to the problems, and reaching an agreement on them.

A2

Margarete Sandelowski

'Qualitative descriptive studies offer a comprehensive summary of an event in the everyday terms of those events'

- **Pneumonia care and the nursing home: a qualitative descriptive study of resident and family member perspectives**

- Soo Chan Carusone,[1] Mark Loeb,[1,2] and Lynne Lohfeld

- BMC Geriatr. 2006; 6: 2.

- **Background**

- Nursing home residents are frequently sent to hospital for diagnostic tests or to receive acute health care services. These transfers are both costly and for some, associated with increased risks. Although improved technology allows long-term care facilities to deliver more complex health care on site, if this is to become a trend then residents and family members must see the value of such care. This qualitative study examined resident and family member perspectives on *in situ* care for pneumonia.

- **Methods**

- A qualitative descriptive study design was used. Participants were residents and family members of residents treated for pneumonia drawn from a larger randomized controlled trial of a clinical pathway to manage nursing home-acquired pneumonia on-site. A total of 14 in-depth interviews were conducted. Interview data were analyzed using the editing style, described by Miller and Crabtree, to identify key themes.

A2   onderscheid tussen qualitative description (Sandelowski) en Interpretative description (Thorne)
Auteur; 5/09/2016