Qualitative Research Methods Workshop

Thursday, May 23
9 AM – 3 PM
Lunch provided!

InCHIP, Room 204
J. Ray Ryan Building
UConn Storrs

Building Your Qualitative Toolbox

- Learn about the skills needed for qualitative research.
- Learn about data collection, coding, analyzing, and making sense of qualitative data.
- Practice skills to add to your qualitative toolbox.
- Obtain resources for conducting qualitative research.
Institute for Collaboration on Health, Intervention, and Policy (InCHIP):

Facilitating Multidisciplinary Health Research at UConn

Deborah H. Cornman, Ph.D.
InCHIP Associate Director
Associate Research Professor
InCHIP offers “one stop shopping” for almost everything needed to write a successful grant and perform impactful health-related research.
Focus on Researcher Development

InCHIP helps affiliated faculty and graduate students develop into successful health researchers by offering training, mentoring, and support.
InCHIPI Research Network

- Our network includes over 600 affiliate researchers from nearly all of the schools and colleges at UConn, from other universities, from community organizations, and from other institutions around the world.

- To join InCHIPI, Affiliate Applications can be found at http://www.chip.uconn.edu/chip-business-office/affiliate-application
Katie Clark, MSPH, CADC
Research Consultant, Clark Health Education and Research Solutions, LLC

Debbie Cornman, PhD
Associate Director & Associate Research Professor, InCHIP, UConn

Laura Donorfio, PhD
Associate Professor, Human Development and Family Sciences, UConn

Kim Gans, PhD, MPH
Professor, Human Development and Family Studies, UConn

Lauretta Grau, PhD
Research Scientist, Yale School of Public Health

Workshop Facilitators
1. Welcome and Overview

2. Design and Technique
   a. History: What It Is and Is Not
   b. Qualitative Mindset
   c. Approach: Narrative, Phenomenological, Grounded Theory, Ethnography, Case Study
   d. Developing a Research Question

3. GROUP EXERCISE I

4. Equipping Your Toolbox: Part 1
   a. Individual and Group Interviewing Skills
   b. Data Collection Considerations

5. GROUP EXERCISE II

6. Lunch & Networking @ 11:45 am

7. Equipping Your Toolbox: Part 2
   a. Team Skills
   b. Ethical Considerations

8. Analysis and Publication
   a. Codebook Development and Establishing Coding Congruency

9. Data Saturation

10. Analytic Approaches and Qualitative Research Examples

11. Software Programs and Qualitative Analysis

12. Lessons Learned, Group Discussion, and Wrap-up
Miscellaneous... but Important!

- **Handouts**
  - Agenda
  - Facilitator Bios
  - List of Attendees
  - Materials for Group Activities
  - Articles
  - Workshop Evaluation

- **Webpage of Resources:**
  - [https://chip.uconn.edu/qualitative-research/](https://chip.uconn.edu/qualitative-research/)

- **Bathrooms**

- **Lunch**
Laura K.M. Donorfio, Ph.D.
Associate Professor
University of Connecticut
Human Development and Family Sciences
Design & Technique

History

Non Sequitur By

WE LOVED YOUR ORIGINAL CONCEPT BUT JUST TO BE ON THE SAFE SIDE, WE RAN IT PAST A FOCUS GROUP...

VILEY 7-1

8000 BC
Origins

1900-1920’s
Fragments
Anthropology & Sociology

1935
“Father of QR”
Paul Felix Lazarsfeld

1941
Robert Merton
Group Interview

2013
APA legitimizes Society for Qualitative Inquiry in Psychology
Qualitative Research

...centers on understanding the subjective meanings that individuals, groups, and cultures give to their social worlds. The social reality is multiple and not unitary; there is no single truth that is sought.”

--Hesse-Biber & Leavy (2011)

NO GOLD STANDARD

QUALITATIVE MINDSET
Qualitative Research

Interprets meaning based on reflection & past research

Considers Context & Research Biases

Detailed understanding

Flexible but follows scientific method

Asks broad, general, open ended questions

Iterative

Analyzes & Codes for Themes “Data Rich”

Inductive & Deductive

Refer to Handout
Qualitative Approaches

✓ Baffling & Quite Scary
✓ Tesch (1990) identified 28 possible approaches

Which Qualitative Approach Best Fits Your Research Needs?

- Explore the life of an individual
  - Tell stories of individual experiences
    - Narrative Research

- Understand the essence of the experience
  - Describe the essence of a lived phenomenon
    - Phenomenological Research

- Develop a theory grounded in data from the field
  - Ground a theory in the views of participants
    - Grounded Theory Research

- Describe and interpret a culture-sharing group
  - Describe and interpret the shared patterns of culture of a group
    - Ethnographic Research

- Develop an in-depth description and analysis of a case or multiple cases
  - Provide an in-depth understanding of a case or cases
    - Case Study Research
Developing Research Questions
Data Collection Considerations
Team Skills
Codebook Development

Katie Clark
MSPH
CADC
chersolutions.com
chersolutions@gmail.com
Developing Research Questions

**Grounded Theory**
- How do students learn on family-centered rounds?
- How does role modeling impact their learning?

**Phenomenology**
- How do team members define teaching on family-centered rounds?
- Does it include role modeling?

**Ethnography**
- Do senior residents incorporate “role model” as one of their roles?
- Do they consciously model patient care for junior learners?

**Case Study**
- How does teaching occur during family-centered rounds on a ward with high evaluation scores?

**Narrative**
- How has one clinical teacher’s experience with teaching on rounds evolved with changes in ward structure and over her career?

Common Qualitative Methodologies and Research Designs in Health Professions Education
Chen, H. Carrie MD, PhD; Teherani, Arianne PhD
Academic Medicine: December 2016 - Volume 91 - Issue 12 - p e5
doi: 10.1097/ACM.0000000000001392
QUALITATIVE METHODS IN IMPLEMENTATION SCIENCE
Research Questions are at the Center of Research Design

Developing Research Questions

• Researchable
• Important
• Conceptual clarity
• Influenced by:
  – Responding to problems in literature/practice
  – Audience (communities of practice)
  – Researcher’s beliefs, training, experience
  – Selected methods
  – Study results
Mixed Methods Research Designs

The Convergent Design

- Qualitative Data Collection & Analysis
- Quantitative Data Collection & Analysis
- Results merged & compared
- Interpretation

The Explanatory Sequential Design

- Quantitative Data Collection & Analysis
- Results connected to & explained by
- Qualitative Data Collection & Analysis
- Interpretation

The Exploratory Sequential Design

- Qualitative Data Collection & Analysis
- Results connected to build to
- Quant measure, instrument, intervention, app, etc.
- Tested or applied by
- Quantitative Data Collection & Analysis
- Interpretation

Developing Research Questions

“Despite their importance, research questions are not easily defined, and scholars do not always agree as to what constitutes a research question.”

p. 276

- Iterative process
- No hypothesis
- Can change over time
- Set you up to achieve your goals
- Order- chronological, importance, focus
- Share with colleagues and discuss

Tashakkori & Teddlie, Chapter 12 Research Questions in Mixed Methods Research from Mixed Methods in Social & Behavioral Research
Questions & Discussion

<table>
<thead>
<tr>
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Group Exercise I

• Topic & Approach bag
• Groups of 5
• Work with someone new!
• Discuss/Develop
  – Goals
  – Research Questions
  – Conceptual Framework
• Demo, 15 min to work, 5 min debrief
Group Exercise I

• What could you learn about this topic?
• How can you better understand people or communities who are affected by this topic?
• What questions most interest you?

• How does your qual approach influence your research questions?
• How can this method help answer your questions?
Qualitative Interviewing Skills

Lauretta E. Grau, PhD
Yale School of Medicine,
Center for Interdisciplinary Research on AIDS (CIRA)
INDIVIDUAL INTERVIEWS

1. Interview Goals
2. Setting the Stage
3. The Interview
4. Interview Caveats
5. After the Interview
GOAL OF A GOOD INTERVIEW

Your goal is to obtain rich, detailed answers!

- The focus should always be on the Participant, not the Researcher.
GOAL OF A GOOD INTERVIEW

Your goal is to **build a collaborative partnership** with the Participant. You may want to...

- note that you have learned from others that the person is knowledgeable about a given subject.
- Identify the person would thought the Participant would be good to talk with.
SETTING THE STAGE: The Interview Guide

- Should be created in advance of the interview.
- There should be some order to the topics (but shouldn’t be slavishly adhered to during the actual interview).
- Questions should address the research question.
- Try it out on colleagues to make sure that the wording is clear and understandable (maybe even develop alternative wordings).
- The Guide is like a living organism and can be modified as new issues or themes emerge.
SETTING THE STAGE:
Interview Environment

- Comfortable and safe
- Warm and inviting (non-institutional)
- Seating arrangement
SETTING THE STAGE: Body Language

- Leaning forward
- Uncrossed arms
- Calm and quiet (no fidgeting!)
- Good eye contact
SETTING THE STAGE: Interviewer Skills & Attitudes

- **Good memory** of the topics discussed and those that still need to be discussed.
  - Get permission to take notes if desired.

- **Active listening** and **critical thinking**.
  - Attend to what Participant is saying while also maintaining focus on the research question.
  - Identify contradictions, subjects needing clarification, tangential topics.
SETTING THE STAGE: Interviewer Skills & Attitudes

- **Non-judgmental**
  - Calm, composed
  - Empathic, neutral

- **Warm, but professional**

- **Be present!**
  - Active listening
  - Observe both the Participant and yourself
THE INTERVIEW: Conversational Style

- **Unstructured**: In general, the Participant should guide the conversation.
  - It is less formal than a structured or semi-structured interview.
  - The Researcher should always be clear about the focus of the research or research question.
That doesn’t mean that the Researcher can’t impose structure!

- Gently but tactfully redirect the conversation if it becomes tangential to the research question.
WHYTE’S DIRECTIVENESS SCALE  (Whyte WF 1982)

- Making encouraging sounds
- Reflecting back Participant’s comments
- Probing on Participant’s last comment
- Probing on an idea preceding Participant’s last comment
- Probing an idea expressed earlier in the interview
- Researcher introduces a new topic
THE INTERVIEW: Tempo and Pacing

- Start with questions that the Participant can answer easily.
- Gradually progress to more sensitive and complex topics.
- End on a positive note so the Participant leaves feeling good about themself.
THE INTERVIEW: Desirable Qualities

- **Flexible and iterative**
  - Try to understand the Participant’s language and concepts from their perspective.
  - Review transcripts often for possible revisions to core issues and questions in the Interview Guide.
  - Expect the unexpected!
THE INTERVIEW: Desirable Qualities

- **Smooth and natural transitions**
  - When possible, link the new topic to that which immediately preceded it.
  - If that is not possible, provide some kind of brief introductory comment to alert the Interviewee to the fact that you are moving to a different topic.
THE INTERVIEW: Questions and Probes

- **Open-ended questions.**
- **Clear and concise questions.**
  - Avoid complicated phraseology.
  - Use simple terminology.
  - Avoid lengthy explanations.
THE INTERVIEW: Questions and Probes

- Address a **single topic at a time**.
- Only **one question at a time**.
- Don’t be shy! Clarify things you don’t understand.
  - Apparent contradictions
  - Idiosyncratic terminology
  - Unclear relationships (e.g., individuals or groups) or chronology
THE INTERVIEW: Useful Probes

- Can you give me some examples of...?
- Could you say a bit more about that?
- Interesting. Tell me more about....
- What was that like for you?
- How did you feel about that?
- Help me to understand....
THE INTERVIEW: Questions and Probes

Remember, it is important that you understand what the Participant is telling you, so probing should continue (within reason) until you are satisfied that you understand.
THE INTERVIEW: Handling Silences

- **Silence** is a pause of ~5 seconds and can give the Participant time to reflect.
  - This can seem like a long time but may be critical to building rapport and gathering rich data, especially with people who are unaccustomed to being interviewed.
  - The Researcher should be sensitive to whether the Participant is actively thinking, processing what was said, or is confused and looking to the Researcher for direction.
INTERVIEW CAVEATS

- **Avoid “Why?” questions.**
  - Usually the issue can be addressed easily with another kind of question (e.g., “how come...” or “what are some reasons for...” questions)

- **Avoid “I see,” “Gotcha,” & similar terms.**
  - More often than not, it won’t be as clear when reading the transcript.
Avoid questions with an implied “correct” response.

Compare:

- “Isn’t using condoms more important than earning a few extra bucks?”
- “Could you tell me how you decide when to use a condom?”
- “If you had to choose between having sex with a condom or not having sex at all, which would you choose?” followed by “What are your reason(s) for that choice?”
RESPONDING TO PARTICIPANTS’ QUESTIONS

Things to consider:

- Your response can influence the rest of the interview.
- It may mean the Participant is genuinely confused about the goal of the interview and/or topic being discussed.
- But it may also potentially shift the focus to the Researcher; try to avoid this without seeming defensive or withholding.
- Offer to answer any questions at the end of the interview if necessary.
THINK CAREFULLY ABOUT SELF-DISCLOSURE

- It can build rapport and help the Participant feel more at ease with the interview process.
- But it can also potentially distort what the Participant shares henceforward.
AFTER THE INTERVIEW: Things to Think About

- What is the Participant’s personality?
  - How well do you complement that?
  - Are you too garrulous, anxious, or remote?
- Did you ask leading questions?
- Did you jump from one subject to another?
- Did you “teach” the Participant? (e.g., give advice)
- Did you share your own thoughts or opinions? (potentially biasing the interview)
AFTER THE INTERVIEW: Things to Think About

- How well did you follow up on details?
- Are you systematically avoiding or ignoring a topic?
- Did you permit the Participant enough time to speak their mind on a given subject?
  - Participants may not be articulate or have spent much time thinking about the interview topics. This can be hard work for them!
- And it’s good to consider these during the interview as well!
THANKS!

QUESTIONS?
Focus Groups: What, Why, and How?

Debbie Cornman
University of Connecticut
What is a Focus Group?

- “A data gathering technique ... that relies upon the systematic questioning of several individuals simultaneously in a formal or informal setting."

- A structured, small-group discussion guided by a trained facilitator or moderator.
- Uses the social dynamics of the group to stimulate participants to speak freely about their opinions, beliefs, perceptions, and attitudes about a designated topic.
When allowed to freely explore ideas, participants build on each other's comments.

- Most appropriate for studying processes which have a strong social element, such as those which depend on group interaction, and where it is important to take into account diverse views and perspectives.

- Data is enriched as group members listen to one another, enabling views to be reformulated through exchange, nuances of meaning teased out, recall strengthened, and shy members given confidence.

- Interaction is horizontal (between participants), as well as vertical (between facilitator and participants).

- Used to obtain a rich and detailed view of a reasonably small topic area as opposed to a wide range of fairly objective data covering a large area. *Depth rather than breadth.*
Uses of Focus Groups

- **Market Research** - Discuss a product, brand, or advertisement for the purposes of clarifying an area of concern for a client.
- **Politics** - Explore voter concerns and perspectives.
- **Social Science** - Explore issues around an area of social concern.
  - Used in a range of academic disciplines (e.g., anthropology, communication, education, marketing, political science, sociology, psychology, nursing, and public health).
Focus Group Use in Social Science

- Define a research problem.
- Generate new hypotheses or ideas at the exploratory stage.
- Ask questions that cannot easily be asked or answered on a written survey.
- Carry out a needs assessment (e.g., you are developing a training, program, or intervention, and you want to know what people need).
- Explore group attitudes and beliefs (e.g., towards a program, service, practice, or policy).
- Find potential solutions to problems.
- Investigate complex ideas and behaviors.
- Explore differences and commonalities.
- Learn how participants communicate about topics of interest (e.g., what words they use, what concepts they understand, etc.).
- Identify key informants who can later be interviewed.
- As a precursor to a survey, help determine both the type of questions and their wording, the latter through listening to the type of language used by participants.
- Obtain rich accounts of particular events.
- Triangulate with other research findings, and explore findings in greater depth.
- Deepen understanding of quantitative data or supplement the knowledge gained from written surveys.
Advantages of Focus Groups (continued)

- Good for researching attitudes and beliefs.
- Participants have more control in that they are able to respond to questions in greater depth, discuss issues that are of greater relevance to them, and probe awkward and sensitive issues.
- Data uses participants’ own words; can obtain deeper levels of meaning, make important connections, identify subtle nuances.
- Group members can often stimulate new thoughts for each other, which might not have otherwise occurred.
- Allows for the observation of social interaction, which can enrich the data, correct for the bias inherent in one-to-one interviews, and take into account the social construction of meaning.
- Researcher can interact directly with participants (allows clarification, follow-up questions, probing).
- Can gain information from nonverbal responses to supplement (or even contradict) verbal responses.
Advantages of Focus Groups (continued)

- Particularly suited to research amongst populations which may perceive their views to be devalued (e.g., socially excluded groups, or an organization where a particular group of workers may feel that their opinions are ignored by management).
- Provides data more quickly and at lower cost than if individuals interviewed separately; groups can be assembled on shorter notice than for a more systematic survey.
- Generally requires less preparation and is comparatively easy to conduct.
- Very flexible; can be used with wide range of topics, individuals, and settings.
- May be one of the few research tools available for obtaining data from children or from individuals who have limited literacy.
- Results tend to be easy to understand and more accessible to lay audiences or decision-makers than complex statistical analyses of survey data.
Disadvantages of Focus Groups

- Have less control over group; less able to control what information will be produced.
- Uncertainty about accuracy of what participants say. Results may be biased by presence of a very dominant or opinionated member; more reserved members may be hesitant to talk.
- A focus group is not a normal way of interacting socially, therefore the advantages drawn from observation of social interaction may be limited.
- Difficult for sensitive or intimate topics or if confidentiality is involved.
- Difficult if participants do not feel comfortable with one another (e.g., in a work situation, where supervisors and supervisees are brought together).
Disadvantages of Focus Groups *(continued)*

- As compared with participant observation, the behavioral information is limited to verbal communication, body language, facial expression etc.
- Produces less organized/structured data, making data analysis more challenging.
- Small numbers and convenience sampling severely limit ability to generalize to larger populations.
- Requires carefully trained facilitator who is knowledgeable about group dynamics. Facilitator may knowingly or unknowingly bias results by providing cues about what types of responses are desirable.
# Individual Interviews vs. Focus Groups

<table>
<thead>
<tr>
<th>Individual Interviews</th>
<th>Focus Groups</th>
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<tr>
<td>When you need to focus on an individual's personal circumstances or history.</td>
<td>When interaction between participants will better illuminate the research issue.</td>
</tr>
<tr>
<td>When the subject matter is very complex (e.g., when you are talking about complex systems or processes)</td>
<td>When issues are abstract or conceptual, or you are interested in attitudes or beliefs.</td>
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<tr>
<td>When a group setting will inhibit participation, and confidentiality is required.</td>
<td>When participants are likely to be intimidated by a one-to-one interview.</td>
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<td>When coming to a particular location may inhibit participation, and it is preferable to interview individual on his/her home ground.</td>
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*Important!* The two methods can be combined, as when a focus group is followed up by a series of one-to-one interviews with selected participants.
Both methods are useful, and they can be used together, to complement each other. Which you use depends upon the goals of the study and the available resources.
Guidelines for Conducting Focus Groups

A high quality focus group requires planning!
Clarify Your Goals

- Be clear on why you want to conduct a focus group, and what you hope to learn from it.
- Consider other methods.
  - Are you planning on using additional methods for accomplishing the study goals?
  - If yes, which ones, and why?
  - If no, is this the single best method to use to find out what you want?
Find a Skilled Facilitator

- Your facilitator will determine the success of your group.
- Depending on the situation, consider looking for someone outside of your organization, someone that specializes in facilitating these kinds of groups.
- Find a facilitator who:
  - Has experience facilitating groups.
  - Knows something about the topic.
  - Will relate well to the focus group participants, and knows how to nurture disclosure in an open and spontaneous format.
  - Will work together with you to achieve the outcomes you want.
- Facilitator’s goal is to generate a maximum number of different ideas and opinions from as many different people in the time allotted.
Decide Who Should Be Recruited

- The group's composition and the group discussion should be carefully planned to create a nonthreatening environment, so that participants feel free to talk openly and give honest opinions.

- Consider potential power dynamics when selecting group participants (e.g., with respect to gender, job role/title, community status, age).

- If possible, invite a representative sample of those whose opinions you are concerned about.
  
  - Example: Studying opinions of shopkeepers in a particular town. Get a complete list. Select a representative group, for example by size, type, or whether they have local or outside ownership.

- Recommended group size is 6 to 12 participants.
  
  - Large enough to generate rich discussion but not so large that some participants are left out.

- Over recruit, anticipating a no-show rate of 10 to 20%.
How many focus groups are enough?
How Many Focus Groups are Enough?

- Focus group sample size recommendations range from as few as 2 focus groups per study to more than 40 (Fern 1982; Greenbaum 1997; Kitzinger & Barbour 2001; Krueger & Casey 2015; Morgan 1996; Powell & Single 1996; Vaughn et al. 1996).

- One commonly cited guideline is that focus group research requires at least 2 groups for each defining demographic characteristic (Barbour 2007; Carey 1995; Knodel 1993; Krueger & Casey 2015; Morgan 1988; Ulin et al. 2005).

- None of these recommendations is supported by empirical data!

- Guest, Namey, and McKenna (2017) conducted a study about focus group sample size. A thematic analysis of 40 focus groups on health-seeking behaviors of African American men in Durham, NC.
  
    - More than 80% of all themes were discoverable within 2 to 3 focus groups, and 90% of themes could be discovered within 3 to 6 focus groups. Also, we were able to identify the most prevalent themes within our data set with only three focus groups.
  
    - Findings may not apply to all contexts of focus group research. How does the degree of heterogeneity within a focus group, the complexity of a topic, or the size of a focus group affect the saturation rate and the nature of the data generated?

Prepare Your Questions

- Focus groups are structured around a set of carefully predetermined questions, but the discussion is free-flowing.
- The questions serve as the facilitator’s guide.
- Recommendation is 10 to 12 questions.
  - Short and to the point.
  - Focused on one dimension each.
  - Unambiguously worded.
  - Open-ended.
  - Non-threatening.
Three Types of Focus Group Questions

1. **Engagement Questions**: Introduce participants to and make them comfortable with the topic of discussion.

2. **Exploration Questions**: Get to the meat of the discussion.

3. **Exit Question**: Check to see if anything was missed in the discussion.

**EXAMPLE**: Questions for a Focus Group on Dental Flossing (Flossers and Non-Flossers in separate groups)

**Engagement Questions**:
1. What is your favorite toothpaste?
2. What do you notice when you look at other people’s teeth?

**Exploration Questions**:
3. Who in particular has influenced your dental habits?
4. What are the pros and cons of flossing your teeth?
5. When you floss, how do you follow through? When you don’t, why not?
6. How do you feel when told about possible damage caused by not flossing?
7. How do you feel about yourself when you floss regularly? When you don’t?

**Exit Question**:
8. Is there anything else you would like to say about why you do or do not floss your teeth on a regular basis?

“Guidelines for Conducting a Focus Group”
[https://irep.olemiss.edu/wp-content/uploads/sites/98/2016/05/Trinity_Duke_How_to_Conduct_a_Focus_Group.pdf](https://irep.olemiss.edu/wp-content/uploads/sites/98/2016/05/Trinity_Duke_How_to_Conduct_a_Focus_Group.pdf)
Record What is Said During the Discussion

- To ensure that people’s ideas do not get lost, record what people say and do during the discussion.

- A “Recorder” should be writing down what is said (similar to taking minutes at a meeting).
  - Use a large easel pad if you want participants to see whether their statements are being accurately represented.

- With the group’s permission, audio record the discussion.
  - This will take more time because of having to transcribe the recording and interpret the transcription, but you will have a more complete, accurate, and permanent record.

  ✓ Automatic Transcription Services: Upload files to a program that processes the audio quickly using automatic speech recognition (ASR) and produces a transcript.
    - Otter, Trint, Temi, and Scribie. Otter (600 minutes/month) and Scribie are free. Others cost $.10/minute; $15/month.
  ✓ Human-Based Transcription Services ($1-$3/minute): Rev, Scribie, and GoTranscript.

“The Best Transcription Services for 2019”
https://www.pcmag.com/roundup/359079/the-best-transcription-services
When the Group Meets...

- Welcome the participants, and thank them for coming.
- Review the purpose of the focus group, and the goals of the meeting.
- Explain why they have been invited to participate - because they are “experts” and have valuable contributions to make.
- Lay out the ground rules.
- Create a safe space for them to share. Encourage open participation.
- Ask an opening question that is relatively easy for participants to answer (“Engagement Question”) and helps to alleviate their anxiety. Make sure that everyone gets an opportunity to answer the initial question.
- Ask open-ended questions to encourage elaboration and discussion.
- Use reflective or active listening to summarize what you have heard. This allows you to determine whether you are accurately understanding them, helps build rapport by demonstrating that you are listening, and encourages further exploration.
- Phrase the same question in different ways.
- Encourage people to express a variety of perspectives by asking if anyone sees things differently.
- Ask follow-up questions.
- Look around the room, and make brief eye contact, especially with those who may not have spoken.
- Ask people if there is anything that was not discussed that should have been (“Exit Question”).
- Give people the opportunity at the end to ask the facilitator questions.
- Thank the participants for their participation, their honesty, and their insight.
In Summary

► Since participants are actively encouraged to not only express their own opinions, but also respond to other members and questions posed by the facilitator, focus groups offer a depth, nuance, and variety to the discussion that would not be available through surveys.

► In short, focus groups are a good way to gather in-depth information about a community’s thoughts and opinions on a topic in a relatively short period of time.
Data Collection Considerations

Katie Clark
MSPH
CADC
Data Collection Considerations
Types of Data

• Observations
  – Field notes

• Interviews
  – Unstructured, semi-structured, focus group
  – In person, virtual, telephone

• Documents
  – Participant journal, public documents, medical records

• Audiovisual
  – Video, websites, photographs, discussion boards

Data Collection Considerations- Checklist

• Locating site/individual
• Gaining access and building rapport
• Sampling- purposeful sampling strategies
• Collecting data
• Recording information
• Resolving field issues
• Storing data
• Sharing data

# Data Collection Across the 5 Approaches

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<tr>
<th>Approach</th>
<th>Typical Access &amp; Rapport Issues</th>
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| Narrative        | • Gaining permission from individuals  
                   • Obtaining access to information in archives                                               |
| Phenomenology    | • Finding people who have experienced the phenomenon                                            |
| Grounded Theory  | • Locating a homogeneous sample                                                                  |
| Ethnography      | • Gaining access through the gatekeeper  
                   • Gaining the confidence of informants                                                         |
| Case Study       | • Gaining access through the gatekeeper  
                   • Gaining the confidence of participants                                                         |

Data Collection Considerations

• Amount of data
  – Consider what you need, can manage

• Human, financial, and technology resources

• Timelines
  – Staff
  – Participants
  – Vacations, holidays, etc.
Data Collection Considerations

- Flexible and adaptive
  - Overlap with analysis
  - Political & cultural conditions

- Tracking logistics

<table>
<thead>
<tr>
<th>PID</th>
<th>Date</th>
<th>Staff</th>
<th>Interview?</th>
<th>Length of Survey (min)</th>
<th>Length of Interviewer Administered</th>
<th>Length of Self-Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC1</td>
<td>6/16/18</td>
<td>KC</td>
<td>Yes</td>
<td>39</td>
<td>20</td>
<td>19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of Interview</th>
<th>Audio Sent</th>
<th>Transcript Reviewed</th>
<th>Uploaded to Dedoose</th>
<th>Assigned to Code</th>
<th>Date Coding Due</th>
<th>Date Coding Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td>6/20</td>
<td>7/1</td>
<td>7/1</td>
<td>LD</td>
<td>7/15</td>
<td>7/10</td>
</tr>
</tbody>
</table>
Data Collection Considerations

- Data collection insights and notes
- Current and future projects
- Interviewer tips

<table>
<thead>
<tr>
<th>Staff</th>
<th>Tip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katie</td>
<td>When asking about the amount of a drug, just record exactly what the respondent says. Do not ask them to compare the amount of drug to something.</td>
</tr>
</tbody>
</table>
## Data Collection Considerations

- Data collection insights and notes
  - Field notes
  - Errors
  - Changes to protocols, guides

<table>
<thead>
<tr>
<th>PID</th>
<th>Staff</th>
<th>Date</th>
<th>Survey or Interview</th>
<th>Comments</th>
<th>Action Steps</th>
<th>PM Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB12</td>
<td>KM</td>
<td>6/20</td>
<td>Both</td>
<td>May be a repeat with AC11</td>
<td>KM to check with PM and review notes</td>
<td>Omit data from AC11</td>
</tr>
<tr>
<td>N/A</td>
<td>KC</td>
<td>6/21</td>
<td>Interview</td>
<td>Change in interview guide- do not probe on events that happened more than a year ago</td>
<td>Interview guide updated and distributed</td>
<td>Updated guide included in master documents</td>
</tr>
</tbody>
</table>
Data Collection Considerations

• Analysis and dissemination
Questions & Discussion
Group Exercise II

• Same groups

• Discuss/Develop
  – Methods
  – Data collection considerations
  – Skills and training

• 15 min to work, 10 min debrief
Team Skills

Katie Clark
MSPH
CADC
### Team Research

Teams of scientists representing diverse disciplines are often brought together for purposes of better understanding and, ultimately, resolving urgent public health and environmental problems.—Hall et al. 2008

---

**What Is a Scientific Research Team?**

...think of it as a continuum...

<table>
<thead>
<tr>
<th>Low</th>
<th>Level of Interaction and Integration</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Research</td>
<td>Collaboration</td>
<td>Integrated Research Team</td>
</tr>
<tr>
<td>• Investigator works largely independently on a research problem with his or her lab.</td>
<td>• Each group member brings expertise to address the research problem.</td>
<td>• Each team member brings specific expertise to address the research problem.</td>
</tr>
<tr>
<td></td>
<td>• Group members work on separate parts of the research problem, which are later integrated.</td>
<td>• Team meets regularly to discuss team goals, individuals’ objectives, and next steps.</td>
</tr>
<tr>
<td></td>
<td>• Data sharing or brainstorming among lead investigators varies from limited to frequent.</td>
<td>• Team shares leadership responsibility, decision-making authority, data, and credit.</td>
</tr>
</tbody>
</table>

---

Team Research- Types

- Interdisciplinary research
- Team science (science of team science)
- Community-Based Participatory Research
- Within organization, states, countries, etc.
- Between organizations, states, countries, etc.
- Training and education (class work)
Team Research - Benefits:
Brainstorm

- Generate new knowledge
- Diversity of thought
- Share workload
- Opportunities to learn and mentor
- Professional and personal development
- Anticipate problems
Team Research- Challenges:
Brainstorm

• Coordination of deadlines
• More people=more scheduling issues
• Time consuming
• Different approaches, preferences
• Different skill levels
Team Research- Training

• Qual 101
• Training on interview guide
• Training on research protocols
• Feedback on data collection
  – Interview skills
Team Research- Voices From the Harbor

• Training Topics
  – Who’s talking
  – Length of responses
  – Managing feelings
  – Practice listening
  – Practice debriefing
  – Chronological structure
  – Interview questions
  – Equal opportunity training

Voices From the Harbor:
vimeo.com/41050651
Team Functioning- Topics to Clarify

+ Team goals
+ Individual goals
+ Skills and interests
= Roles and responsibilities
= Research approaches

• Publication and dissemination agreements
• Power dynamics and power sharing
• Dealing with conflict
  – Be proactive and reactive
Taking Care of Yourself & Each Other

• Training- self and team care
• Encourage and demonstrate
• Trauma-informed research
• Debriefing, journaling
• Timing of interviews
  – Number of interviews
  – Breaks between interviews
• Asking for help
• Assign and adjust roles
Team Research - For More Information

https://www.nap.edu/catalog/19007/enhancing-the-effectiveness-of-team-science
Questions & Discussion
Codebook Development

Katie Clark
MSPH
CADC

http://analogueartmap.blogspot.com/
Codebook Development

• Six Essential Elements of a Codebook
• Name of code
• Definition of code
• Place to document changes/conversations
• General coding rules
• Code specific rules
• Flexible/adaptive
# Codebook Development

- **Name of code**
- **Definition of code**

---

**RESEARCH QUESTION:** What are the barriers and facilitators to entering or staying on the HIV continuum or of dropping off the Continuum?

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CODE</strong></td>
<td><strong>DESCRIPTION</strong></td>
</tr>
<tr>
<td>barriers (barr)</td>
<td>This is a garbage can code; if the idea is captured in another code already, don't double-code. This is only for quotes where no other code comes to mind.</td>
</tr>
<tr>
<td>bureaucracy (bur)</td>
<td>any mention of red tape or policies that influence influence staying on/falling off the Continuum; possible &quot;turf&quot; issues within the organization  <strong>Examples: ppt having to personally gather data in order to qualify for HIV benefits or meds</strong></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Contextual Readiness for EBP</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Culture</strong></td>
<td>Includes concepts such as “the way things are done around here”; or “prevailing values and beliefs as a prerequisite to introducing and sustaining change” and the way people believe things are or can be done around here, whether it is accurate or not.</td>
</tr>
<tr>
<td></td>
<td>Access/Barriers regarding funding should be coded under culture</td>
</tr>
<tr>
<td><strong>Acknowledge Success</strong></td>
<td>Organization describes its experience acknowledging success. This might be related to implementation of a project, a focused intervention, or other goals accomplished by team/organization. Weighted 1=limited experience or interest acknowledging success, 10=experience or enthusiasm for acknowledging success.</td>
</tr>
<tr>
<td><strong>Adaptation</strong></td>
<td>Organization's experience and proclivity for adapting practice. Weighted 1=minimal experience and/or resistance to adaption, 10=experience and/or embracing adaptation.</td>
</tr>
<tr>
<td>Code</td>
<td>Definition</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>No OD</td>
<td>R reports never overdosing</td>
</tr>
<tr>
<td>Personal experience</td>
<td>R reports personal experience with overdose</td>
</tr>
<tr>
<td>Friends/family</td>
<td>R reports friends/families experience with non-fatal overdose</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Protected</td>
<td>R feels protected by the Good Sam Law</td>
</tr>
<tr>
<td>Not protected</td>
<td>R does NOT feel protected by Good Sam Law</td>
</tr>
</tbody>
</table>
Codebook Development

• Place to document changes/conversations

RESEARCH QUESTION: What are the barriers and facilitators to entering or staying on the HIV continuum or of dropping off the Continuum?

<table>
<thead>
<tr>
<th></th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LEG</td>
<td>SARAH</td>
<td>JEN</td>
<td>TOM</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Codebook Development

• General coding rules
• Code specific rules

<table>
<thead>
<tr>
<th>Date</th>
<th>Rule</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/2/18</td>
<td>Do not code events that happened more than a year ago</td>
<td></td>
</tr>
<tr>
<td>7/25</td>
<td>&quot;Carries Naloxone&quot; - R reports carrying naloxone - does not have to specify how often they carry naloxone</td>
<td>8/7/18 updated code definition</td>
</tr>
</tbody>
</table>
Codebook
Flexibility Considerations

• Change over time
• Project
  – One size may not fit all
• Resources
• Location of team
• Software access
Codebook Development
DATA SATURATION

Lauretta E. Grau, PhD
Yale School of Public Health
Center for Interdisciplinary Research on AIDS
DEFINITION OF SATURATION

Theoretical saturation: **no new concepts** that relate to the development of a theory can be identified.

Data saturation: **no new information** that would appreciably alter the codebook can be identified.
“How Many Interviews Are Enough? An Experiment with Data Saturation and Variability”

Main study sought to identify salient factors to be included in developing an HIV prevention program for sexually active females.

Methodological sub-study to examine social desirability bias and accuracy of self-reported sexual behaviors.
STUDY SAMPLE

- Purposive sample of sexually active females in Nigeria and Ghana; 30 participants per country
  - At least 18 years old
  - > 1 male sex partner in past 3 months
  - On average, > 3 vaginal sex encounters per week
METHODS

- 32 open-ended questions
- Codebook development based on transcript review in batches of 6 (i.e., 5 time points per country)
- Data collection: first in Ghana and then in Nigeria
- Measured # new codes and # changes in codes definitions per batch
RESULTS: Generation of New Codes

FIGURE I
Code Creation over the Course of Data Analysis

<table>
<thead>
<tr>
<th>Number of New Codes</th>
<th>Ghana</th>
<th>Nigeria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>80</td>
<td>0</td>
</tr>
<tr>
<td>7-12</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>13-18</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>19-24</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>25-30</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>31-36</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>37-42</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>43-48</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>49-54</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>55-60</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Interviews
### RESULTS: Changes in Code Definitions

<table>
<thead>
<tr>
<th>Analysis Round</th>
<th>Interviews Analyzed</th>
<th>Definition Changes in Round</th>
<th>Percentage</th>
<th>Cumulative Frequency</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>6</td>
<td>4</td>
<td>11</td>
<td>4</td>
<td>11</td>
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<tr>
<td>2</td>
<td>12</td>
<td>17</td>
<td>47</td>
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<tr>
<td>3</td>
<td>18</td>
<td>7</td>
<td>20</td>
<td>28</td>
<td>78</td>
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<tr>
<td>4</td>
<td>24</td>
<td>3</td>
<td>8</td>
<td>31</td>
<td>86</td>
</tr>
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<td>5</td>
<td>30</td>
<td>2</td>
<td>6</td>
<td>33</td>
<td>92</td>
</tr>
<tr>
<td>6</td>
<td>36</td>
<td>3</td>
<td>8</td>
<td>36</td>
<td>100</td>
</tr>
<tr>
<td>Nigeria data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>42</td>
<td>0</td>
<td>0</td>
<td>36</td>
<td>100</td>
</tr>
<tr>
<td>8</td>
<td>48</td>
<td>0</td>
<td>0</td>
<td>36</td>
<td>100</td>
</tr>
<tr>
<td>9</td>
<td>54</td>
<td>0</td>
<td>0</td>
<td>36</td>
<td>100</td>
</tr>
<tr>
<td>10</td>
<td>60</td>
<td>0</td>
<td>0</td>
<td>36</td>
<td>100</td>
</tr>
</tbody>
</table>
CONCLUSIONS

Saturation was reached within the first 12 interviews.

- 92% of codes had been identified by then
- 4 of the 5 new codes identified in the Nigerian interviews were “variations of already existing themes”
- 58% of changes to code definitions occurred by the 12th interview
However, the sample required to reach saturation depends on:

- **Time required to reach consensus**: quicker among experts in the domain of inquiry than relative novices.

- **Interview structure**: unstructured or exploratory interviews require larger samples.

- **Interview content**: more common experiences or widely known information require smaller samples.

- **Sample homogeneity**: studies of a more homogeneous population require smaller samples.
THE “LUMPER” VS “SPLITTER” CONUNDRUM

- The number of codes for the same study can vary considerably, depending on researchers’ coding style.
  - More codes, more time to reach saturation!
  - Therefore, saturation can be a mutable concept.
“It is critical to remember the connection between theory, design (including sampling), and data analysis from the beginning, because how the data were collected, both in terms of measurement and sampling, is directly related to how they can be analyzed.”

J. C. Johnson (1990)
Analytic Approaches and Qualitative Research Examples

Laura Donorfio, PhD
To drive or not to drive, that isn’t the question—the meaning of self-regulation among older drivers

Laura K.M. Donorfigo a,*, Lisa A. D’Ambrosio b,*, Joseph F. Coughlin b, Maureen Mohyde c

a University of Connecticut, 99 East Main Street, Waterbury, CT 06702
b MIT AgeLab, 77 Massachusetts Avenue, Cambridge, MA 02139
c The Hartford Financial Services, Inc., 200/2 Executive Boulevard, Southington, CT 06489

“Safe Driving for a Lifetime”
3 Phase Research Project
“How do we get older drivers to hang up the keys?”

“How do we keep older drivers safe on the road for as long as possible?

Self-Regulation

How can we drive safer longer?
Analyzing Open-Ended Questions

Phase 2 – National Survey

- 14-pages
- 5 open-ended questions
- 7,200 surveys mailed
- 3,824 returned for a RR of 53.11%
- 5,469 total comments coded
- 35.75% RR
Analyzing Open-Ended Questions

Questions Probed

✓ What driving and self-regulation personally meant to them.
✓ Personal meaning of driving.
✓ How they changed or modified where, when or how they drive as they have gotten older?
✓ What did they see as the reasons for these changes in habits and patterns?
Analyzing Open-Ended Questions

Data Analysis

✓ Four researchers under the guidance of the “research expert” were trained to inductively analyze the open-ended responses.
✓ A theme was achieved when consensus was reached by 3 out of 5 analysts.
✓ Entire analysis took 6 months.
Self-Regulation Defined via Older Drivers

- **Skill/Ability**
  - Awareness
  - Accumulation
  - Decline

- **Automobile**
  - Geography/where
  - Vehicle Mechanics
  - Level of Use

- **Life/Social**
  - Necessary
  - Importance
  - HH Status

- **Dependence**
  - Content to Stay At Home

- **Self**
  - Psychology
  - Self-Worth
  - Freedom

- **Independence**
  - Confidence
  - Discomfort with Topic
  - Buy car with improved safety features

- **Denial**
  - Enjoyment

- **Confidence**
  - Dependence
  - Discomfort with Topic

- **Drive Slower**
  - Vision Limitations
  - Drive Slower
  - No Bad Weather/Night

- **No Left Turns**
  - No Left Turns
  - Trips Foregone

- **Lack of Public Transportation**
  - Buy car with improved safety features

- **Defensive Driving Class**
  - Drives more cautiously & defensively

- **Slower Reflexes/Reaction Time**
  - Drives more cautiously & defensively

- **Self**
  - Psychology
  - Self-Worth
  - Freedom

- **Drive Slower**
  - Vision Limitations
  - Drive Slower
  - No Bad Weather/Night

- **No Left Turns**
  - No Left Turns
  - Trips Foregone

- **Lack of Public Transportation**
  - Buy car with improved safety features
WE NEED TO TALK...
Family Conversations with Older Drivers

Safe Driving for a Lifetime

THE HARTFORD
Center for Mature Market EXCELLENCE

THE HARTFORD
THEMATIC ANALYSIS:
Braun & Clarke (2006)

Lauretta E. Grau, PhD
Yale School of Public Health
Center for Interdisciplinary Research on AIDS
“Codes are applied to the data, whereas themes emerge from the data.”

(Guest et al. 2006)
TYPOLOGY OF QUALITATIVE FINDINGS
Sandelowski (2003)

Closest to Data

No Finding | Topical Survey | Thematic Survey | Conceptual/thematic description | Interpretive explanation

Farthest from Data

Not Research | Not Qualitative Research | Descriptive Qualitative

Borderline studies
THE PROCESS

1. **Read through all data** to initially familiarize yourself & check transcription accuracy

2. **Generate initial codes** (-etic and –emic)

3. **Apply & edit codes**; ensure they are inclusive, comprehensive, & that all coders understand and apply codes similarly

4. **Organize & review themes**. Are they coherent & consistent? What is the relationship between themes?
THE PROCESS

5. **Check back** (constant comparison) to see that the **candidate thematic map** accurately reflects the entire data set.

6. **Define and name themes**; identify what is of interest and why for each theme (or story) and how it fits into the broader overall story.

7. **Produce the report**
NCT MODEL OF DATA ANALYSIS: S. Friese (2012)

Notice things

Think about things

Collect things
- **Noticing** things: familiarize yourself with the data as they come in.
  - Memoing is always a good way to start this process.
Collecting data into codes: codes with a low frequency of quotes is probably not fully developed. There should be “a healthy balance between the total number of codes and the frequency of each one.”
<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>LEG</th>
<th>SB</th>
</tr>
</thead>
<tbody>
<tr>
<td>barriers (barr)</td>
<td>Garbage can code. Any mention of potential factors that can influence staying on/falling off the Continuum. If the idea is captured in another code already, don't double-code. This is only for quotes where no other code comes to mind.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>influence_behavior (infl_beh)</td>
<td>Any mention of how personal self-identities or attitudes (e.g., self-conflicted about HIV dx), may influence staying on/falling off the Continuum. This code concerns the infected individual rather than a characteristic of a cultural group (the latter should be coded as inf_cult). <strong>This code was folded into inf_prsn (1/31/19).</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RETIERED 1/31/19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KILL (KILL)</td>
<td>Any quote you think would be appropriate for a manuscript. Quotes that capture the essence of a particular issue <em>should be double-coded with another code most times</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMO: interesting tangent (M:tan)</td>
<td>This is a place to put anything you think is potentially interesting but not directly related to the research question. If you use this code, also include a Comment of WHY or is WHAT WAY do you think this is an interesting tangent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>outreach? (o/r)</td>
<td>ppt's experience with o/r svcs; the kinds, quality, duration, perceived effectiveness of o/r svcs received; the expressed desire for some specific kind of o/r svc not currently received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>social capital (soc_cap)</td>
<td>Any mention of people in the ppt's life since receiving HIV dx (e.g., romantic partners, friends, sex partners, nuclear/extended family, etc) regardless of whether it is specifically mentioned as influencing the ppt on the Continuum. <strong>If the person is medical or non-medical staff, code this under the appropriate staff code</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thinking about things: looking for the patterns, relationships, processes, and/or typologies that explicate the phenomenon of interest; this starts with some candidate themes.

- Memoing is a good way to continue this process.
- Recursive in that you constantly move back and forth between candidate themes and the data.
**Table 1  Themes and Explicatory Quotes**  
(good format for dealing with journals with low word count requirements)

<table>
<thead>
<tr>
<th>Theme 1:</th>
<th></th>
</tr>
</thead>
</table>
| Sub-theme 1 | Insert Quote #1  
  Insert Quote #2 |
| Sub-theme 2 | Insert Quote #3 |
| Sub-theme 3 | Insert Quote #4  
  Insert Quote #5 |

<table>
<thead>
<tr>
<th>Theme 2:</th>
<th></th>
</tr>
</thead>
</table>
| Sub-theme 1 | Insert Quote #6  
  Insert Quote #7 |
| Sub-theme 2 | Insert Quote #8 |

<table>
<thead>
<tr>
<th>Theme 3:</th>
<th></th>
</tr>
</thead>
</table>
| Sub-theme 1 | Insert Quote #9  
  Insert Quote #10 |
| Sub-theme 2 | Insert Quote #11 |
THANKS!

QUESTIONS?
Qualitative research with the community to develop a weight control intervention for Black women in Boston

Kim M. Gans, PhD MPH
Professor, Human Development and Family Studies
University of Connecticut
SisterTalk Objectives

- To work with the Black community in Boston to design a relevant and effective weight control program for cable TV delivery

- To test the intervention’s efficacy on weight loss, diet and physical activity change using a randomized trial

Phase 1: Formative research and intervention development

- Community Outreach/Partnerships
- Hiring of Community Outreach Educators (COEs)
- Neighborhood Inventories
- Focus Groups (28 groups; 193 participants)
- Marketing Survey (309 participants)
- Logo Contest
Social Action Theory

Primary Dimensions of Cultural Sensitivity

**Surface Structure**
- Matching intervention materials and messages to observable population characteristics
- Using channels, settings, people, language, music, foods, and clothing familiar to and preferred by target audience
- Increases the “receptivity”, or “acceptance” of messages

**Deep Structure**
- Reflects how cultural, social, psychological, religious, family, economic, environmental and historical factors influence health behavior (and its determinants)
- Core cultural values
- Conveys “salience

## Translation of qualitative findings into operational strategies for *SisterTalk* TV shows

<table>
<thead>
<tr>
<th>Topic</th>
<th>Specific finding</th>
<th>Way in which the issue was addressed in the program</th>
<th>Action Theory Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body image issues</td>
<td>Many want to weigh less but do not necessarily view self as unattractive</td>
<td>Emphasize improving healthfulness of eating and activity patterns and deemphasize weight loss as the primary goal</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Many were worried they'd lose weight in the “wrong places,” i.e., the buttocks instead of the stomach</td>
<td>No specific target for weight loss per week</td>
<td>X</td>
</tr>
</tbody>
</table>

*CI, SI, M GC PS*
### Translation of qualitative findings into operational strategies for *SisterTalk* TV shows

<table>
<thead>
<tr>
<th>Topic</th>
<th>Specific finding</th>
<th>Way in which the issue was addressed in the program</th>
<th>Action Theory Domain CI, SI, M GC PS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body image issues</td>
<td>Not preoccupied with becoming thin</td>
<td>Individualized goals and “getting to your best body”</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Some were antagonistic that “others,” i.e., researchers, might want them to be thin</td>
<td>Language used does not assume that goal is weight loss. Identify multiple possible criteria of success. Emphasize potential immediate benefits of weight loss.</td>
<td>X X</td>
</tr>
</tbody>
</table>
Translation of qualitative findings into operational strategies for *SisterTalk* TV shows

<table>
<thead>
<tr>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>Family-centeredness</td>
<td>Strong identity as caregivers</td>
<td>Devote entire first show to this issue</td>
<td>X</td>
</tr>
<tr>
<td>Cultural context</td>
<td>Cultural context with an ethic of mutual aid and</td>
<td>Emphasized that taking care of oneself will help in</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>interdependence</td>
<td>meeting responsibilities to others</td>
<td></td>
</tr>
<tr>
<td>May equate self-care with</td>
<td>May equate self-care with selfishness</td>
<td>Emphasized concept that preventing illness helps to</td>
<td>X</td>
</tr>
<tr>
<td>selfishness</td>
<td></td>
<td>avoid becoming a burden to others</td>
<td>X</td>
</tr>
</tbody>
</table>
How qualitative research shaped the intervention

- Use African-inspired art and literature by Black authors.
- Highlight local places and interesting/talented Black residents including a masseuse, Afro/Jazz dance teacher, chefs, community leaders, etc.
- Presentation style uses humor juxtaposed with a “heart-to-heart” delivery of information.
- Use “sister-to-sister” communication including testimonies—“from ‘woman-on-the-street’”.
- Use “real” women vs. pro actresses as show hosts.
- Include “sharing segments” in each show led by a social worker with real women as guests.
How qualitative research shaped intervention content

• Emphasize stress reduction, i.e., brief meditation, yoga, self-massage and stretching.

• Describe how to support oneself by reading inspirational books, praying, using affirmations, joining a group, etc.

• Focus on positive self-reinforcement for success with culturally appropriate non-food rewards and affirmations.
How qualitative research shaped physical activity components

- Focus – Move More

- Lots of footage of “real” women engaging in culturally appropriate physical activities in a variety of settings.

- Most PA segments focused on what can be accomplished within a typical living room without expensive equipment.

- Include exercise leaders who are middle-aged and heavier.

- Help women handle the barrier of maintaining a hairstyle during/after exercise.
How qualitative research shaped nutrition components

• Use culturally appropriate, realistic examples of foods including West Indian as well as traditional African American foods.

• Celebrate healthy favorite foods and depict lower-calorie makeovers.

• Offer innovative strategies to deal with social pressures from family and friends to overeat at social events.

• Address dynamics of emotional eating.
Questions?

Use of Qualitative Research to Inform the Development of a Theory-Based Intervention that Supported Healthy Sexual Behavior among HIV+ Patients in Clinical Care in South Africa

Deborah H. Cornman, PhD
deborah.cornman@uconn.edu
Model of Intervention Development

1. Choose a theoretical model.
2. Conduct formative research.
   a) Understand prevention needs (health risk dynamics) of target population.
   b) Learn what is feasible in intervention setting.
3. Develop intervention based on formative research.
4. Pilot the intervention, and modify it as needed.
5. Implement the intervention, and rigorously evaluate its feasibility, fidelity, and effectiveness.
6. Disseminate widely, if effective and feasible.
Information-Motivation-Behavioral Skills (IMB) Model

- Three critical elements for changing behavior:
  - Information
    - One’s knowledge about the health behavior.
  - Motivation
    - How motivated one is to practice the health behavior.
  - Behavioral Skills
    - One’s ability to practice the health behavior.
Model of Intervention Development

(1) Choose a theoretical model.

(2) Conduct formative research.
   a) Understand prevention needs (health risk dynamics) of target population.
   b) Learn what is feasible in intervention setting.

(3) Develop intervention based on formative research.

(4) Pilot the intervention, and modify it as needed.

(5) Implement the intervention, and rigorously evaluate its feasibility, fidelity, and effectiveness.
   a) Process evaluation.
   b) Outcome evaluation.

(6) Disseminate widely, if effective and feasible.
Formative Research

- Before developing any intervention, find out...
  - INFORMATION the target group has and needs.
  - What is MOTIVATING their risky behavior.
  - BEHAVIORAL SKILLS they have and need.
The intervention should be...

- Targeted to any information, motivation, and behavioral skills deficits of the target population.
- Culturally appropriate.
- Feasible and sustainable over time.
Formative Research

- Selected 4 representative clinics in KwaZulu-Natal, South Africa: 1 urban, 1 peri-urban, 2 rural
- 8 patient focus groups with 57 patients with HIV – one female and one male focus group at each of 4 clinics
- 6 focus groups with 61 healthcare providers - 31 nurses, 20 lay counselors, 1 doctor, 1 pharmacist, and 8 other staff
- 20 HIV+ patients participated in structured individual interviews.
- Brief Demographic Survey completed by all participants.
Sexual Behavior
Sexual Behavior

- Few people with HIV abstained from sexual activity, many had multiple partners, and a substantial proportion did not always use condoms during sex.
Informational Deficits
Misconceptions about HIV

- HIV can be cured by:
  - Traditional Healers
  - Herbal Medicine
  - God and Prayer
  - ARV medications.
  - Sex with a virgin, child dog, goat, or an “old lady who has stopped menstruating.”

- HIV is cured if you feel healthy or have an undetectable viral load.
Misconceptions about Condoms

- Condoms have been purposely infected with HIV “by the White people to spread the virus and kill Blacks.”
- Condoms have small holes in them that allow the virus to pass through.
- Condoms contain “small insects and worms” that are transferred to a person’s “private parts” during sex.
Motivational Deficits
Negative Attitudes towards Condoms

- Most men and some women had negative attitudes towards condoms and did not want to use them.
  - Men and Women: Reduced sensation and pleasure.
  - Men and Women: Gave them a rash and “made it itchy.”
  - Women: Caused “sores or cuts in the vagina.”
  - Men: Caused loss of erection; prolonged amount of time it took to ejaculate.
  - Men: Too small or too tight, too large and fell off, or caused them pain.
- Free government condoms “smelled bad,” “burst” too easily, or were “too wet.”
Lack of Partner Support for Condom Use

- Men had the power in relationships; it was men’s role to make the decisions about when to have sex, the type of sex to have, and whether condoms were used.
- Women feared being “beaten,” “raped,” or abandoned by their partner.
- Men had partners who associated condom use with lack of trust.
Fear of Disclosure

- Lack of disclosure of HIV status was identified as a major barrier to condom use.
- Feared that introducing a condom into their relationship would reveal their HIV status.
- Feared being rejected by their partners if disclosed.
- Women feared being “blamed for bringing HIV into the family,” if they disclosed. Could be punished verbally and physically.
- Feared disclosure could lead to being stigmatized in their families and communities.
Behavioral Skills Deficits
Inadequate Skills for Condom Use and HIV Disclosure

- Low self-efficacy for using male and female condoms correctly.
- Limited ability to negotiate condom use.
- Difficulty managing HIV disclosure and condom use.
- Limited ability to manage safer sex and alcohol/marijuana use.
Provider Barriers to Risk Reduction Counseling

- Discussion about safer sex with patients not based on any model of health behavior change and not tailored to the needs of the patient.
- Barriers to providing effective risk reduction counseling: (1) discomfort discussing sex with patients, especially anal and oral sex, (2) judgmental attitudes towards patients who engage in unprotected sex, got pregnant, had multiple partners, or had partners of the same gender, and (3) inability to get patients to be forthcoming about their desires to have children prior to getting pregnant.
- Low self-efficacy regarding their ability to influence patients’ sexual behavior.
Options for Health program consisted of a collaborative discussion between a lay counselor and a patient where the lay counselor:

- Found out about the patient’s current sexual behavior and if he/she was having risky sex.
- Identified the patient’s specific informational, motivational, and behavioral skills barriers to always having safer sex.
- Discussed strategies, solutions, or options for overcoming one or more of these barriers.
- Negotiated a plan of action with the patient that the patient would work on between now and his/her next clinic visit.
- Carried out these steps in 10 to 15 minutes at every routine medical visit.
Pilot Study

- Both patients and clinic staff believed counselors should deliver program.
- Conducted at an HIV clinic in the uMgungundlovu Health District of KwaZulu-Natal.
- 6 lay counselors received training in the intervention.
- 40 patients with HIV participated in the study.
- Patients participated in 2 counseling sessions.
Patient and counselor focus groups were conducted at the end of the pilot study.

Counselors reported that it was easy to learn and integrate into routine visits, and that it was beneficial to patients.

Patients reported that the conversations were helpful, they gained important information and skills from them, and they were more motivated to engage in safer sex following the discussions.

Intervention was delivered with fidelity and included all requisite intervention steps.

It was feasible to implement by lay counselors during regular clinic visits, and acceptable to patients, counselors, and other staff.
Conclusions

- When developing interventions:
  - Adhere to a particular theoretical model or models.
  - Use qualitative research to better understand the needs and challenges of the target populations, and to learn about how best to design and deliver the interventions.
  - Tailor interventions to the specific cultural and psychosocial needs of the target populations.
  - Develop them so that they are feasible and sustainable over time.

Software Programs & Qualitative Analysis

Laura Donorfio, PhD
Katie Clark, MSPH, CADC
Researchers must realize that no software can analyze qualitative data, they are basically data management packages, which support the researcher during analysis—the researcher must always remain in control.
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<td>Analytics</td>
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