

Epi 240

Qualitative Approaches in Clinical and Translational Research

Session 2

Qualitative Project and Product

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Daniel Dohan, PhD

Philip R. Lee Institute for Health Policy Studies, UCSF

What's up today

- Summary of last week
 - Qualitative research is a craft that flows from experience.
 - Epistemological issues are unavoidable and there are no right answers.
 - Qualitative researchers must be prepared to “translate” their results for quantitative-oriented audiences.
- Q&A about 1 pg. prospectus (due Jan 19 @ 9 am)
- Comparing qualitative & quantitative research
- Doing qualitative research in a “quantitative” world
- Focus group transcript and discussion

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All researchers face 4 fundamental tasks

1. Select subjects to study
2. Interact with subjects to gather data
3. Avoid arbitrary findings
4. Convince others of what you found

Quant & qual approach these tasks differently

- Quantitative: four R's
- Qualitative: four P's

Tasks by Research Activity

Research Activity	Research Task
Data Collection	How do I select research subjects?
	How do I work with subjects to get data?
Data Analysis	How do I avoid arbitrary findings?
	How do I convince others of my findings?

Quant & Qual Research Activities

Research Activity		Quantitative Approaches	Qualitative Approaches
Data Collection	Select research subjects	- Representativeness : Random samples of pre-determined groups	- Purposefulness : Sites and subjects selected according to theoretical need
	Work with subjects to get data	- Reactivity : Fixed data collection instruments	- Participation : Flexible data collection strategies
Data Analysis	Avoid arbitrary findings	- Reliability : Hypothesis testing via statistical inference	- Process : Iterative coding and memoing to refine results
	Convince others of findings	- Replicability : Standard reporting formats (i.e. tables)	- Particularity : Narrative reports of findings in context

Different Approaches to Research: 4 “R’s” versus 4 “P’s”

Research Task	4 R’s (Quantitative)	4 P’s (Qualitative)
How do I select research subjects?	R epresentativeness	P urposefulness
How do I work with subjects to get data?	(non-) R eactivity	P articipation
How do I avoid arbitrary findings?	R eliability	P rocess
How do I convince others of my findings?	R eplicability	P articularity

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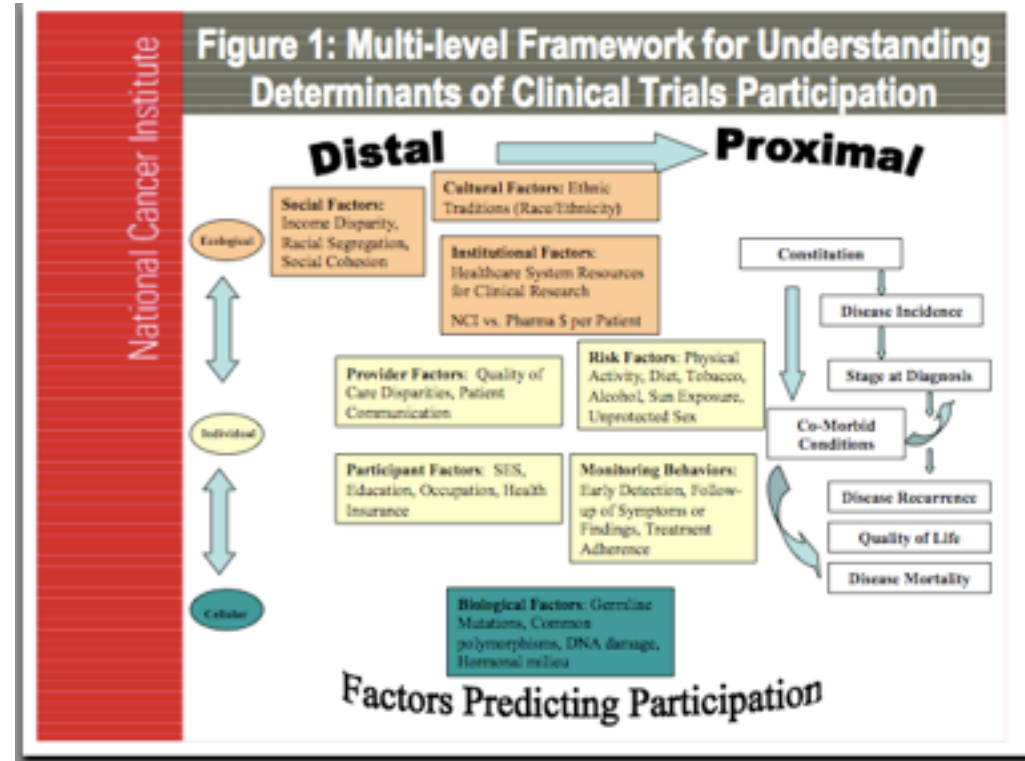
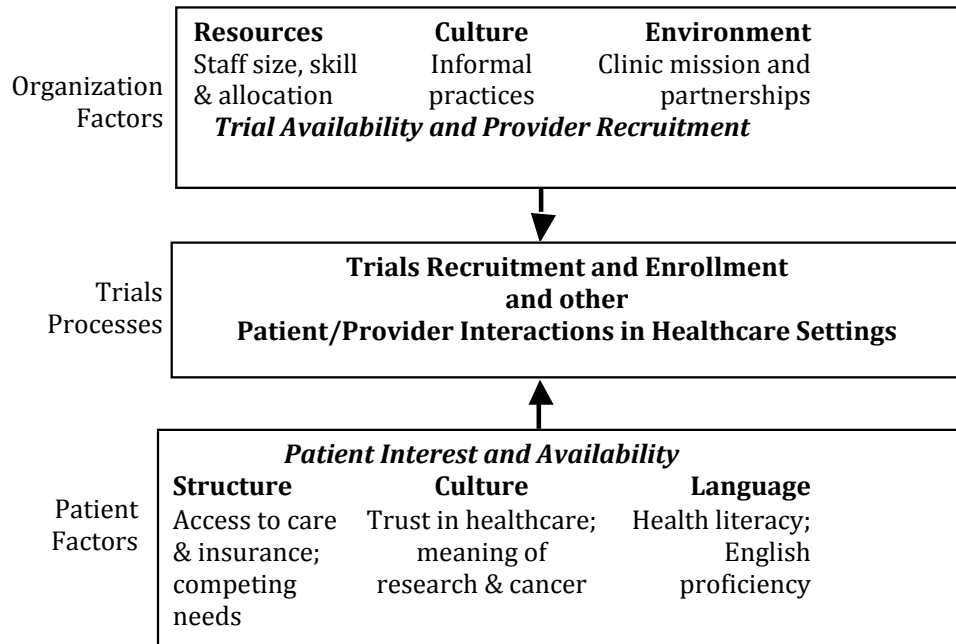
- Summary of last week
- Q&A about 1 pg. prospectus (due Jan 19 @ 9 am)
- Comparing qualitative & quantitative research
- Doing qualitative research in a “quantitative” world
 - Funding: making the case for your project
 - Human subjects: interacting to collect data -- and educating the IRB about how this works
 - Career considerations
- Focus group transcript and discussion

Making the case for funding qualitative research: “Clinical trials enrollment and health disparities”

- Emphasize impact and translational potential
 - How do “clinic-side” factors facilitate/impede recruitment of under-represented minorities to cancer clinical trials?
- Orient the reader to your contribution via a well-articulated conceptual model
- Illustrate how you are going to leverage your conceptual model to produce findings of relevance to a broad audience

Conceptual models

Figure 1: Theoretical model



Illustrate procedures

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- Show don't tell
 - Develop and present concrete details, e.g. of tools, approaches, ideas
 - Provider examples from preliminary studies

Table 5: Qualitative coding scheme	
Code	Description
A	Patient availability for trials
A1	Patient structural factors
A2	Patient culture
A3	Patient literacy or English proficiency
B	Trial availability
B1	Organizational resources
B2	Organizational culture
B3	Organizational environment
C	Clinic Interactions
C1	Provider-patient interaction
C2	Provider-provider interaction
D	Trials processes
D1	Identifying a patient as eligible
D2	Inviting a patient to participate
D3	Patient accepts/declines trial
E	Demographic and clinical background
E1	Patient background and diagnosis
E2	Provider background and role
F	Other trials-relevant behavior or belief

Interacting to Collect Data and the IRB review

Clinical

- procedures: prospective protocol review by independent board
- principles: respect, beneficence, justice, informed consent
- origins: involuntary medical “experiments” (Nazi, Tuskegee) and deceptive social science experiments (Milgram, Zimbardo)

Qualitative

- procedures: obtaining IRB approval, entering and re-entering the field
- principles: relationships, power, and representation
- origins: fieldwork in the context of positive science and imperialism

Relationships, power & representation

- Subjects and researchers negotiate a relationship
- Power in trials project: complex dance among researchers “studying up” & patients overwhelmed by doctor’s power
 - Power distorts beneficence, justice, informed consent, pay...
- Researcher controls how subjects are represented
 - Subjects’ voices
 - Multiple truths

IRB: The qualitative “protocol”

- “protocolable” activities
 - you can describe non-verbal cues that you will be alert for during your in-depth interview
 - acknowledge that other activities may not and should not be “protocoled,” e.g. “shadowing” a provider, specific questions in a depth iv
- tips & tricks for IRB approval
 - educate your IRB
 - seek expedited review (risks are usually slight)
 - focus on confidentiality: individuals, field sites, the “powerful” and the “vulnerable”

Career considerations

- Institutional factors
 - Who is reviewing your file?
 - What is your timeline for production and advancement?
- Funding mechanisms: R v. K; NIH v. private sources
- Collaboration and other safe havens
 - Pitfalls of the “5%” qualitative component
 - Teaching, practice, and other strategies for support
- Relationship to clinical research and biomedical science
 - answering their questions
 - critiquing their approaches
 - redefining the terms of debate and interaction

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Looking at data: Focus Group

1. What strikes you as interesting?
2. How was it to read the input from multiple speakers?
3. What is similar/different/striking about conducting a focus group compared to an in-depth interview?
4. How did your method for reading through the transcript change from last week to this week?

Looking at data:

Discussion notes from Focus Group 3 pg transcript

- What's going on? Does it matter who says what during the FG? Should we know which person is speaking and be able to connect their statements? What was the point or objective of the group? Why not identify each participant?
- Participants seemed to know each other -- interrupted each other, corrected each other. How would a group among strangers be different? How do you control a group? What is role of moderator versus researcher?
- FG introduces issue of the group's shared culture -- especially if from a common group themselves. How can we unpack that shared meaning? What if this group happened in Russian?
- Participants reporting on experiences of patients rather than discussing their own experiences.
- What are transcribing conventions? How do you capture non-verbal interactions or aspects of interaction? Can you correct or edit transcripts?

Summary: “Show don’t tell”

- Qualitative research does all the same things as quantitative work but, by necessity, using different procedures and with different definitions of “success.”
- Given the dominance of quantitative paradigms, qualitative researchers must select problems carefully and actively translate their results.
- Funding and deploying qualitative research projects requires “customized” approaches. Don’t expect an “off-the-shelf” solution to work. This represents both challenge and opportunity.