

Qualitative Methods in Health Research

INTEREST TRANSCRIPT Issues RESPONSIBLE NARRATIVE context
DMR CASE STUDY Transferability TRUSTWORTHY ISSUES THEME DEPENDABILITY Observation opinion Theme
DMR KEY INFORMANT INTERVIEW INTEREST FRAMEWORK ANALYSIS context
DMR Reflexibility NOTE TAKING Credibility OUTLINE TRIANGULATION TRANSFERABILITY context ISSUES
Theme NOTE TAKING Research Grounded Theory TRIANGULATION Outline context
Key Informant Interview CREDIBILITY Observation ETHICAL Content Analysis THEME
Note taking Confirmability PURPOSIVE SAMPLING Case study Dependability
In depth Interview DMR Issues Interpretability Ethical INTEREST
ETHICAL INTEREST DMR
Note taking DMR RESEARCH INTEREST
NARRATIVE TRUSTWORTHY DEPENDABILITY TRUSTWORTHY DMR
DMR Issues NARRATIVE INTEGRITY DMR
Focus Group Discussion Trustworthy Observation DMR
Outline PURPOSIVE SAMPLING Issues interpret Coding TRANSCRIPT OPINION ISSUES
DMR OPINION DMR Framework Analysis THEME DMR CONFIDENTIALITY DMR
DMR Phenomenology DMR INTERPRET DMR understanding RESPONSIBLE DMR
INTRODUCTION OBSERVATION DMR Integrity DMR Note taking COMMUNITY CONTENT ANALYSIS
DMR DMR DMR TRANSCRIPT DMR CONTEXT DMR Issues INTRODUCTION CONFIDENTIALITY
Issues Note taking DMR Community Coding INTRODUCTION CONFIDENTIALITY Theme DMR Content Analysis

Planning for qualitative data analysis

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- Analysis of qualitative data can be described as **interpretation, making sense of data or transforming data into a meaningful way**
- **Starts before the completion of data collection** and the tool for analysis is the **researchers** themselves
- Analysis concurrent with data collection allows **new data to fill in gaps or to test new hypothesis** that emerge analysis.



Steps towards qualitative data analysis

1. Data processing and preparation
 2. Getting to know the data
 3. Identifying themes and domains of interest
 4. Setting up a coding system
 5. Coding
 6. Data analysis
- Planning/
Organizing
data**



1. Data processing and preparation

၁.	မီးကွင်း၊ ဖွားဖေး၊ ကန်ချို၊ မိုက်စုန်း၊ တာတို၊ ဟာတို၊ ဂိုလား
၂.	ကစေတို့၊ ကတော့စုန်း၊ ခိုင်းတယ်၊ ကိုယ့်၊ ကစိုပ်ကန်တယ်၊
၃.	အား၊ ရှိ၊ ခိုရင်၊ မိုက်ထဲ၊ ကတန်မျိုး၊ ခြံ၊ ဖြစ်တော့မစုန်း၊ အား
၄.	တစ်မျိုးမချစ်ဘူး၊ ချစ်စရာလည်းမလိုဘူး
၅.	... ခိုက်ကြီးထဲ၊ လူတွေပဲချစ်တယ်၊ (ရယ်ဖျော်)
၆.	မေး၊ ဖြီး၊ ဖြီး၊ ချင်းထွက်တဲ့၊ ဂုဏ်တော်ကိုရမယ်လို့အပ်လို့ခေါ်လဲ
၇.	အချစ်ကတော့၊ ဗမာမကား၊ ပုန်း၊ ပုန်း၊ တွေတယ်အရာမ
၈.	အိုအိုကတော့၊ ကတော်ကိုတော့ကတော့၊ နဲ့အိုကတော့
၉.	ခဲကတော့တိုက်လား
၁၀.	တိုက်တယ်
၁၁.	ကတော်လို့တိုက်လဲ
၁၂.	အား၊ ဂုဏ်တော်ကတော့ကတော့ကတော့ကတော့
၁၃.	အပ်အပ်ကတော့ကတော့
၁၄.	အရာတော်တွေကတော့ကတော့၊ အရာတော်လည်းပါတယ်
၁၅.	အပ်အပ်အပ်အပ်အပ်
၁၆.	အရာတော်ကတော့ကတော့ကတော့



2. Getting to know the data (thorough reading)

- Read from beginning to the end
- To familiarize with the data and context within which data were collected
- Grasp the essential points
 - Content
 - Quality
 - emergent themes

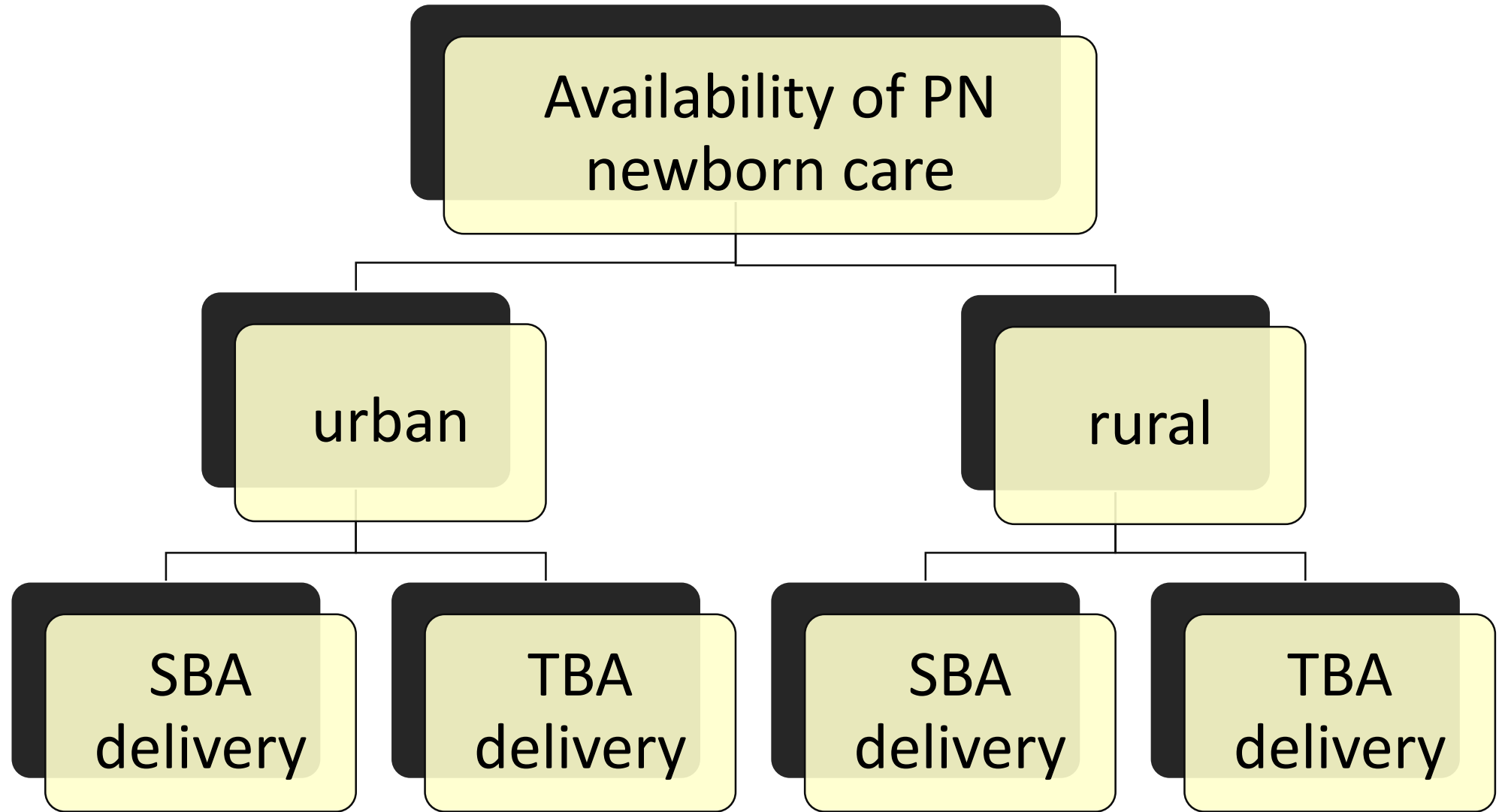


3. Identifying theme

Theme-အကြောင်းအရာတူများကို စုစည်းထားသောခေါင်းစဉ်

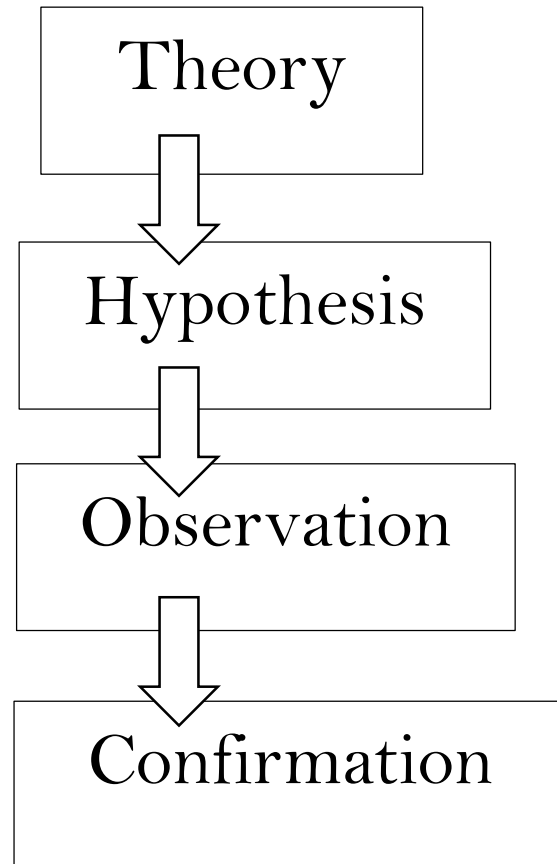
Sub-theme- Themes can be divided into **sub-themes** depending on the variation that are being found in the data across the informants

- Eg. Postnatal newborn care,
- Availability of postnatal newborn care
- Availability of postnatal newborn care in urban area
- Availability of postnatal newborn care in rural area
- Availability of postnatal newborn care among deliveries with SBA
- Availability of postnatal newborn care among deliveries with TBA

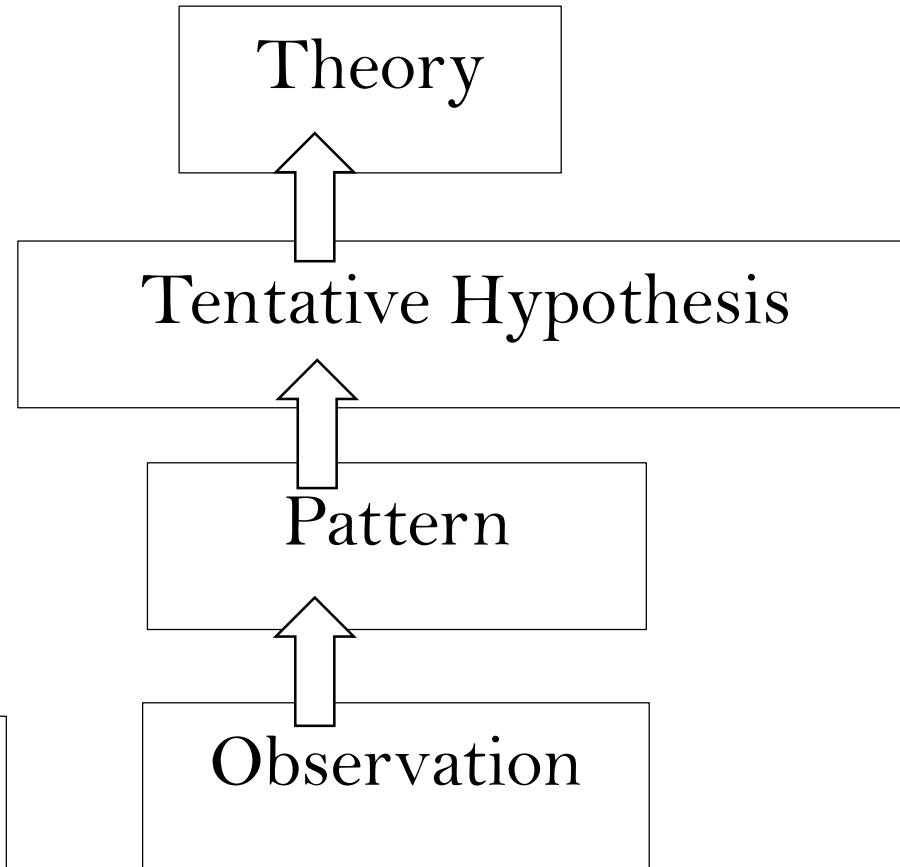


Two major types

Deductive

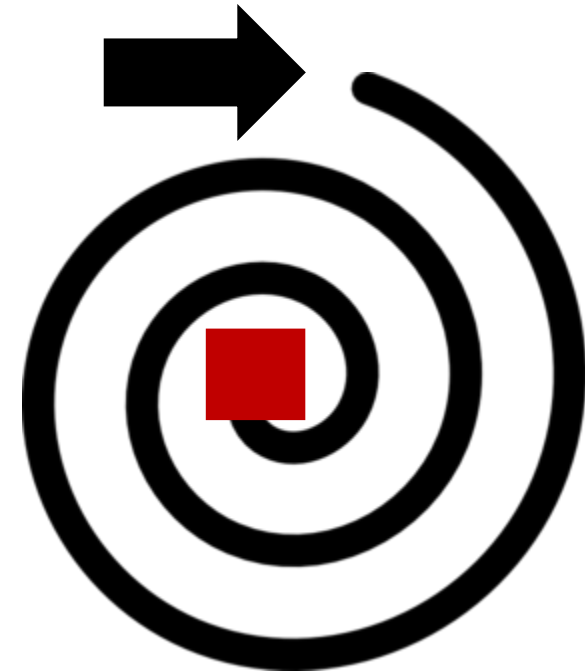


Inductive



Deductive

- The themes are drawn based on the existing theory, literatures and researcher's experience around the topic of interest.



BMJ Open Provider and service-user perspectives of volunteer health-worker service provision in Ayeyarwady Region, Myanmar: a qualitative study

Nicola Watt,¹ Aye Yupar,^{2,3} Paul Sender,^{2,3} Fiona Campbell,^{1,2}
Helena Legido-Quigley,⁴ Natasha Howard¹

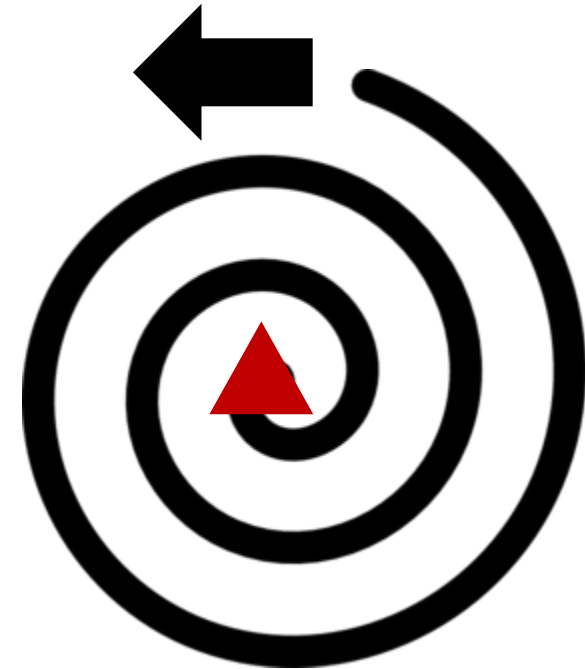
Table 2 Penchansky and Thomas' dimensionality of access framework

Availability	The extent to which the provider has requisite resources (eg, equipment, supplies) to meet service-user needs
Accessibility	Geographic accessibility is determined by how easily service users can physically reach the provider's location
Acceptability	The extent to which service users and providers are comfortable with each other's immutable characteristics (eg, sex, age, status)
Affordability	The extent to which the provider's charges relate to service user's ability and willingness to pay
Accommodation	The extent to which the provider's services are organised to meet service user's constraints and preferences (eg, opening times, communications, appointments)

Source: Adapted from McLaughlin and Wyszewianski.³⁶

Inductive

- The themes are identified from the data via thorough and repeated reading.



Format: Abstract ▾

Send to ▾

[BMC Int Health Hum Rights](#). 2013 Oct 3;13:41. doi: 10.1186/1472-698X-13-41.

The transition of childbirth practices among tribal women in Gujarat, India - a grounded theory approach.

Sharma B¹, [Giri G](#), [Christensson K](#), [K V R](#), [Johansson E](#).

[+ Author information](#)

FGD Text

Question: Now I recall, *Masi* (aunt) had told me that they help in pushing

Response: Yes. They give *Kalla* (Fundal pressure) and try to push the baby down.

Many women agree.

Question: Is it good or bad?

Response: It is not considered good but they still do that. They have to save the life of the mother and they baby somehow.

Question: What else?

Answer: They push like this (giggling, a woman demonstrates)

Question: What else?

Answer: Nothing else. They have no choice if they do not want to go hospital.

Question: What do they do in the hospital?

Answer: The doctor will give bottle (drip) and injection so woman delivers fast.



Open codes

External pushing:

- not good but essential
 - saves lives of mothers and baby
 - because no other choice at home
- The drip:
- is given in hospital
 - hastens the birth process
 - given by doctor



Selective codes

Childbirth Interventions thought necessary to save lives
The drip compensates for external pushing
Drip and hospital

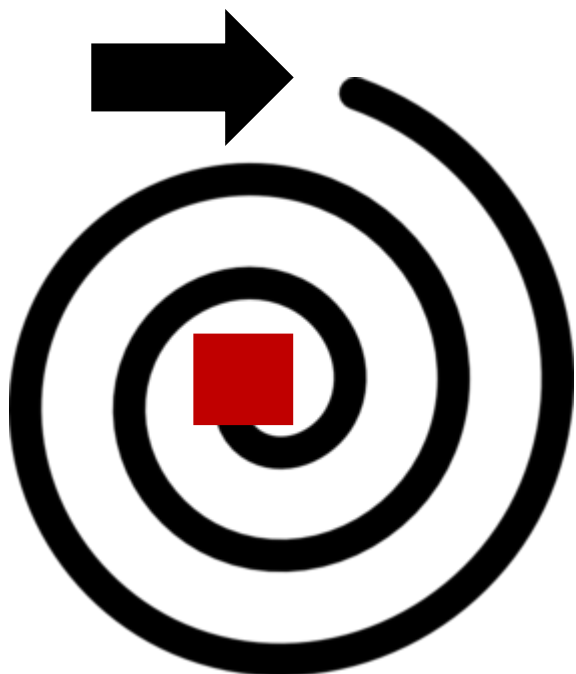


Category

A subprocess

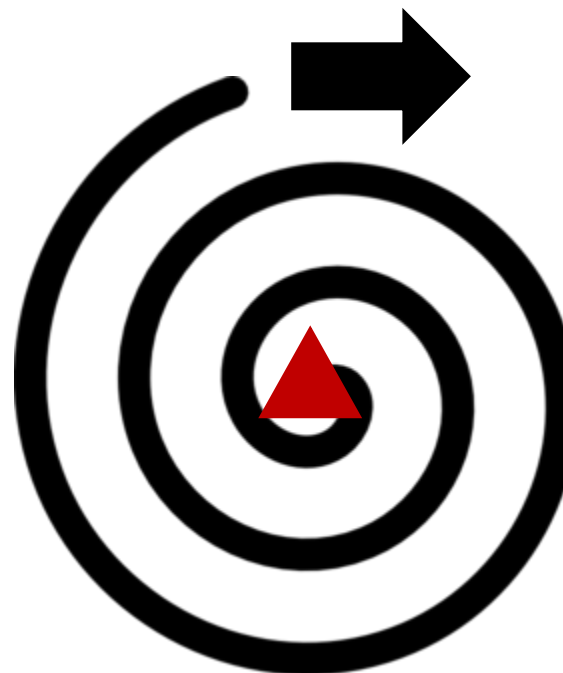
Cultural conceptualizations of childbirth & Readiness to accept medical interventions

Deductive



+

Inductive







4. Setting up a coding system

- Code-Code are labels that assign symbolic meaning to the descriptive or inferential information compiled during a study.
- Coding-It is a systematic method of 'breaking' down the data into meaningful segments and getting the essence of the data without reducing them.

A. [Laughs]. You know, not all HIV patients are admitted. Not all TB patients and other patients are admitted because we can not contain the situation in our hospitals. So these home-based caregivers are able to monitor patients within their catchment areas. They are able to attend to the complaints of these clients and also to bring these complaints to the health centres so that we attend to them because there are so many bed-ridden patients who are being helped by these home-based caregivers.

[CONTEXT_HOSP]

[HBC_TASKS]

Interviewer: And with regard to ART services, how important are the caregivers?

A. Monitoring, they have to continue monitoring to ensure that these patients are taking their drugs correctly and they are collecting their drugs. Because you know when someone is HIV and is collecting their drugs, they have to continue taking the drugs, it is a life time which has to continue, so they have to help these patients, we have to support them, as a clinic and as home-based care. We have to work hand in hand -so that these patients continue their treatment. And also, you know there is an issue of resistance, so if we are not caring, we are not supporting, some will be stopping, they come and get they stop and in the end, they will get resistance which is very difficult to address and very expensive to treat

[HBC_TASKS_ART]

REL_HBC_HOSP]

[ART_NONADHERE]

[ART_NONADHERE]

- List of themes came up after reading the transcripts are the basic for developing a coding system or framework.
- Coding system/matrix or framework must include questions/themes,
 - sub-themes/categories,
 - code related to each sub-theme
 - clear definition of the codes
- Having clear definition of the codes is important for consistency in coding and to avoid overlap of codes

Question/Theme	Sub-Theme/category	Mnemonic Code
Personal circumstances	PERSONAL circumstances of PLHIV Any references to personal details of individuals and households, including information on education, employment and household composition but NOT about relationships within the household	PLHIV_PERS_CIRC
	PERSONAL circumstances of caregivers References to family background, education, households dynamics, etc.	HBC_PERS_CIRC
	Allusions to FAITH and the role of RELIGION in personal histories	PERS_FAITH-REL
HIV related trajectories	HEALTH/CARE/TREATMENT history – up to ART Description and experience of health (living with HIV) and treatment-seeking up to ART including testing: up until initiation on ART	PRE-ART_HEALTH
	HEALTH/CARE/TREATMENT history and experience of ART - AFTER starting ART Treatment seeking (including descriptions of interactions with providers) as well as physical symptomatology, taking ART, physical and psychosocial transformation, etc.	ART_CARE
	CARE/TREATMENT history specific to TB	TB_CARE
	ASSISTANCE/SUPPORT (financial, social, psychological) NOT related to HBC e.g., family, neighbours, support groups, church groups	SUPPORT_PERS



Planning Qualitative Data Analysis

Group work

Reading and identifying themes

- Read the transcript one time from beginning to end
- Find out key themes (be developed based on the theory, literature, existing knowledge and transcripts)
- Identifying subtheme

Theme	Sub-theme (definition of sub-theme to be coded)	Code



Coding

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5. Coding

- Underline/highlight the sections of the text that are important/interesting, address the particular issues and relevant to the research question, etc.
- Apply a label (code)
- Repeated throughout the whole transcript/text.
- Use the same codes but it is also important to be prepared to develop and apply new codes.

A. [Laughs]. You know, not all HIV patients are admitted. Not all TB patients and other patients are admitted because we can not contain the situation in our hospitals. So these home-based caregivers are able to monitor patients within their catchment areas. They are able to attend to the complaints of these clients and also to bring these complaints to the health centres so that we attend to them because there are so many bed-ridden patients who are being helped by these home-based caregivers.

[CONTEXT_HOSP]

[HBC_TASKS]

Interviewer: And with regard to ART services, how important are the caregivers?

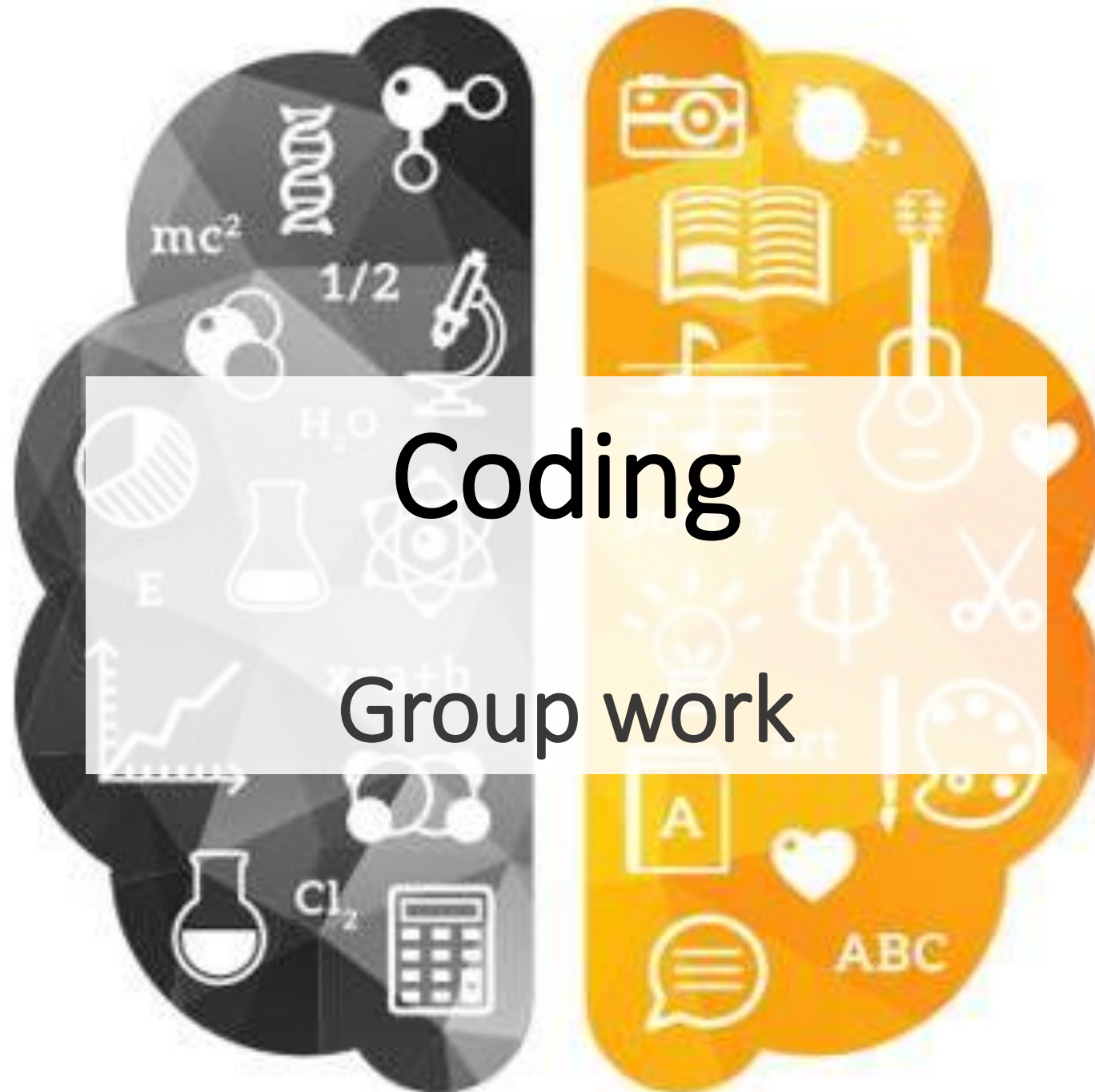
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[HBC_TASKS_ART]

REL_HBC_HOSP]

[ART_NONADHERE]

[ART_NONADHERE]



Coding

Group work

- Choose one theme for each group, read together the transcripts and code using above thematic framework
- Code using existing codes and also recommend to find out for emerging code.
- Read together the conversation, discuss about participants' understanding on conversations, and find out suitable codes for each conversation
- All emerging codes must be written down in the framework.

Theme	Sub-theme (definition of sub-theme to be coded)	Code



Qualitative Data Analysis

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5. Data analysis

- Coding sorts: Building theme-related output
- Displaying data
- Developing hypothesis

Coding sorts: Building theme-related output

- Similarly coded blocks of text are put together
- Manual coding sort can be done by cutting and rearranging the copies of transcripts in piles or on large sheet under the heading of the themes (we won't do it in this exercise)
- “Accessing care in a tertiary facility among people living with HIV in Ghana”
- In the example, coding sort of text blocks were done under a theme “reasons to come health facility”.

Segment 1 Female PLHIV (FGD-1)

FGD identifier

Why do you seek care at the health facility?

P-2: Coming here, I get to see the doctor, go to the lab and get to do other things in the hospital that is why I like coming here.

P-3: I come to this hospital to avoid people I know seeing me. I could have gone to the Saltpond hospital (closer to participant) but I come all the way here. After all who ever will see me in this clinic also has the HIV

Segment 2 Male PLHIV (FGD-2)

Tell me why do you come to health facility?

Moderator question

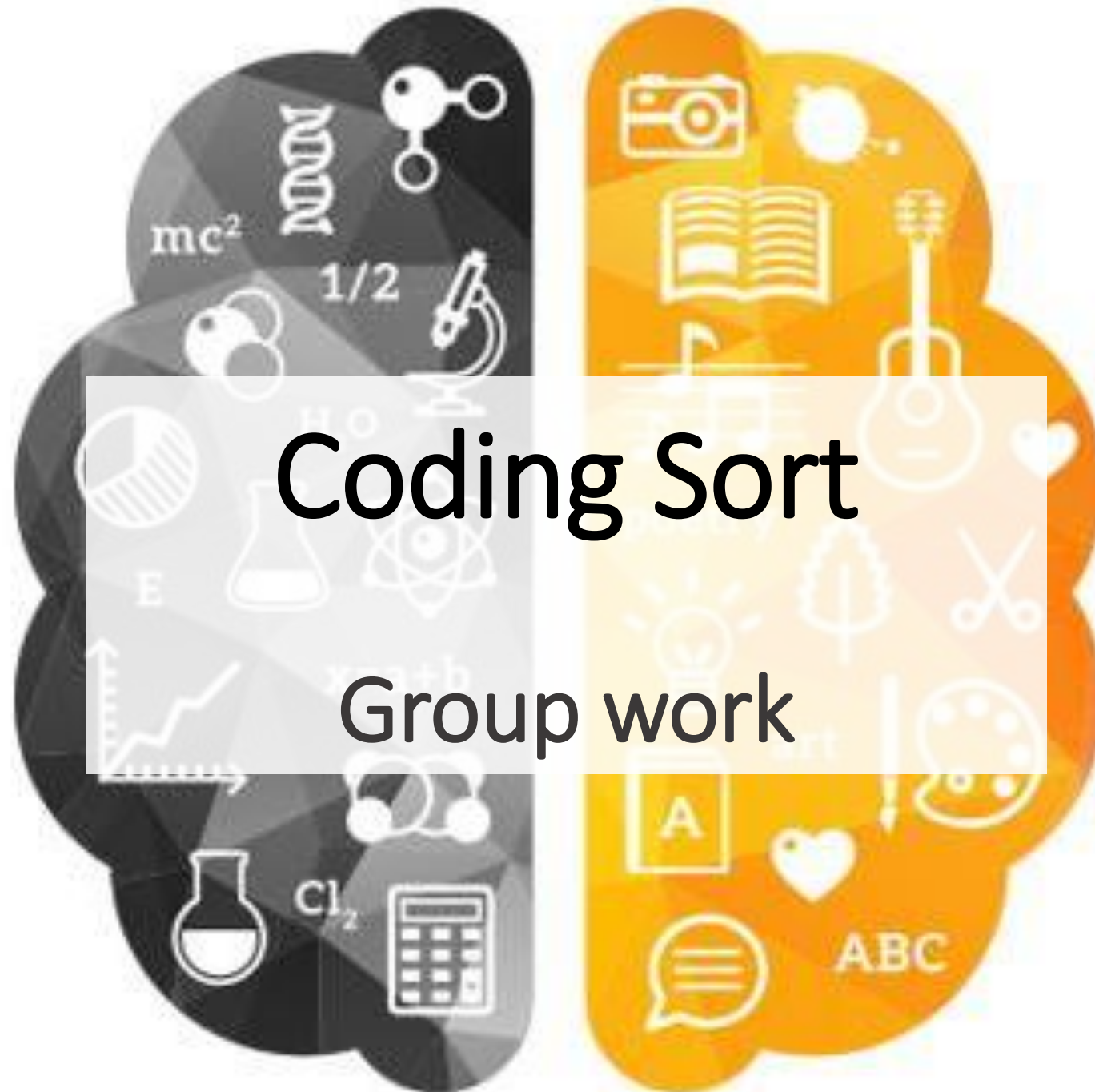
P-1: When we come to the hospital, it helps because they talk to us on various things to make sure we take the drugs. Different healthy meals are also talked about, and other things for a good life. I believe coming to clinic has a psychological effect also because the moment you meet a doctor you start to feel better. So I prefer coming over to see the doctor every time.

P-2: All I want is to come (to the health facility). Maybe there will be something that needs to be checked in my system before the doctor gives more medication. If the drugs are brought to me at home by someone that cannot be detected.

Segment 2 Male PLHIV (FGD-3)

Tell me why do you come to health facility?

P-1: I live in Takoradi (1 hour drive away) but come all the way here to take my medication. This is because I do not want people I know to find out. I will not want to visit any hospital close by to take my drug.



Coding Sort

Group work

Code	Summary description for each coded segment	Transcript number, page number

Displaying data

- To identify the pattern across the findings
- To find the commonality and difference among the responds
- Types of data display
 - Matrix
 - Flow chart
 - Summary

Segment 1 Female PLHIV (FGD-1)

FGD identifier

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Moderator question

P-1: When we come to the hospital, it helps because they talk to us on various things to make sure we take the drugs. Different healthy meals are also talked about, and other things for a good life. I believe coming to clinic has a psychological effect also because the moment you meet a doctor you start to feel better. So I prefer coming over to see the doctor every time.

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FDG	Opportunity for comprehensive care	Avoidance of disclosure
FGD 1 Female	Seeing doctors Undergo lab tests	To avoid people they know seeing them Prefer hospital from distance
FGD 2 male	Opportunity to talk Psychological support/effect by seeing doctor Health check-up before	
FGD 3 male		Don't want people to find out HIV status Prefer hospital from distance

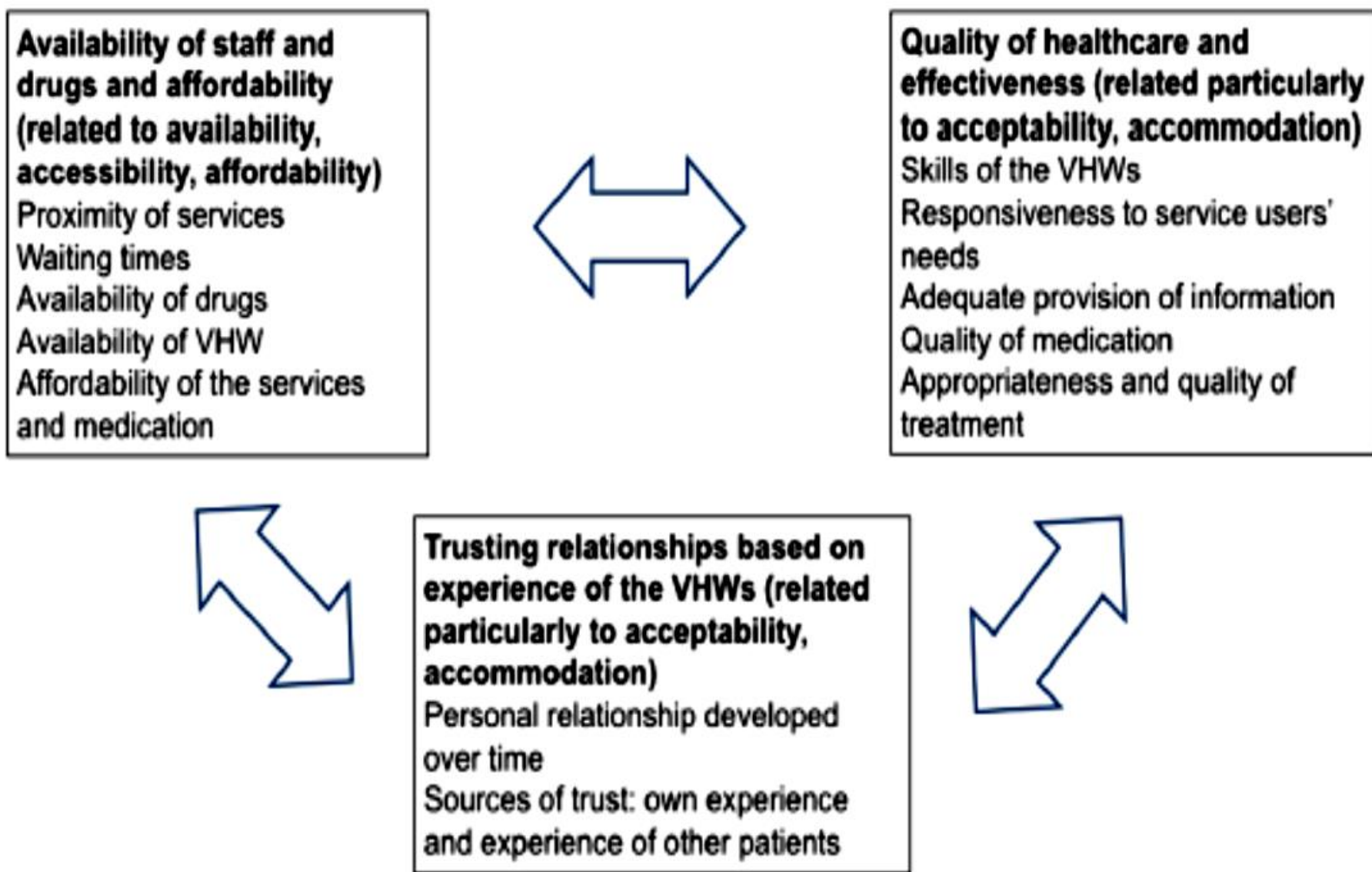


Figure 1 Key components and related dimensions for a positive healthcare encounter with village health workers (VHWs) as reported by service users (text in brackets highlights relevant dimensions of access from table 2).



Display data

Group work

- Again all the coded segments for each code
- Find out commonality and difference
- Identify the principal sub-themes that emerge from the data among the responds

Theme -1 “.....”

Interview ID	Sub-theme 1 “.....”	Sub-theme 2 “.....”	Sub-theme 3 “.....”
Transcript no.	Summary with	Summary with	Summary with
Type of interview (FGD, KII, IDI)	example quotes (quote identifier)	example quotes (quote identifier)	example quotes (quote identifier)
Type of respondents			

Developing hypothesis/ Interpretation

- With the help of the matrices, the researcher can extract meaning from the data
- For interpretation, see next lecture.....



Computerised analysis packages

- NUD*IST/ NVivo, Ethnographer, ATLAS.ti, dedoose, Maxq data
- NOT analysis packages: can assist in the analysis of qualitative data by aiding the management, retrieval and model building of codes

- Software programs support multiple document formats
- Automacy of the coding and analysis process
- Help to manage your documents
- User friendly
- Access to online support
- Over coding