Qualitative Analysis Techniques for Health Researchers

Health Services Research Seminar

October 8, 2010

Adam T. Perzynski, PhD

Acknowledgement: Special Thanks to Mary Jo Roach, PhD for her input.

Objectives

- Have some idea of why you might do a qualitative study
- Recognize that there are many different types of qualitative research designs and data
- Gain insight into what it is like to do qualitative analysis
- Learn about a few different ways to analyze and visualize textual data
- Discuss some of the standards for evaluating the quality of qualitative research

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Seminar Outline

- Brief Introduction to Qualitative
- Juxtaposition to Quantitative
- Integration of Analysis with Research Problems & Forms of Data
- Types of Qualitative Studies
- Different Analytic Approaches
- Lets try it
- Visual Examples
- Validity

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Why qualitative?

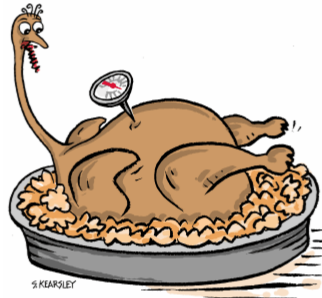
- Because we are bad at math?
- Because we think there are epistemological weaknesses of quantitative approaches
  - Measurement error
  - Outsider bias
  - “Celebrate” rather than remove outliers
  - Textual descriptions
  - Inductive
- Because it is interesting

Qualitative Methods can be a Pragmatic Scientific Solution

“Words are actions in miniature. Hence by the use of questions and answers we can obtain information about a vast number of actions in a short space of time, the actual observation and measurement of which would be impracticable.”

- P. E. Vernon, *The Assessment of Psychological Qualities by Verbal Methods*,Medical Resear~h Council, Industrial Health Research Board, Report No. 83, London: H. M. Stationery, 1938.

- Beware Technical Turkeys



Why not qualitative?

- It's hard
- It's soft
- It's not real
- We are impatient
- We don't understand the point
- We think other techniques are superior
- Observational, non-experimental
- Generalizability is often limited
- Is it really any better than journalism?

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Ok, but this still doesn't sound like science to me.

Adapted from bhpstinks.com

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Qualitative vs. Quantitative

- Comparison of methods for evaluating a seminar lecture

EPBI 510: Health Disparities

- DURATION: 1 hour Guest Lecture
- DATE: 9/24/2010
- TITLE: Health, Inequality and the Life Course
- SPEAKER: Adam T. Perzynski, PhD

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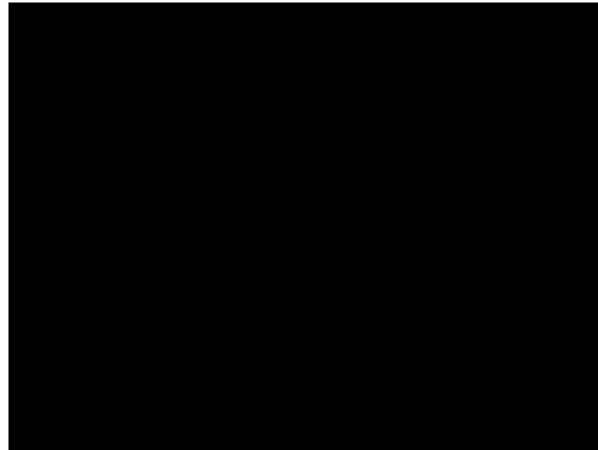
We could look at a picture

14

We could watch the whole lecture.



Quantitative Evaluations

(1=not well, 5=very well)

- How well did the lecture integrate with your expectations of the course?
- How well did the lecturer organize and present the material?
- Was this topic of interest to you?
- Would you recommend this speaker for other courses?

- Mean = 4.26
- Mean = 4.37
- Mean = 4.07
- Mean = 4.37

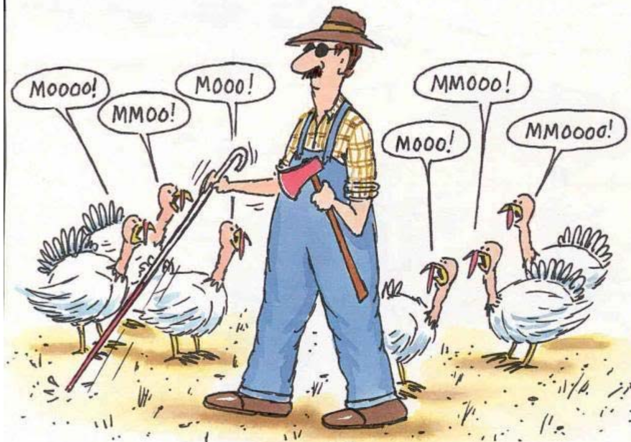
Qualitative Evaluations {Good}

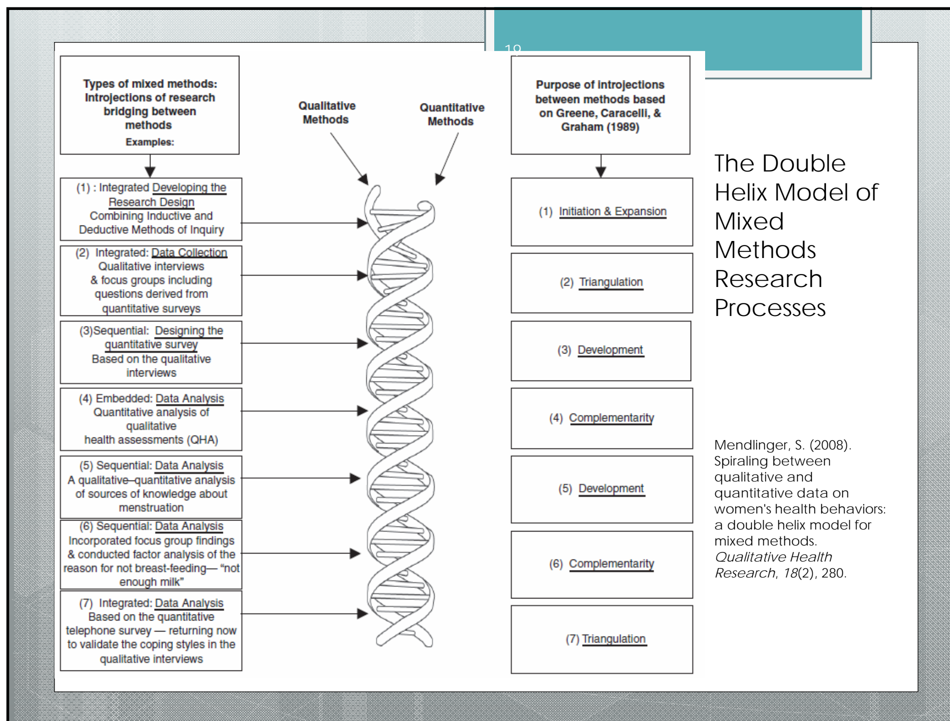
- *He was informative but humorous at the same time.*
- *I thought it was a very relevant topic that you don't hear enough about.*
- *Definitely will make me think more about age as making an impact on health issues and disparities.*
- *He did a good job making a difficult topic interesting and easy to understand.*

Qualitative Evaluations {Bad}

- *Generally good – a little disorganized and hard to follow.*
- *Too much humor for my liking.*
- *Difficult to understand his main point and how it will help me with my interests/final paper.*
- *Condensing all of this into a 1 and a half hour lecture is probably not the best idea.*

This is not a question of "OR".
We can do both.





Mixed Methods

- Seek to know in different ways, rather than simply to know more.
- The distinction between QUAL & QUAN is:
  - Arbitrary
  - Fragile
  - Consisting of artificial borders used by institutions to police subversive voices and perpetuate coercive social hierarchies.
  - Kind of like the wall between US and Mexico

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Qualitative Analysis flows from Study Design

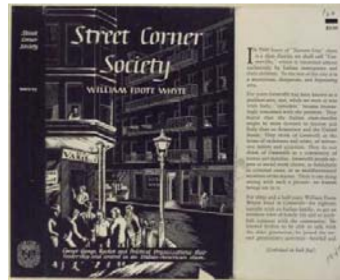
- **It's odd to talk about qualitative analysis without talking about data collection**
- **Norman Denzin:** "Theory, writing, and ethnography are inseparable practices."

Qualitative Analysis flows from Study Design

- Multiple forms of data
- Visual Data
- Video Data
- Audio Data
- Textual data
  - Field notes
  - Published data
  - Interview transcripts
    - Individual level
    - Group level

Types of problems and study objectives

- Ethnography
  - Yanomamo (Chagnon)
  - Street Corner Society (Whyte)



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Types of problems and study objectives

- **Evaluation of an RCT**
  - **TTIM (Sajatovic & Dawson)**
  - **TEAM (Sajatovic & Moore)**
- **Questionnaire Development**
  - **HCV/AUQ (Dawson & Stoller)**
  - **Oral Health Goals for Older Adults (Stoller and Pyle)**
  - **Long Term Care Preferences in Retirement (Stoller)**
- **Describe the lived experience of disease (Phenomenology)**
  - **Illness Narratives (Liver Transplantation) (Perzynski)**
  - **Donor Experiences after Kidney transplant (Roach et al)**
  - **In-depth or Semi-structured interviews (HCV) (Dawson and Stoller)**
  - **Participant Observation (Bolen et al)**

Table. Barriers & Facilitators in Patient Management of SMI and DM

Barriers	SMI	DM
Frustration	A3: Sometimes I get so frustrated about all the things that's wrong with me medically that my mental state you know I have to keep that medicated because if I don't, I'll go back to where I was feeling before where I don't wanna live and all that.	A5: I get so stressed out though, oh my god, just for thinking, you know the fact that I'm in a chair, the fact that I got this hole in my throat, the fact that I got diabetes. Oh yeah, it just it never leaves my mind.
Communication with providers	B1: They have the answers but I don't know what the questions are. A5: I can't comprehend all a lot of stuff, big words too. Doctors have they own little language sometime.	A1: I don't think I have problems understanding … but I must be missin' something. A3: They keep telling me different stuff. And then my doctor just told me don't do it the way the nurses- that's why I so confused. I get aggravated with that.
Disillusionment	B1: I've tried so hard for so many years with so many different doctors that nothings seem to quite have worked. Just the track record makes me a little skeptical.	A1: And I understand, but maybe, it's just the cycle, maybe because I've had it so long, and….maybe I'm expecting it to go away at some point. Because people, it does go away for some people, and I'm just waiting for my turn. (laughs) for it to go away.
Stigma	B1: the other thing is the uh the stigma of having a mental illness is preventing me from really telling anybody I had it [depression] even my doctors for the most part.	
Facilitators for Managing both SMI and DM		
Understanding Both Conditions	A2: I mean I know that they're two different diseases but you know I'm getting double of everything you know. It's not. See I can deal with it but you gotta explain how I do better. A3: Learn more about how to deal with both of them. Besides uh through medication, how to cope.	
Determination	A5: And you know, with the programs even the cook books they got you know for diabetes, it's a big change but I can do it. I know I can. It might hurt me dearly and I might be depressed and everything but I'm not a quitter. I keep goin. I keep movin no matter. And I'll push myself.	
Acceptance and Control	B3: Sometimes I say wow, why do I have this? But then again, I accept it and I go on and I try to live it and keep it in control the best way I can. I'm trying to be satisfied with the disease because I have it. And I'm not angry about it and I'm not mad about it. I'm ok with it today. Because I try to manage in good control you know do what I supposed to do. You know for my diabetes and my schizophrenia, I try to control it you know what the doctors tell me to do- take my medicine, go to my appointments, be consistent, be careful with the sugar for the diabetes and careful when I goin' into the reactions for the schizophrenia.	

Types of problems and study objectives

- **Understand self-management in response to illness/disability**
  - **Playing the Numbers (Perzynski)**
  - **Community re-integration of soliders after spinal cord injury. (Roach and Perzynski)**
- **Elicit data from expert, reach consensus.**
  - **Morbidity and Mortality Conference on preventability of 30-day readmissions after stroke. (Wilson, Menne & Perzynski)**
- **Describe competing demands on physicians**
  - **Observation of patient-provider diabetes encounters (Bolen)**
- **Compare groups**
  - **Differences between patient, nurse, primary care, and specialist understandings of the necessity of alcohol reduction for HCV patients. (Blixen et al)**

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Approaches to Analysis

- **Is “Coding” a qualitative approach?**
  - **Maybe it used to be, not so much anymore**
- **Approaches aren’t mutually exclusive**
- **Qualitative analysis is very, very messy**

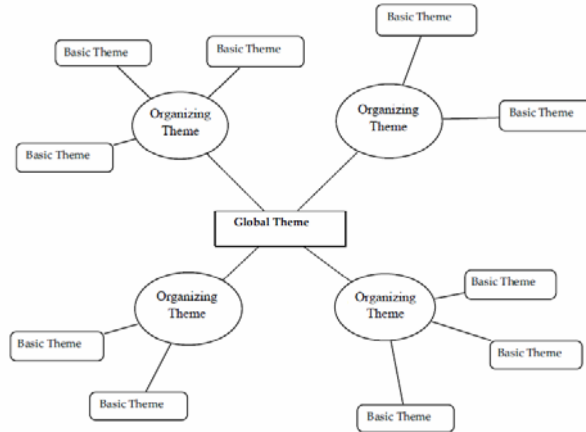
Approaches to Analysis

- **Ethnographic**
  - **Narrative**
    - There are almost no limitations on what may be observed
- **Interpretive**
  - **Phenomenology**
    - the descriptive study of how individuals experience an event, condition, or other phenomenon

"Pragmatic" Approaches

- **Grounded Theory (Inductive)**
  - **Grounded in human principles of exploration**
  - **Rigorous self-criticism (Weber)**
- **Template based or Taxonomic (More Deductive)**
  - **Triangulation and Crystallization**

Thematic Network Analysis



Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative Research*, *1*(3), 385.

For Advanced Users

- Archaeology of the Text
  - Text displays and conceals
- Complementary Articulation
- Longitudinal Qualitative Analysis

Questions?

Symbolic Interactionism: Perspective and Method

by Herbert Blumer

"The possession and use of a prior picture or scheme of the empirical world under study is an unavoidable prerequisite for any study of the empirical world. One can see the empirical world only through some scheme or image of it. The entire act of scientific study is oriented and shaped by the underlying picture of the empirical world that is used."

The Crisis of Representation

- Yikes!

Crisis of Representation

- Perspective presupposes a point of view on which no point of view can be taken ... And the only way to get a point of view on this blind spot is to put perspective into historical perspective. (Bourdieu, 2000, pp. 21-22)

Crisis of Representation

- There can be no single correct interpretation because one's interpretation of the facts—indeed, the facts themselves—are products of one's interpretive stance. Stanley Fish (1980)

Crisis of Representation

- Qualitative researchers are only offering an interpretation, not a depiction of the underlying reality.
- Denzin: Fieldwork doesn't capture the "lived experience" of anything. Qualitative researchers create text. Experience is created in the form of a social text that can be experienced by others.
- That does not mean qualitative texts are useless or unimportant.

Ok, lets just talk about what we should do in health care …

- Focus groups.
  - VA, PCMH example
- Not focus groups.

Strategies for analyzing text

- Most studies in health care end up with transcripts of something or other
- These are very long
- Purchase and learn a software package
- Get a really big team
- Make sure you have lots of time
- Code with purpose
  - Intellectual hygiene is for dummies

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Code an Illness Narrative

- **Everyone in the room has two minutes to code this example text.**

2283, SK, January 28, 2001, WEBMD

I first found out about having Hep C by accident. I had not been feeling well for a while and had undergone some tests. I never heard anything back from the doctor about the results so I figured that there was nothing wrong.

About 8 months later I had to go back to the doctor because I was having a problem with my asthma. After being put in a room and left, I noticed that my chart had a red sticker on it that said "Blood Precaution". This had me concerned so I picked up my chart and started to look at it. The nurse came up and took it from me and said that I wasn't allowed to read it.

I never got to see the doctor. He had the nurse send me down for a breathing treatment. While there the nurse attending me sat my chart in front of me and I read it. This time I saw that I was Hep C positive. She came back and started to take it from me again and I would not allow her to. I asked what this meant and she asked the doctor and his response was "You are Hep C positive and you probably contacted it through sex", end of story. He wouldn't explain more and said that it was nothing to worry about.

That was 10 years ago and it almost broke up my marriage because I believed that my husband had an affair and passed a disease along to me. It wasn't until we looked into ourselves that we learned the truth.

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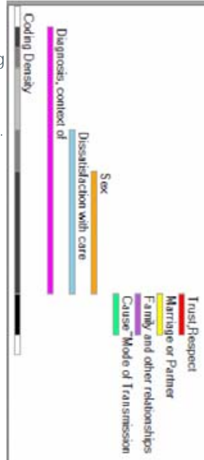

Evolution of A Codebook

CODEBOOK 0.1
Electronic HCV Narratives

At this early stage the codebook consists of a list of themes and sub-themes developed by the narrative task group.

1. Cause of Illness a. Medical Explanations b. Lay Explanations	
2. Hazardous lifestyles and behaviors a. Alcohol abuse b. Alcohol use c. Drug use, abuse d. Poor eating habits e. Inactivity	
3. Diagnosis a. Pre-diagnosis symptom experience b. American Red Cross c. Asymptomatic, unexpected physician diagnosis	
4. Medical Treatment a. Fear of treatment b. Expectations and preparations c. Complications and side effects d. Treatment completed e. Treatment aborted	

ID #__ __ __ __
Coder initials __ __ __

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CODEBOOK 0.8
Electronic HCV Narratives

At this early stage the codebook consists of a list of themes and sub-themes developed by the narrative task group.

1. Cause of Illness / Mode of Transmission		Yes ☐ No☐
a. Transfusion		Yes ☐ No☐
b. Needle Sharing		Yes ☐ No☐
c. Unknown		Yes ☐ No☐
d. Other ______________		Yes ☐ No☐
2. Hazardous lifestyles and behaviors		Yes ☐ No☐
a. Alcohol abuse		Yes ☐ No☐
1. Past		Yes ☐ No☐
2. Present		Yes ☐ No☐
b. Alcohol use (any reported)		Yes ☐ No☐
c. Drug use, abuse		Yes ☐ No☐
1. Past		Yes ☐ No☐
2. Present		Yes ☐ No☐
d. Poor eating habits		Yes ☐ No☐
e. Inactivity		Yes ☐ No☐
f. Other ______________		Yes ☐ No☐
3. Sobriety		Yes ☐ No☐
4. Diagnosis		Yes ☐ No☐
a. Pre-diagnosis symptom experience		Yes ☐ No☐
b. Blood Donation		Yes ☐ No☐
c. Asymptomatic, unexpected physician diagnosis		Yes ☐ No☐
d. Other ______________		Yes ☐ No☐

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ID #__ __ __ __
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CODEBOOK 0.8

Electronic HCV Narratives

At this early stage the codebook consists of a list of themes and sub-themes developed by the narrative task group.

Theme		Yes	No
1. Cause of Illness / Mode of Transmission		Yes ☐	No ☐
a. Transfusion		Yes ☐	No ☐
b. Needle Sharing		Yes ☐	No ☐
c. Unknown		Yes ☐	No ☐
d. Other ________________		Yes ☐	No ☐
2. Hazardous lifestyles and behaviors		Yes ☐	No ☐
a. Alcohol abuse		Yes ☐	No ☐
1. Past		Yes ☐	No ☐
2. Present		Yes ☐	No ☐
b. Alcohol use (any reported)		Yes ☐	No ☐
c. Drug use, abuse		Yes ☐	No ☐
1. Past		Yes ☐	No ☐
2. Present		Yes ☐	No ☐
d. Poor eating habits		Yes ☐	No ☐
e. Inactivity		Yes ☐	No ☐
f. Other ________________		Yes ☐	No ☐
3. Sobriety		Yes ☐	No ☐
4. Diagnosis		Yes ☐	No ☐
a. Pre-diagnosis symptom experience		Yes ☐	No ☐
b. Blood Donation		Yes ☐	No ☐
c. Asymptomatic, unexpected physician diagnosis		Yes ☐	No ☐
d. Other ________________		Yes ☐	No ☐

ID #__ __ __ __
Coder initials __ __ __

CODEBOOK 1.2

Electronic HCV Narratives

At this early stage the codebook consists of a list of themes and sub-themes developed by the narrative task group.

Theme	Description	Yes	No
1. Cause of Illness / Mode of Transmission	Code any or all if narrative discusses how HCV was contracted. Unknown can be doesn't know, or is somewhat uncertain.	Yes ☐	No ☐
2. Hazardous lifestyles and behaviors A. Alcohol B. Drug use C. Other	Code whether the narrative makes reference to hazardous lifestyles and behaviors, whether explicitly or implicitly. Recovering alcoholics are past alcohol abusers. "Child of the 60's" might be coded as other, but may also infer past IV drug use.	Yes ☐	No ☐
3. Sobriety, substance avoidance	Recent or historical, "Sober for 10 years"	Yes ☐	No ☐
4. Diagnosis a. Pre-diagnosis symptom experience b. Asymptomatic, unexpected diagnosis	Any statements pertaining to the medical diagnosis of HCV fall under this theme. Symptom experience my lead to diagnosis, precede it, or not occur at all.	Yes ☐ Yes ☐ Yes ☐	No ☐ No ☐ No ☐
5. Medical Management: Diagnosis and Treatment	Treatments include interferon, peginterferon, and ribavirin. Some of these are overlapping. For example, a person could be in treatment, have completed treatment, aborted treatment, succeeded in treatment, and had multiple attempts.	Yes ☐	No ☐

what circumstances and with what consequences? How does one "explain away" symptoms of treatment? How does one explain away changes in alcohol consumption? [EPS]

Disease Label is Stigmatized refers to a stigmatized diagnosis independent of lifestyle implications of contracting the virus. This may need to be combined with deviant lifestyle. But it may also capture fear of contagion, even if those fears are unrealistic, i.e., based on inaccurate information. [EPS]

Legitimacy refers to legitimate access to a sick role when patients don't appear symptomatic. When patients don't look sick, others question whether they are really sick or not. Parallel to research on chronic fatigue syndrome or fibromyalgia. Patients are suspected of malingering, of seeking secondary gains of illness. This code can also be used to refer to a diagnosis as legitimation: "Now we understand why she was acting like this." [EPS]

January 8, 2003

Do we also want to use this code when patients themselves find the diagnosis a relief, i.e., at least they know they have "something" and were not imaging the symptoms? Even when the diagnosis is a serious one, having a label can relieve the anxiety of knowing what was wrong – of wondering if even the docs question the reality of reported symptoms. Again, this is drawing from research on chronic fatigue syndrome. For example, Narrator 2040 writes, "After years of feeling bad and doctors just shaking their heads at me, at least I knew there was a name to what was wrong with me." This isn't really stigma – but it does refer to legitimation. And patients with nonspecific or undiagnosable symptoms often feel (and often are) stigmatized by the medical community (crocks). [EPS]

January 13, 2003

My thinking on stigma has focused on pressures not to disclose the HCV diagnosis. But some of the chunks of text coded under legitimation suggest that people may sometimes be motivated to disclose their diagnosis in bargaining for entitlement to be sick. There are several indicators of this in Narrative 2111. The person talks about folks not believing s/he was sick because they don't look sick. S/he writes "I finally got my diagnosis and was somewhat relieved that they finally found something. That I was not crazy. I couldn't wait to tell my family and friends." However, this person continues… "That would be my first mistake" and then relates stories or avoidance and rejection – by friends, by her dentist. [EPS]

This seems contradictory to stigma and pressures not to disclose. Can we learn anything about differences in the image of the disease between someone like Narrator 2111 and people who tell cautionary tales about disclosure or who fear disclosure? [EPS]

January 16, 2003

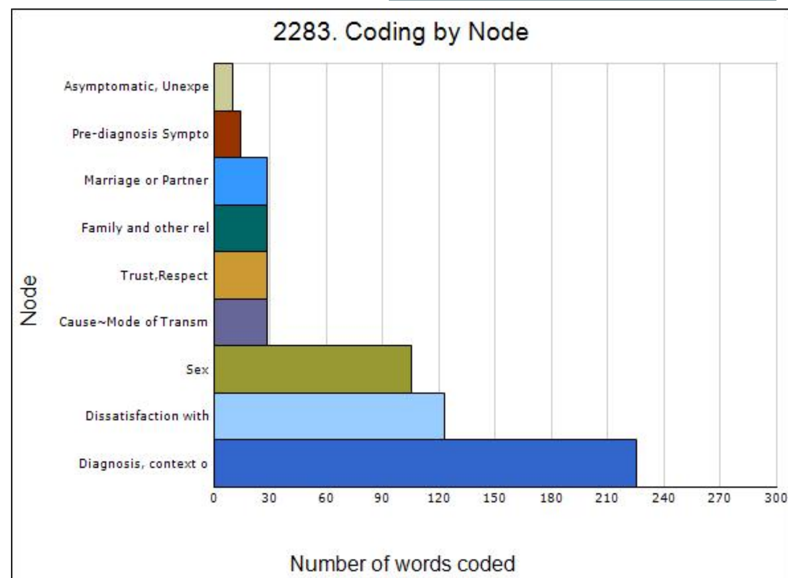
Strategies for managing stigma will vary depending upon disease stage and treatment side effects. For patients who are asymptomatic, stigma can be managed by not disclosing the diagnosis – although there is still the problem of explaining changes in alcohol consumption. [EPS]

The chunks of narrative coded under biographical disruption include a number of stories about the

Visualize Qualitative Data

Visualize qualitative data

- **Chart the coding of a single source document.**
- Chart the coding of a specific theme.
- Create a nested coding diagram
- Create a conceptual map
  - Think of torn sheets of paper that you can move around



Visualize qualitative data

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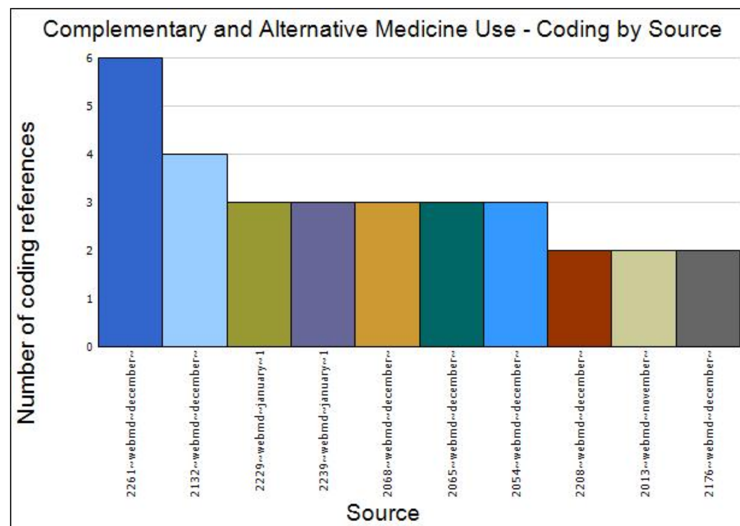

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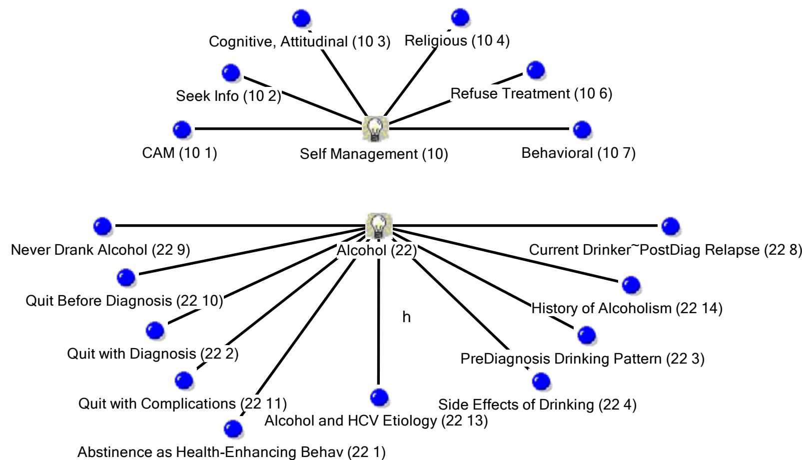
Coding Tree / Conceptual Map
The diagram below presents two themes, and several subthemes.
The numbers next to the text labels are node numbers that refer to the location of the specific code in node listings and node reports.



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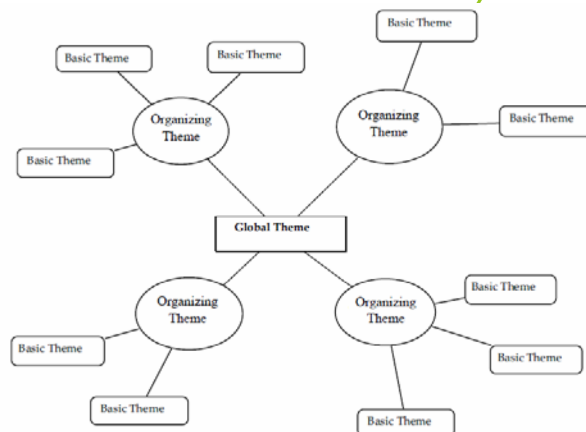
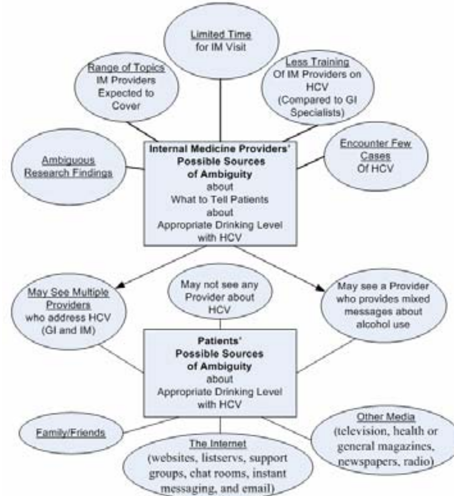
  - **Think of torn sheets of paper that you can move around**

Thematic Network Analysis



Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative Research*, *1*(3), 385.



From: Blixen, C.E., Webster, N.J., Hund, A.J., Perzynski, A.T., Kanuch, S., Stoller, E.P., McCormick, R. & Dawson, N.V. (2008). Communicating about Alcohol Consumption to Nondependent Drinkers with Hepatitis C: Patient and Provider Perspectives." *Journal of General Internal Medicine*, vol. 23, no. 3, 242-247.

Creation of Meaning and Value

- **Another way of thinking about qualitative analysis is as the creation of meaning and value from text.**
- **But how do we know if we are right?**

Seminar Outline

- Brief Introduction to Qualitative
- Juxtaposition to Quantitative
- Integration of Analysis with Research Problems & Forms of Data
- Types of Qualitative Studies
- Different Analytic Approaches
- Lets try it
- Visual Examples
- Validity

Validation

- The job of validation is not to support an interpretation, but to find out what might be wrong with it. A proposition deserves some degree of trust only when it has survived serious attempts to falsify it.

Lee Cronbach (1980)

Validity in Qualitative Research

- Thematic Auditor
- Member Checks
- Peer Debriefing

TABLE 3: Assessment of Primary and Secondary Criteria of Validity

Criteria	*Assessment*
Primary criteria	
Credibility	Do the results of the research reflect the experience of participants or the context in a believable way?
Authenticity	Does a representation of the emic perspective exhibit awareness to the subtle differences in the voices of all participants?
Criticality	Does the research process demonstrate evidence of critical appraisal?
Integrity	Does the research reflect recursive and repetitive checks of validity as well as a humble presentation of findings?
Secondary criteria	
Explicitness	Have methodological decisions, interpretations, and investigator biases been addressed?
Vividness	Have thick and faithful descriptions been portrayed with artfulness and clarity?
Creativity	Have imaginative ways of organizing, presenting, and analyzing data been incorporated?
Thoroughness	Do the findings convincingly address the questions posed through completeness and saturation?
Congruence	Are the process and the findings congruent? Do all the themes fit together? Do findings fit into a context outside the study situation?
Sensitivity	Has the investigation been implemented in ways that are sensitive to the nature of human, cultural, and social contexts?

Whittemore, R. (2001). Pearls, Pith, and Provocation. Qualitative Health Research, 11(4), 522.

Validity in Qualitative Sociology

- Anti-Foundationalism (Cornel West)
  - Stick it to the man
  - Validity is found in emancipation
- Ironic Validity (Lather)
  - Simulacra (Copies that redefine or defy originals)
  - Codes cannot control ideas
- Practice is engine of motivation
- Dissident Scholarship
  - Openly ideological
  - Explicitly empowering

Catalytic Validity

- Researchers and subjects are energized by participation.

Qualitative Analysis Techniques for Health Researchers

Health Services Research Seminar

October 8, 2010

Adam T. Perzynski, PhD

"it is our task not to complain or to condone but only to understand"
Georg Simmel (1903, p. 339)