###

Unit 4

Unit Introduction

From data to discussion

You have arrived at the Unit 4, the final unit of this module. By this point you should have completed the sessions on data collection and conducted an interview: this is important as you will need the data for a number of processes in these sessions. The key outcomes are that by the end of Unit 4, you should be in a position to:

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| --- |
| * Explain the process of analysis to a peer.
* Differentiate several approaches to analysis.
* Transcribe and analyse a data transcript using Thematic Coding Analysis .
* Develop a thematic map.
* Reflect on the analysis process, on being reflexive and on your own investment in the research.
* Present findings from your analysis according to a set of guidelines.
* Write part of a discussion on a set of findings.
* Propose a dissemination process for your study.
* Critically review a qualitative study.
 |

There are four Study Sessions in this Unit:

SESSION 1 - Analysing qualitative data

SESSION 2 - Reporting your findings

SESSION 3 - Discussing your findings

SESSION 4 - Critically reviewing studies and disseminating findings

Hopefully this Unit will provide you with the necessary introduction into the analysis process, and into how to report your findings and develop your discussion of them. It is our intention that you get some practice of these processes at this stage, but to some extent, you will have to return to this Unit as you proceed through your minithesis. It is only when you actually have data to analyse, interpret and report that you really will be able to engage with certain aspects of the sessions.

Session 1 – Qualitative analysis

Unit 4

## Introduction

Take a deep breath. Exhale. Now is the time to unpack your “qualitative” suitcase and reflect on what you have gathered on your qualitative journey - and what to do with it. The topics in this session aim to assist you (both conceptually and in practical terms) to understand what’s involved in qualitative data analysis. Analysis is introduced through distinguishing what is particular to the qualitative approach; we then suggest ways of managing your data, we take you through the analysis process with step by step guidance and conclude by returning to quality measures which should be addressed during analysis. During this process, you should also remember the importance of an attitude of reflexivity, which was discussed in the session on Rigour in Unit 2: it is during the analysis stage that you should take care to be reflexive (or conscious of your own relationship and potential to influence the interpretation).

Analysis is probably the area where qualitative research diverges most significantly from quantitative research, and one which may seem strange when you first encounter it.

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**Timing of this Session**

This session has three readings and five tasks. It should take you about five to six hours to complete and involves working with your “critical friend”. 1 Learning Outcomes of this Session

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| --- |
| **By the end of this session, you should have:** |
| * Contrasted qualitative and quantitative analysis.
* Described logical data management and tracking procedures.
* Transcribed an interview and reflected on the process.
* Demonstrated a step-by-step approach to Thematic Coding Analysis by:
	+ Explaining the need for reducing data to more manageable amounts.
	+ Analysing a qualitative data transcript.
	+ Drawing a logical flow chart of coding and themes in a transcript.
	+ Reflecting on the meanings of your codes and categories.
	+ Demonstrating reflexivity.
 |

2 Readings

You will be directed to these readings in the course of the session.

|  |
| --- |
| Pope, C., Ziebland, S. & Mays, N. (2000). Qualitative Research in Health Care: Analysing Qualitative Data.*British Medical Journal,*320: 114–116.Robson, C. (2011). Ch 17 - The Analysis and Interpretation of Qualitative Data. *Real World Research.* Chichester: Wiley: 465-494.Srivastava, A. & Thomson, S. B. (2009). Framework Analysis: A Qualitative Methodology for Applied Policy Research. *JOAAG*, 4(2): 72-79. |

3 What is Qualitative Analysis?

Qualitative data analysis is a mainly inductive way of eliciting meaning from the text, then arranging the data into categories according to these meanings, and identifying patterns which show the interrelatedness among these themes. So let’s unpack that sentence:

|  |  |
| --- | --- |
| **Description** | **Analysis and interpretation process** |
| *Qualitative data analysis is a mainly inductive way of eliciting meaning from the text,* | coding |
| *then arranging the data into categories according to these meanings,* | clustering similar codes together and then clustering codes in themes |
| *and identifying patterns which show the interrelatedness among these themes.*  | analysing the patterns and links between themes; rearranging them |

Unlike deductive quantitative procedures, in qualitative research, which is **inductive**, most categories and patterns emerge from the data, rather than being imposed on the data during the design process, i.e. prior to data collection. It is a dynamic, iterative process during which you sift, scrutinize, make connections and rearrange data until you are satisfied that you have reduced it to some of the key themes that emerge from it. In summary, the qualitative analytic process consists of breaking up text systematically into parts to uncover or explore how sections of the data are interrelated, in order to infer meaning.

To get an overview of the analysis process, read Pope, Ziebland and Mays (2000) and try the Task that follows.

|  |
| --- |
| **READING** Pope, C., Ziebland, S. & Mays, N. (2000). Qualitative Research in Health Care: Analysing Qualitative Data.*British Medical Journal,*320: 114–116.Robson, C. (2011). Ch 17 – The Analysis and Interpretation of Qualitative Data. *Real World Research.* Chichester: Wiley: 465-494. |

**Task 1 – Contrast qualitative and quantitative analysis**

Thinking back to previous modules you have studied, what are some of the essential differences between qualitative and quantitative analysis? Use the readings to strengthen your understanding of the qualitative process. In the case of Robson (2011), focus on the ‘Common features of qualitative data analysis’ on page 469.

**Feedback**

|  |  |
| --- | --- |
| **Quantitative analysis** | **Qualitative analysis** |
| Data to be analysed is numerical | Data to be analysed is textual |
| Analysis takes place after all data has been collected and cleaned | Analysis takes place alongside and after data collection |
| And what else did you identify? |  |

In addition to these differences in process, have you also considered how the qualitative analyst’s assumptions about what constitutes knowledge and “truth” differ from the quantitative analyst’s? Here are some points to consider.

Public Health professionals advocating a Positivist research tradition such as epidemiology have tended to devalue the potential contribution of more Interpretive qualitative research methods. To refresh your memory, look back at Unit 1 Session 3, where these different philosophical orientations are discussed. Adherents to qualitative methods have in turn often tried to establish the legitimacy of their methods by criticising the contribution of quantitative techniques. These debates often mask more fundamental differences that aim to be compatible with the philosophy of the “new” Public Health approach (Gibbs, 2007).

*The New Public Health is a contemporary application of a broad range of evidence-based scientific, technological, and management systems implementing measures to improve the health of individuals and populations. Its main objectives are the political and practical application of lessons learned from past successes and failures in disease control and the promotion of preventive measures to combat existing, evolving and re-emerging health threats and risks. We address present and anticipated health problems in a complex world with great inequalities with specific targets which would help to achieve higher standards of health and a more just and socially responsible distribution of resources* (Tulchinsky & Varavikova, 2010: 25).

One such debate hinges on the qualitative analyst’s view that human beings are always and already embedded in a context or world of meaning. Therefore qualitative Public Health researchers aim to magnify human experience and interpret it, rather than to reduce it to statistical relationships (Gibbs, 2007). They argue that human beings are always interpreting the significance of their dealings with one another. Qualitative analysis is therefore insistent that the researcher, in interpreting the human experience, includes “all” circumstantial and contextual evidence (unlike quantitative methods, which leave out circumstances that might influence human behaviour).

Quantitative analysts, e.g. natural scientists, on the other hand, question the scientific rigour of human scientists’ qualitative research methods because the quantitative checklist for reliability and validity does not apply. Qualitative researchers also argue that a person’s interpretation of her or his world may vary over time; this is a hidden assumption underlying their approach. In this tradition, if even *one* person experiences something, this is considered worthy of study, because the aim is not to find the ultimate truth about everyone in a group or community but to do justice to even a single person’s experience. In qualitative analysis one may find, for example, that some of the participants may have meanings for a phenomenon that others may not; however, it is still accepted that their meanings are true for them.

You may remember that in Unit 1 session 3 we spoke about researchers’ different philosophical orientations: it is during analysis that this is most significant. In many ways, this is where you need to take a stand on *what (in your view) counts as scientific knowledge.* Robson (2011) argues that qualitative approaches were developed at a time when doubt was cast on the potential of the “philosophical view of natural science” (Robson, 2011: 20) to explain every phenomenon or question. He suggests that it is not a rejection of the quantitative research approach *per se*, but an acknowledgement that quantitative research cannot explain everything. In the next section, we move from a conceptual discussion of the qualitative analysis approach to the first steps in the process of analysing data.

##### 4 Data capture to data management

To illustrate the practicalities of data capture, let’s start at the beginning and imagine that you have concluded three interviews and two focus group discussions. You have a large quantity of recoded data. How do you get the data ready for analysis? How do you organise and store this data? How do you extract the meaning of all this data? How do you keep track of where certain passages come from? How do you reduce the amount of data?

Data management is about organizing your data in a way that assists you to keep track of the meanings of the text. This is where a systematic approach to organising your qualitative data set is essential. The system you choose should allow you to cut and sort your data manually or using a software package, but also keep track of its source, as you analyse, and as your study questions require.

**4.1 An overview of the process**

Below are five phases of the analysis process, in a table by Braun and Clarke (2006: 93); it outlines the key learning outcomes of this session. You may not fully grasp these phases until you actually start your analysis.

|  |  |  |  |
| --- | --- | --- | --- |
| **Phase** | **Process** | **Result** | **Reflexivity Journal Entries** |
| Phase 1 | Read and re-read data in order to become familiar with what the data entails, paying specific attention to patterns that occur.  | Preliminary "start" codes and detailed notes. | List “start” codes in journal, along with a description of what each code means and the source of the code. |
| Phase 2 | Generate the initial codes by documenting where and how patterns occur. This happens through data reduction where the researcher collapses data into labels in order to create categories for more efficient analysis. Data compilation is also completed here. This involves the researcher making inferences about what the codes mean. | Comprehensive codes of how data answers research question. | Provide detailed information as to how and why codes were combined, what questions the researcher is asking of the data, and how codes are related. |
| Phase 3  | Combine codes into over-arching themes that accurately depict the data. It is important in developing themes that the researcher describes exactly what the themes mean, even if the theme does not seem to "fit." The researcher should also describe what is missing from the analysis. | List of candidate themes for further analysis. | Reflexivity journals need to note how the codes were interpreted and combined to form themes |
| Phase 4  | In this stage, the researcher looks at how the themes support the data and the overarching theoretical perspective. If the analysis seems incomplete, the researcher needs to go back and find what is missing. | Coherent recognition of how themes are patterned to tell an accurate story about the data. | Notes need to include the process of understanding themes and how they fit together with the given codes. Answers to the research questions and data-driven questions need to be abundantly complex and well supported by the data. |
| Phase 5  | The researcher needs to define what each theme is, which aspects of data are being captured, and what is interesting about the themes. | A comprehensive analysis of what the themes contribute to understanding the data. | The researcher should describe each theme with a few sentences. |

**4.2 Planning for data management**

Here we look in more detail at Step 3. Researchers need to plan from the outset how to sort, summarize, analyse, and store project data. The process of working with data is essentially iterative, making data management and data analysis integral to each other.

If you look back at the article by Pope, Ziebland and Mays (2000), they also provide a list of stages in qualitative analysis; the process we are about to describe is one step before their first stage!

This is what Dr Liezille Jacobs said about Step 3:

*When I was working on my PhD thesis I made use of qualitative analysis. I needed a data management method because I decided to use the cutting-and-sorting technique to develop themes. I needed to have a strategy that would allow me to keep track of my cut-outs and create a “master list” of interviews (i.e. a list of all the transcripts of interviews conducted in the research study).*

The system you choose should allow you to cut and sort your data, but also to keep track of its source, as you analyse, and as your study questions require. One way to track your data is as follows:

1. Compile a “master” list of all data events; assign a pseudonym or alpha-numerical code, e.g. N1, N2, N3, etc. Add date and place of collection. You may need to record the identity of the interviewee on this list, in which case it MUST be kept confidential. This list can be used to track whether the data is transcribed, cleaned and analysed.
2. This list is also a good place to store other relevant contextual data about the interview or interviewee that you think will affect analysis and interpretation.
3. Make two copies of each data transcript, and make sure that pages and lines are numbered and that every page has a footer containing this identifying information. Let’s call this your Transcript identifier, e.g. N1, date.
4. File one set of transcripts.
5. When you cut up the second set of transcripts, make sure that the origin of each piece of text, i.e. the transcript identifier, is handwritten onto it. Alternatively, you could use different colours of highlighter marking pens for each category of respondent. You could draw a vertical line from the top to the bottom of each page of the transcript. Then when you cut up this transcript that colour will be remain as a marker for the source. Narrative data can also be numbered using line or paragraph numbers, so that any unit of text you use can be traced back to its original context.

If you do not have a data management plan in place, you may confuse the origin of cut-outs and have incorrect references to certain codes. Here is an extract from a set of Findings showing why this is important:

Some of the participants expressed that they felt it would show a lack of respect for their parents if they consumed alcohol.

“ When you aren’t drinking it’s because you are listening to your parents who have seen these bad things happening and even you have seen that these things are true.” (School attending 14 year old female)

You need to be able to identify (anonymously) who said this.

In your Findings, you are expected to provide examples from the interview text to support the assertions or arguments you make about what you found. So you need to develop a strategy for documenting the source of every quotation. Later you might also want to go back and examine the context of a particular discussion and then this source information will be vital, as will your master list.

**4.3 Conventions for transcription**

This section provides more detail on Step 4. Transcription is a translation between forms of data, most commonly to convert audio recordings to text in qualitative research. It should match the analytic and methodological aims of the research. Whilst transcription is often part of the analysis process, it also enhances the sharing and re-use potential of qualitative research data (Gibbs, 2007).

Qualitative data collected as audio recordings are ideally transcribed as text files.

Remember to remove any mention of name, place or facility from the transcript which could allow the participant to be identified. Here is an example of a focus group transcript showing how it could be laid out; remember that for manual coding wide margins give you space to jot down labels, codes, and notes. It is also useful to use 1,5 line spacing so that you can cut transcripts more easily:

**Extract of a transcript showing the layout**

|  |
| --- |
| **N1 (22. 1. 14)**WIDE MARGIN FOR CODING**I:** OK, before we begin the interview itself, I’d like to confirm that you have read and signed the informed consent form, that you understand that your participation in this study is entirely voluntary, that you may refuse to answer any questions, and that Note that each participant has a capital letter P, which is used to distinguish between when the interviewer (I) and the participant was talking. In addition, the transcriber shall indicate when the interview session has reached completion by typing END OF INTERVIEW in uppercase letters on the last line of the transcript along with information regarding the total number of audiotapes associated with the interview and verification that the second side of the tape is blank. A double space should precede this information.you may withdraw from the study at any  time.**P1:** Yes, I had read it and understand this.**P2:** I also understand it, thank you.**I:** Do you have questions before we proceed?**End of Interview** |

Your recordings should be transcribed verbatim (i.e. recorded word for word, exactly as said), including any nonverbal or background sounds (e.g., laughter, sighs, coughs, claps, snapping fingers, pen clicking, or car hooters).

* Nonverbal sounds can be typed in parentheses, for example, (short sharp laugh), (group laughter), (police siren in background).
* If interviewers or interviewees mispronounce words, these words should be transcribed as the individual said them. The transcript should not be “cleaned up” by removing foul language, slang, grammatical errors, or misuse of words or concepts.
* If an incorrect or unexpected pronunciation results in difficulties with comprehension of the text, the correct word should be typed in square brackets. A forward slash should be placed immediately behind the open square bracket and another in front of the closed square bracket.

*Example*:

**P:** I thought that was pretty pacific [/specific/], but they disagreed.

* Filler words such as *hm*, *huh*, *mm*, *mhm*, *uh huh*, *um*, o*kay*, *yeah*, *yuhuh*, *nah huh*, *ugh*, *whoa*, *uh oh*, *ah*, and *ahah* should be transcribed.

**INAUDIBLE INFORMATION**

The transcriber should identify portions of the audiotape that are inaudible or difficult to decipher. If a relatively small segment of the tape (a word or short sentence) is partially unintelligible, the transcriber shall type the phrase [inaudible segment]. This information should appear in square brackets.

*Example*:

The process of identifying missing words in an audiotaped interview of poor quality is [inaudible segment].

If a lengthy segment of the tape is inaudible, unintelligible, or is “dead air” where no one is speaking, the transcriber shall record this information in square brackets. In addition, the transcriber should provide a time estimate for information that could not be transcribed.

*Example*:

[Inaudible: 2 minutes of interview missing]

**OVERLAPPING SPEECH**

If individuals are speaking at the same time (i.e., overlapping speech) and it is not possible to distinguish what each person is saying, the transcriber shall place the phrase [cross talk] in square brackets immediately after the last identifiable speaker’s text and pick up with the next audible speaker.

*Example*:

**P:** Turn taking may not always occur. People may simultaneously contribute to the conversation; hence, making it difficult to differentiate between one person’s statement [cross talk]. This results in loss of some information.

**PAUSES**

If an individual pauses briefly between statements or trails off at the end of a statement, the transcriber shall use three ellipses. A brief pause is defined as a two- to five second break in speech.

*Example*:

**P:** Sometimes, a participant briefly loses . . . a train of thought or . . . pauses after making a poignant remark. Other times, they end their statements with a clause such as *but then* . . . .

If a substantial speech delay occurs at either beginning or the middle of a statement occurs (more than two or three seconds), the transcriber shall write (long pause) in parentheses.

*Example*:

**P:** Sometimes the individual may require additional time to construct a response. (long pause) Other times, he or she is waiting for additional instructions or probes.

**QUESTIONABLE TEXT**

If the transcriber is unsure of the accuracy of a statement made by a speaker, this statement should be placed inside parentheses and a question mark placed in front of the open parenthesis and behind the closed parenthesis.

*Example*:

**P:** I wanted to switch to? (Kibuli Hospital)? if they have a job available for me because I think the conditions would be better.

**SENSITIVE INFORMATION**

If an individual uses his or her own name during the discussion, the transcriber should replace this information with the appropriate interviewee identification label/naming convention.

*Example*:

**P:** My supervisor said to me, “P1, think about things before you open your mouth.”

**P:** I agree with P1; I hear the same thing from mine all the time.

If an individual provides others’ names, locations, organizations, and so on, the transcriber shall enter an equal sign immediately before and after the named information. Analysts will use this labelling information to easily identify sensitive information that may require substitution.

*Example*:

**P:** My colleague =John Doe = was very unhappy in his job so he started talking to the hospital administrator at = Kagadi Hospital = about a different job.

Regarding confidentiality, your interviewees should be identified using a pseudonym, e.g. N1. A secure file (or “master” list) should be developed to link transcripts to the original informants and their pseudonyms, date of interview and place. But as with any research, this file is confidential and would usually be destroyed after completion of the project. Similarly, names and other identifying material should be removed from the transcripts. After you have completed transcription, check for any residual mention of the actual name of the interviewee or names or places, which could compromise their anonymity.

A very important principle of transcription is that everything should be transcribed verbatim (i.e. in the exact words of the speaker). This is important because it is not just the content that is important: it is the words, metaphors, nuances of the interviewees own words that make all the difference to meaning. In other words, you have an important obligation to capture the interview’s content as authentically as possible. You should not forget to include non-verbal cues in the transcript such as silence (which may indicate embarrassment or emotional distress), pauses for thought (such as ‘well … er … I suppose…’) laughter, gestures (which may add meaning to the spoken word) and so forth. If they are not audible, it would be necessary to have recorded them in notes during the interview.

Re-listen to any sections, which were difficult to hear, to avoid information gaps.

Look at the underlined section of this extract from the paper you have by Mkandawire-Valhmu and Stevens (2010: 688) about women living with HIV in

Malawi. Here you can see the meaning added by the non-verbal information:

*For instance, in the following excerpt, a woman characterized the gossip spread in her village:*

*“They just whisper about us. ‘Have you seen those with AIDS? They are not going to complete this year. When they start taking that medicine, they get fat. Then they just die, those that have AIDS!’ But we feel, as long as we know our future, as long as we are taking medicine –‘You go ahead and laugh at us’.”*

*Women laughed with recognition and affirmation of this circumstance, quickly following with similar accounts.*

Here the laughter indicates the relief (perhaps) of recognition by other women, that they are not alone in their experiences of stigma. It shows immediately that these attitudes are experienced widely in the group, and brings this home to the reader more graphically than two separate quotations would have done.

Above, we emphasized that the actual words of the interviewee are important, suggesting that transcription need not be simply thought of as a mechanical task. “Fixing” the text [or finalising it] by way of transcribing the interviews can be seen as the initial phase of interpretation. Ricoeur (1979) suggests that fixing the data is a fundamental step of interpretation because even though the text preserves the original communication between the narrator (interviewee) and the researcher (interviewer), the action of transcription is taking place away from the original space and setting of the interview.

The text is a meaningful record of the actions at the time of the event. The way we interpret the text (termed hermeneutics) which is really just a technical word for interpretation, and our understanding of each part, is based on our understanding of the whole. This includes the personal and cultural context. Yet we can only build up our understanding of the whole (and its context) by understanding the different parts from which the text is constructed. Initially, our understanding of the whole is made up entirely of the expectations or pre-understandings that we have brought to our encounter with the text we are trying to understand: these form a sort “fore structure”. The description of the life-world of the participant and their responses to it is what makes sense of a person’s being- in-the-world-with-others in the data.. It is the text which should be allowed to communicate rather than our preconceptions or past experiences of the issue being discussed.

**Task 2 - Transcribing an interview**

Your second assignment requires you to conduct an interview. You need to have recorded and transcribed this interview using the conventions outlined above. Then answer the following questions:

1. How long did the transcription take you, compared with the original interview?
2. Did you remember to highlight the non-verbal communication you were able to include? What do they tell you, in addition to the words you have recorded?
3. Listen to the recording again, with the transcript in front of you. Did you change any of the words from the tape? Did you transcribe everything accurately? Now look at the questions you asked, and any comments you made. Have you at any point led the respondent in any way, or missed important clues given by the respondent?

**Feedback**

1. Unless you are a very fast typist and have made a clear recording, it is likely that transcription would take at least four times as long as the original interview. You may take longer. You will realise that transcribing is time-consuming but it has the advantage of familiarizing you with your data as you go along.
2. It is likely that the person you interviewed will have a few “hmm, errr…, oh’s” that add to the realism and credibility of your data. It also provides clues about the feelings of your subject. If you have recorded “laughter”, “asides”, “murmuring”, you have made your data come alive.
3. You do not need to change words or phrases to make them grammatically correct, because if you do, you have changed the sense of what was said. If the subject used slang, colloquialism, unusual words, local metaphors or words from another language, you can insert the meaning in square brackets [like this] and explain it later when you write the report.
4. You may have interrupted your subject or asked an irrelevant or inappropriate question. From the transcript you will be able to evaluate your own interview techniques more easily.

Having transcribed an interview, you are in a position to start analysing your transcript. This is Step 5 in the list above. If you are manually coding, you should start with a single copy of the transcript and once you have handwritten codes and memos in the margins, you should make a second copy and file it so that you can locate the context of any section of text if you need to.

6 The process of Thematic Coding Analysis

There are many variations in data analysis: it can be done manually or using a computer-aided analysis tool (like Atlas ti); however, we suggest that you code it manually and use a generic form of data analysis termed Thematic Coding Analysis (TCA) (sometimes called Thematic Content Analysis). *Coding* is the term we use for the process of identifying the dominant concept or idea in a passage of text (its meaning) and assigning a sub-theme or code to it.

**Atlas ti**

As a UWC postgraduate student, you are entitled to this software. We have not, however, established an effective way to teach you the programme, so we will stick with manual coding. You may however take a copy of the programme and try to teach yourself, using the guidance in the programme.

See also Robson (2011) pages 470-473.

Before we go into more depth on Thematic Coding Analysis, you need to understand that this approach is inductive (as opposed to deductive). Inductive analysis means that the categories or codes are allowed to “emerge” from the data; you analyse with no fixed set of categories. Your interpretation is drawn from the data, and not from preconceived categories but the categories are informed by your research questions.

Deductive reasoning means working from general information to extract specific understandings. The researcher starts with a spectrum of information and works their way down to a specific conclusion. For instance, a researcher might begin with a hypothesis about a topic. Specific observations are collected to test the hypotheses, which may or may not confirm the original theory and arriving at a conclusion. (Adapted from

Crossman, nd).

Robson (2011) introduces the TCA approach as follows:

*Thematic Coding Analysis is a generic approach and not necessarily linked to any theoretical perspective. All parts of the data are coded. Codes with the same label are grouped together in a theme. Codes and themes occurring in the data can be determined inductively from reviewing the data. The themes then serve as a basis for further data analysis and interpretation.*

The next section describes the actual process of analysis (Gibbs, 2007). There are different phases in Thematic Coding Analysis which are illustrated in this diagram:

phase 1: familiarisation

Below we describe each phase shown in the diagram.

**1 Familiarization**

**2 Coding**

**3 Identifying Themes**

**4 Defining and naming Themes**

**5 Integration and interpretation**

**PHASES OF THEMATIC CODING ANALYSIS**

**PHASE 1: FAMILIARISATION**

Analysis begins with familiarizing yourself with the data, partly through listening to and transcribing the recordings. By familiarisation, we mean listening to the recordings two to three times, reading and re-reading the data, and really searching for meanings within it. During this process, the researcher writes memos for him or herself in a research diary. After two or three readings, you should make a summary of key impressions before the formal analysis begins. This is an essential stage, and is particularly important if the main researcher was not the one who gathered the data. As MPH students you are expected to collect your own data.

phase 2: coding

Remember that data can also take the form of video recordings, pictures drawn by the participants, etc.

**PHASE 2: CODING**

By this stage, you will have made several electronic copies of your data, and stored them on independent devices, to avoid losing data.

After familiarisation with the material, the researcher needs to do some preliminary coding. According to Dey (1993: 126) “… coding involves the desegregation of textual data into segments, examining the data similarities and differences, and grouping together conceptually similar data”.

You will code your transcripts by using software tools or manually by writing the codes and memos in your margins. Coloured tabs (or sticky notes) are helpful for the coding process. You might use different colours of notes or highlighter pens to colour-code responses from different people or groups.

Certain ideas crop up in the transcript readily, and we can give these a preliminary code. But *WHAT do you code?*

So for example in the passage above by Mkandawire-Valhmu and Stevens (2010), the code signifies both a behavior by women with HIV, and of the community they live in, as well as an interaction. Look back at Task 3: what sort of category of code did you assign to that passage? It may, for example, be a code relating t to Interactions?

According to Gibbs (2007), we should code:

* Activities/Behaviours
* Events
* Strategies or Tactics
* Condition/Situation
* Symbols/Significance
* Relationships/Interactions

phase 2: coding

* Restrictions
* Consequences
* Settings
* Researcher’s role in the research process.

You will see that Robson (2011) also provides a list entitled “What can you code?” Robson adds an important point not specified in Gibbs’ list: we code *meanings.* M*eanings* refers to the meaning that people give to things and therefore may refer to their perceptions or beliefs: these are often key issues that qualitative research seeks to understand.

So in the extract starting *“They just whisper …”* in the article by Mkandawire-Valhmu and Stevens (2010: 688) reproduced here, you might code or classify the whole chunk as “Awareness of stigma”.

*“They just whisper about us. ‘Have you seen those with AIDS?*

**CODE: Awareness of stigma**

*They are not going to complete this year. When they start taking that medicine,*

*they get fat. Then they just die, those that have AIDS!’”*

You code a text by assigning a key topic/theme to a piece of text that relates to an issue of interest in your study. Rather than coding single words or very short phrases you should try to code full sentences or even short paragraphs of text (as in the examples above and below). It is important to choose text which carries meaning, and this usually involves more than a word or phrase.

Look at another example in the Mkandawire-Valhmu and Stevens (2010) paper, page 689 about suicide starting: “*Right now, I*….”. As you can see, only the middle sentence actually relates to the code “suicidal intentions” but the sentences on either side provide context and depth to the quotation, by giving information about the women’s current mindset and the things that may result in suicidal intentions. So these sentences become part of the code as well.

As you code a transcript or your field notes, list the codes as you develop them, and define each one briefly. Next time you find a passage that you think could be coded with one of your previous codes, check it against your definition to make sure it fits there. If you cannot find an appropriate existing code, then create a new one.

When you later write up your findings, you will select some of these codes as quotations to illustrate your themes (which we will discuss next); this provides both you and your reader with evidence of the meaning you have identified, and provides some contextual information which makes the quotation easier to understand.

Green and Thorogood (2013) provide an example of coding a focus group discussion transcript. The discussion was conducted with five women with glaucoma. The extract below shows the way in which the authors have allocated codes to sections of text that fit it with their initial themes. The text is in the left hand panel and the codes for the initial themes in the right.

phase 2: coding



**Task 3 – Code a section of text**

How would you code, (or assign a name to capture the dominant meaning of this piece of text? It would be better if you look at this text in the context of the article.

**Feedback**

This section of text has been located under a theme called Dealing with HIV Stigma. So the code should fit roughly under that. We do not know exactly how the researchers coded it, but here are some examples: experiencing stigma in the community; or responding to stigma. Your choice would depend on the general trend of your analysis so far, and your study questions. These categories or codes in the raw data describe and explain the women’s lived experiences of stigma.

In order to cluster codes, you could choose one of these processes.

phase 2: coding

|  |
| --- |
| **Cutting and Pasting** Cut one transcript into smaller units of analysis or codes, which could be individual words, phrases, sentences or paragraphs. You could paste these text units on to cards, which can be sorted and re-sorted easily. Keep in mind that each text unit needs to be traceable to its original context. So you may need to indicate the number of the participant/transcript on the cut section straight away. Sometimes, a text unit may have to be sorted into two different categories or themes: then you will need to make an additional copy of a transcript so that you can do this. |
| **Colour Coding**You could also use highlighting pens to distinguish text units or to underline units of text. There could be a problem when there are hundreds of text units: you would need hundreds of colours. The advantage of using coloured pens or highlighters is that you do not need to cut up the transcripts. Colour coding would be the choice if you do not have too many categories or text units, or if you do not have very much data. |
| **Combining the two**Perhaps a preferred technique would be to use a combination of cut and paste and colour coding. |

Here is photo from one of SOPH’s lecturing staff, Suraya Mohamed, who was busy sorting her coded transcripts for her PhD study on Health Promoting Schools into themes in 2013.  Photo courtesy S Mohamed

phase 2: coding

After you finish coding a transcript, you will review your emerging codes and cluster those that are similar, using coloured pens, symbols or sticky strips of coloured paper. This is in preparation for clustering similar codes to make up themes. What you are aiming to do is to reduce your text to the essential meanings in the form of themes.

NB Once you have coded your text, and before you cut up your transcript, make a copy and file it in case you need to review a passage in its original context.

This seems to be a timely point to read a little more about these processes from the experts, so read pages 474-481 of Robson (2011) on the earlier stages of analysis.

|  |
| --- |
| **READING**Robson, C. (2011). Ch 17 - The Analysis and Interpretation of Qualitative Data. *Real World Research.* Chichester: Wiley: 474-481. |

**PHASE 3: IDENTIFYING THEMES**

Phase 3 involves sorting and clustering the codes into over-arching themes. Themes differ from codes in that they are phrases or sentences that identify what the data ***means.*** Themes are higher order categories which cluster ideas and descriptions within a cultural context. They may represent causal events, more complex topics, abstract categories or principles which summarise that group of codes.

phase 3: identifying themes

For example it is likely that in the Mkandawire-Valhmu and Stevens (2010: 688-689) paper the first theme the authors identified was “*Dealing with HIV Stigma*” under this theme the codes may have included those that deal with gossip, mistreatment by family members and the importance of family support and faith in overcoming stigma.

In developing themes, you start by examining the codes to identify those that can be grouped together, and then after serious review and reflection, you assign a broad descriptor to them, which identifies their commonality. Sometimes, direct quotations of participants may provide effective theme descriptors- these are called an *in vivo* theme or code and ensures the theme is closely aligned with the meaning interviewee’s meaning. Further codes are then systematically studied to see what fits and what does not fit within the thematic clusters. As your list of themes emerges, you begin to focus on broader patterns in the data, combining further coded data into proposed themes or creating new themes. You will also notice how relationships are formed between codes and themes, and between different levels of existing themes.

**PHASE 4: REVIEWING THEMES**

phase 4: reviewing themes

Once you have devised a set of potential themes, Phase 4 involves refining them. During this stage of the analysis, you may find that there is not enough data to support some themes while others may be so similar that they can be collapsed into one. Others might need to be separated into two themes. Data within themes should cohere meaningfully, while there should be clear and identifiable distinctions between themes (Patton, 1990).

Continuing with the example above there is a good chance that the final theme “*Dealing with HIV Stigma*” was originally two themes one about the implications or experience of HIV stigma (gossip and mistreatment) and the other about measures people take to overcome HIV stigma. In this stage of the analysis these could have been combined into the single final theme.

This phase may involve two levels of reviewing and refining your themes.

level 1

This involves reviewing at the level of the coded data text selections. This means:

* You need to read all the collated extracts for each theme, and consider whether they appear to form a coherent pattern.
* When your themes appear to form a coherent pattern, you then move on to the second level of this phase.
* If your themes do not fit, you will need to consider whether the theme itself is problematic, or whether some of the data within it simply does not fit there – in which case, you would rework your theme. In this case you might create a new theme, find a home for those extracts that do not currently work in an already-existing theme, or discard them from the analysis.
* Once you are satisfied that your candidate themes adequately capture the collective meanings (or contours) of the coded data - once you have a potential “thematic map” - you are ready to move on to Level II of this phase.

This is an example of a thematic map developed by us to represent the findings of Mkandawire-Valhmu and Stevens (2010)

CODES

ORGANISING THEMES

GLOBAL THEMES

phase 4: reviewing themes

*They just whisper about us (N1)*

Talking of painful experiences

Rejection by children

Responses to living with HIV are both positive and negative, but strength is drawn through solidarity

Fear for their children

Reaching out to others who are infected

ARVs physical effects

Religious faith

Sources of strength

ARVs psychological effects

Solidarity with others who are HIV+

This thematic map shows how themes are formed out of codes and then candidate themes are scrutinized.

Another way to organise and think about codes and themes is through using a matrix (tables with rows and columns):

phase 4: reviewing themes

TABLE 1: Example of a Matrix (Braun, & Clarke, 2006)

 

In this table you will note that the code matrix helps you to visualise frequently used codes across all interviews. It also helps to determine where codes overlap. From this you are able to collapse some codes and re-name others, and then regroup them into broad categories.

level 2

This involves a similar process, but in relation to the entire data set. At this level, you:

* Study the validity of individual themes in relation to the data set, but also whether your candidate thematic map or matrix correctly reflects the meanings manifested in the data set as a whole.
* Re-read your entire data set for two purposes:
1. To determine whether all the themes are appropriate for the whole data set.
2. To code any additional data that has been missed in earlier coding stages and to accommodate it under your themes. The need for re-coding from the data set is to be expected, as coding is an ongoing organic process.
* If the thematic map or matrix works, then you move on to the next phase. If the map does not fit the data set, you need to further review to refine your, coding until you have devised a satisfactory thematic map. In so doing, it is possible that you will identify potential new themes, and you might need to start coding for these as well, if you are interested in them.

Most researchers find visual representations useful as a way to think about the themes and codes at this stage, like networks (boxes with links between them), as is illustrated below:

phase 4: reviewing themes

A thematic network is developed starting from the Basic Themes and working inwards toward a Global Theme. This helps you to develop the argument that you are trying to make using the data. Once a collection of Basic Themes has been derived, they are then classified according to the underlying story they are telling and these become the Organizing Themes. Organizing Themes are then reinterpreted in light of their Basic Themes, and are brought together to illustrate a single conclusion called the Global Theme. Thematic networks are presented graphically as web-like nets to remove any notion of hierarchy, giving fluidity to the themes and emphasizing the interconnectivity throughout the network. Importantly, however, the networks are only a tool in analysis, not the analysis itself.

At the end of this phase, you should have a fairly good idea of your different themes, how they fit together, and the overall story they tell about the data.

We have explored these four phases,

1 Familiarization

2 Coding

3 Identifying themes

4 Defining and naming themes

and now we look at 5th phase, integration and interpretation:

**PHASE 5: INTEGRATING AND INTERPRETING**

It is important that, by the end of this phase, you can clearly define what your themes are, and what they are not. One test for this is to see whether you can describe the scope and content of each theme in a couple of sentences. If you cannot do this, further refinement of that theme may be needed. Although you will have already given your themes working titles, this is also the point to start thinking about the names that you will give them in the final analysis. Names need to be concise, *punchy*, and immediately give the reader a sense of what the theme is about. Note that you will most likely use these theme names as a way to organise and present your findings.

The next key part of analysis is the interpretation of the data that you have analysed. Up to this point you have essentially reorganised your data, although this does involve some interpretation because the order imposed and the codes and themes are thought of and designed by you because of the way you think about the data. At this point you need to take this interpretation a step further to interpret and draw conclusion from your data to construct an explanation. The purpose of this is to develop an argument using your data that responds to your research question/s.

phase 5: integrating and interpreting

Here Charmaz (2006) quoted in Silverman (2012) describes the process of finding the argument for an academic paper or in your case your minithesis:

*Most likely, you’ve buried the argument in the initial drafts. Find it. Get help in finding it. Your actual argument may differ from what you originally set out to do. That’s fine. That indicates that you’ve grown. You will make a more interesting argument now. Go ahead and revise and reorganize your draft around it. Build your argument or purpose into each section , point by point, step by step. Our arguments do not stand like parked cars and wait for us to find them. We seldom begin with an overriding argument that drives our writing. If it happens, appreciate your good fortune. If not, don’t stop and wait for an argument to pop up and put the pieces of your analysis together for you.*

*Instead, work at it. Your argument will emerge. It develops as your thinking progresses. An argument is a product of grappling with the material. You create your argument from points embedded in your analysis. Outlining your paper for the main point in each paragraph can help you identify a nascent argument. Sometimes it may help to begin with a tentative initial argument. Keep refining it; see how it works. But don’t commit yourself to it until you know that it accounts for your most important ideas. You may abandon the argument with which you started–– that’s alright. You’ll gain a far more thoughtful argument than you had anticipated through wrestling with the ideas*

This is also the point where you need to start thinking about how you can present this story in an interesting and convincing way to your reader (Mason, 2002). This stage may also involve drawing on existing research or theory to inform your interpretation and strengthen and support your story or argument.

Again Silverman (2012) articulates the purpose of interpretation and use of theory nicely:

*The distinctive contribution that qualitative research can make is by utilising its theoretical resources in the deep analysis of small bodies of publicly shareable data. This means that, unlike much quantitative research, we are not satisfied with a simple coding of data. Instead, through comprehensive data treatment,* ***we have to show how the (theoretically defined) elements we have identified are assembled or mutually laminated****.*

*Yet there are also similarities between good qualitative and quantitative research. In both,* ***multi-factorial explanation*** *is likely to be more satisfactory than explanations which appeal to what I have called a ‘single element’. Just because one is doing a case study, limited to a particular set of interactions, does not mean that one cannot examine how particular sayings and doings are embedded in particular patterns of social organisation.*

**Task 4 – Code and apply themes to a text**

We have provided two transcripts from the study called *Professional Needs From the MPH, 2009*, for coding. Follow the procedure above, and then exchange your coded text for review with your “critical friend or peer reviewer”.

|  |  |
| --- | --- |
| ANd9GcREEHPTKP1wnxe_GKOgxNyQLereoEf-qkWmYfAJdPQ1g8-vU7C1 | **USB FLASH DRIVE AND IKAMVA RESOURCE**Two transcripts for Alexander, L., Matshanda, N, and Stern, R., SOPH-UWC (2009*). Professional Needs From the Masters in Public Health (School of Public Health, University of the Western Cape)*. Cape Town: SOPH-UWC: 1- 40. |

In order to share your texts more easily, you could use the

Review tab of MSWord; then select a piece of text and assign a code to it using “New Comments”; your peer reviewer could do the same once you send your text, thus having a conversation between the two of you.

Comment 1a: LJ: Guiding

It will look something like the above, with the word Comment followed by your computer identity and then your code (in this case “Guiding”). You could also use colour highlighting of the text for different codes.

A good way to go about this is to each take half the text; code it; exchange it; refine each other’s’ codes. Next, one of you should assign themes using coloured highlighting. The other partner should on the basis of the themes develop a thematic map. (You can hand draw it and then scan it). Once you have completed your analysis, prepare a 250 word reflection on your experiences of qualitative data analysis which covers the following points:

1. The experience of qualitative analysis
2. The aim of the process
3. Things that were difficult
4. Things that surprised us
5. Things that we still don’t understand

Before we leave this approach to analysis, read the rest of Robson’s (2011) chapter on analysis, in which he outlines advantages and disadvantages of the approach (p477), as well as the very important issue of assessing the quality of data analysis (p486-488).

|  |
| --- |
| **READING**Robson, C. (2011). Ch 17 - The Analysis and Interpretation of Qualitative Data. *Real World Research.* Chichester: Wiley: 465-494. |

This brings us to the end of the section on Thematic Coding Analysis. We expect you to use this approach for your minithesis. Hopefully you have started to understand it, and realise that it is a thoughtful and time-consuming process, which involves an iterative cycle of action, review and further action.

In the next section, we alert you to the fact that there are different ways of analysing. It is also likely that every researcher or scholar will differ slightly in the way they analyse, the phases they identify as critical, and their practical preferences – such as using highlighters, cutting and pasting codes, and the kinds of thematic maps they draw. You too will become familiar with this process and devise your own preferred methods.

6 Other methods of analysis

There are various other approaches to analysing qualitative data, and although we will not study them in any depth, we thought it useful to be aware that this is not the only approach.

In general, methods of qualitative analysis have much in common. The researcher analyses the relationships and patterns between categories or themes that have been identified. However, these categories or themes may be derived using two approaches:

* **Inductively** – whereby the categories or themes are allowed to “emerge” from the data gradually. The classical version of this approach is “Grounded theory”.
* **Deductively** – whereby from the very beginning or halfway through you begin to identify the categories or themes and “fit” the data into the categories and themes, and interpret them later.

One such approach which is deductive is Framework Analysis which is often used in applied policy research. It involves the researcher first thoroughly familiarising him/herself with the data by reading and re-reading it. A thematic framework is then developed (from themes in the interview guide and the data). Each section of the text is then systematically coded and rearranged to fit within the thematic framework; structure and patterns are sought within the themes, and findings are synthesized (Bowling, 2009). Take a look at this short paper which provides an overview of the technique and notes that it is well suited to studies which have “specific questions, a limited time frame, a pre-designed sample and a priori issues” (Srivastava & Thomson, 2009), suggesting that the study aims to serve a very focused, non-exploratory purpose.

|  |
| --- |
| **READING**Srivastava, A. & Thomson, S. B. (2009). Framework Analysis: A Qualitative Methodology for Applied Policy Research. *JOAAG*, 4(2): 72-79. |

On the extreme end of inductive analysis is the Grounded Theory approach. As you have read, the Grounded Theory approach seeks to “generate a theory to explain what is central in the data” (Robson, 2011: 489). In this context, “grounded” means derived from the data. It follows a more complex series of coding stages (open, axial and selective) and through a process of “constant comparison”, refines its findings until an overarching theory that explains the core categories which explain the data are established. Think back to Petterson *et al’s* (2004) study conducted in Angola. This is an example of a Grounded Theory study. Read more about it in Robson (2011), pages 489-492.

According to Bernard and Ryan (1998) the following steps are adhered to in Grounded Theory Analysis:

(1) Read verbatim transcripts

(2) Identify possible themes

(3) Compare and contrast themes, identifying structure among them, and

(4) Build theoretical models, constantly checking them against the data.

You will note that Thematic Coding Analysis involves Steps 1 through 3 as well as a portion of Step 4. As implied by Step 4, a key attribute of the process is that the resulting theoretical models are grounded in the data.

We will not dwell on other ways of analysing data but rather encourage you to practice and focus on Thematic Coding Analysis. In conclusion, let’s return to the issue of quality in data analysis.

7 Reflexivity

You have already studied the concept of rigour, and amongst those strategies was that of reflexivity. This is important across your whole study, but particularly during analysis, so we encourage you once more to consider how you will be reflexive during your study.

According to Goicoechea (2006:115), the research “design, method and results of a study” all imply the investigator’s particular approach to the study. The human scientific approach suggests that we gain access to phenomena from a certain perspective, and that the meaning of certain phenomena is attributed to our personal existential consciousness (Goicoechea, 2006). So how do we remain aware of this situation? How do we acknowledge the personal agency and influence of the researcher to ourselves and to the readers of our studies? Reflexivity is argued to be one strategy to achieve this.

Reflexivity, or self-reflexivity is the process of increasing self-awareness during the research process. It is achieved by writing short notes or memos to oneself from first conceptualisation to completion of the research project, clarifying one’s response to emerging understandings, reflecting on one’s own influence on the process or findings, and considering one’s own potential biases (Glesne and Peshkin, 1992; Maxwell, 1996, 2005; Spradley, 1979). Writing notes to oneself permits the researcher to discover things in their own minds that are only subconsciously known until they are made conscious (Elbow, 1995; Woods, 1999). Reflexivity is therefore argued to be integral to the research project’s development.

Another aspect of self-reflexivity relates to one’s own investment in (or commitment to) the research, as Shefer (1999: 158) articulates:

*Central to my notion of self-reflexivity is that I ask myself the question ‘why do you want to do this research? And what are you going to get out of it?’ Finding a starting point to answer such questions proved difficult. I found myself writing and rewriting my investments in the research. Eventually it became evident to me that there are multiple self-location stories possible in my self-reflexive moment.*

**Task 5 – Reflexivity in your own research**

a) Describe on one page why you chose your research topic for your mini-thesis. What is your investment in this research?

b) Write one page explaining your understanding of the importance of reflexivity and some of the deficiencies of the human analyst in qualitative data analysis.

**Feedback**

Liezille Jacobs, original author of this session writes:

*My PhD thesis was on women’s secret drinking and their barriers to seeking treatment. In my self-reflexive moment I viewed my research participants through the lens of feminism because it is a passion for me to serve the oppressed and certainly the phenomenon of women drinking secretly was under researched. So, in your discussion, explain why you are interested in perusing this particular research topic. Why does it interest you?*

Reflexivity is not the only way, however to be rigorous when it comes to qualitative research. In addition, the researcher may triangulate within the analysis process: different researchers could, for example analyse sections of the text and then compare their findings, just as you have done with your “critical friend.” During your thesis, you should ask your supervisor at an early stage to analyse a section of text and then to compare your codes, or debate the themes under which you wish to subsume them. Triangulating your data sources can also be seen as a strategy for rigour in qualitative research.

In addition, the stage of analysis and writing up your findings is the point where you might declare your own theoretical position, as well as links between your background or work role and the topic; to counter this, you would engage in reading literature from the field throughout the study.

8 Session summary

At this point we hope that you have developed a clearer understanding of what qualitative analysis involves, the different types of analysis and how it differs from quantitative analysis. Look back at the table from Braun and Clarke (2006: 93), which outlines the main phases of the analysis process and therefore the key learning outcomes of this session.

In the next session, we will discuss the process of writing up your findings.

9 References and further readings

Attride-Stirling, J. (2001). Thematic Networks: An Analytic tool for Qualitative Research. *Qualitative Research 1*(3): 385-405.

Bowling, A. (2009). *Research Methods in Health.* New York: Open University and McGraw Hill.

Braun, V. & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology* *3*(2): 93.

Crossman, A. (nd). *Deductive Reasoning Versus Inductive Reasoning.* [Online], Available: <http://sociology.about.com/od/Research/a/Deductive-Reasoning-Versus-Inductive-Reasoning.htm> [Downloaded: 21.1.14].

Dey, I. (1993). *Qualitative Data Analysis: A User-Friendly Guide for Social Scientists.* London: Routledge.

Elbow, P. (1995). *Peter Elbow on Writing.* Northhampton, MA: Media Education Foundation.

Gibbs, G. (2007). *Analyzing Qualitative Data.* London: Sage Publications.

Glesne, C. & Peshkin, A. (1992). *Becoming Qualitative Researchers: An introduction.* White Plains, NY: Longman.

Green, J. & Thorogood, N. (2013). Qualitative Methods for Health Research. London: SAGE Publications.

Goicoechea, J. (2006). Diagnostic Discourse in Patient-Staff Interactions: A Conversation Analysis Clarified by Participant Interviews. In C. T. Fischer (Ed.), *Qualitative Research Methods for Psychologist: Introduction Through Empirical Studies.* San Diego: Academic Press: 111-140.

Mason, J. (2006). *Qualitative Researching.* (2nd ed.). London: SAGE Publications.

Maxwell, J. A. (2005). *Qualitative Research Design: An Interactive Approach* (2nd ed.).Thousand Oaks, CA: Sage.

Mkandawire-Valhmu, L. and Stevens, P. E. (2010). The Critical Value of Focus Group Discussions in Research With Women Living With HIV in Malawi**.** *Qualitative Health Research*, 20: 684-696.

Patton, M. Q. (1990). *Qualitative Evaluation and Research Methods* (2nd ed.). Newbury Park, CA: Sage.

Pettersson, K. O., Christensson, K., De Freitas, E. G. G., Johansson, E. (2004). Adaptation of Health Care Seeking Behavior During Childbirth: Focus Group Discussions with Women Living in the Suburban Areas of Luanda, Angola. *Health Care for Women International*, 25(3): 255 - 280.

Pope, C., Ziebland, S. & Mays, N. (2000). Qualitative Research in Health Care: Analysing Quantitative Data.*British Medical Journal,*320: 114–116.

Ricoeur, P. (1979). The Human Experience of Time and Narrative. *Research in Phenomenology, 9*: 17-34.

Robson, C. (2011). *Real World Research.* Chichester: Wiley.

Silverman, D (2012). *Interpreting Qualitative Data.* Los Angeles: SAGE Publications.

Shefer, T. (1999). *Discourses of Heterosexual Subjectivity and Negotiation.* Unpublished Doctoral Thesis, University of the Western Cape, Bellville.

Spradley, J. (1979). *The Ethnographic Interview.* Toronto, Ontario, Canada: Holt, Rinehart, & Winston.

Tulchinsky, T. H., Varavikova, E. A. (2010). What is the “New Public Health”? *Public Health Reviews,* 32: 25-53.

Woods, P. (1999). *Successful Writing for Qualitative Researchers.* London: Routledge.

Session 2 - Reporting your findings

Unit 4

Introduction

This is indeed a milestone: you have hopefully grasped the process of qualitative analysis, and tried it out in practice. Having analysed the sample data we provided, you should have a feel for how much time this requires, and how critical this process is to the success of your study. The next step is to report what you have found during that analysis – which in qualitative research we call your findings rather than your results. Although this is not a rule, it is a practice, since “findings” has a less Positivist sound to it. Bear in mind that writing up your findings is not separate from analysis: you can begin drafting them at a point when you feel you can confirm your themes.

A further point of interest is that some qualitative researchers integrate their findings and the discussion of them. We ask you not to do this, as your Findings (Chapter 4) and your Discussion (Chapter 5) have very different aims, and until you’re more experienced, their integration can just be confusing. In this session, we would like you to get some practical experience with reporting Findings, so we will expect you to use the data you have analysed during the previous session.

Contents

1 Learning outcomes of this session

2 Readings

3 The role of findings in qualitative research

4 Being rigorous in writing your Findings

5 Session summary

6 References and further readings

Timing of this Session

This session has two readings and three tasks. It should take you about two hours to complete.

1 Learning Outcomes of this Session

|  |
| --- |
| **By the end of this session, you should be able to:** |
| * Demonstrate the ability to use the appropriate discourse for writing up findings.
* Describe some critical considerations to achieving rigour in your findings.
* Analyse the structure of the findings of several academic papers.
 |

2 Readings

You will be directed to these readings in the course of the session.

|  |
| --- |
| **READINGS**Chenail, R. J. (3 Dec 1995). Presenting Qualitative Data. *The Qualitative Report*, 2 (3). Available: <http://www.nova.edu/ssss/QR/QR2-3/presenting.html> [Accessed: 18. 3.14].Mkandawire-Valhmu, L. and Stevens, P. E. (2010). The Critical Value of Focus Group Discussions in Research With Women Living With HIV in Malawi**.** *Qualitative Health Research*, 20: 684-696. |

3 The role of findings in qualitative research

Findings constitute a report of what you have found through collecting data and analysing it. It is a chapter (usually the fourth) in your minithesis, and a key section of an academic paper; it is distinct from the Discussion which follows it. So what is contained in the “findings”?

Your findings should provide a rich description of your data; it should be authentic and represent the data and the participants as honestly as is possible (Robson, 2011). In that you have drawn this “report” from sifting, combing and clustering the data, it is the result your interpretation. However, it is important to recognize that in your findings, you do not comment on what you have found; you do not explore it at this stage; you report it in terms of the themes and underlying codes that you have developed during your analysis and interpretation, and you illustrate the authenticity of these themes with quotations. In other words, your voice is suppressed in favour of the data.

**3.1 The different roles of Findings and Discussion**

To get a feel for the role played by your Findings in your study, and to distinguish them from the Discussion, take a look at this paper which you encounteredin Unit 3. Work inductively, trying to understand how they differ. Their Findings are to be found between page 698-694 .

|  |
| --- |
| **READING** Mkandawire-Valhmu, L. and Stevens, P. E. (2010). The Critical Value of Focus Group Discussions in Research With Women Living With HIV in Malawi**.** *Qualitative Health Research*, 20: 684-696.  |

**Task 1 – How do the Findings and Discussion sections differ?**

After re-orientating yourself by reading the Abstract and Aim of this study, read the Findings and Discussion. Use the following questions to guide your reading. Write an explanation for a peer differentiating the two sections. If you really observe what is going on, rather than to guess (based on pre-existing knowledge), you will find this a good learning process.

|  |  |  |
| --- | --- | --- |
| **Prompt questions** | **Findings** | **Discussion** |
| How are the findings structured? What is the content of the first two paragraphs?How long is the Findings section? What is the nature of the text, e.g. continuous paragraphs? Subheadings? Quotations? What content is being presented in the Findings? |  |  |
| What writing style do the authors use? By style we mean: whose voice is coming through? Is it the author’s? The participants’? How formal is the voice? Is the voice commenting, introducing, summarizing?Are there any other notable features?  |  |  |
| What do you learn about from this section?What is the purpose of this section in relation to the study? |  |  |

**Feedback**

Now that you’ve analysed the Findings and Discussion of this paper inductively, we are not going to provide instant Feedback. Rather, you could consider the rest of the session as Feedback.

**3.2 Distinguishing Findings and Discussion**

Writing up your findings is often confused with discussing your findings. Much of what takes place during analysis\* is invisible, and the shift from analysis to developing your findings\*\* is seamless, and largely conceptual. In your Findings section, you present the main features of your analysed data after you have refined and organised it.

\*Analysis: what you do as you sift, sort, scrutinize and start interpreting the data;

\*\*Developing your findings: arranging or structuring what you have found in writing.

Your discussion is on the other hand is undertaken after clarifying your findings: it addresses the question “What does this data mean?” This is where you present your interpretation of your results and establish what they actually mean. You might compare them with the results of other studies in the literature. You may link them with your conceptual framework. This is when your voice dominates rather than the voices of your participants.

**3.3 What is contained in the Findings section?**

Before looking at the example you tackled above, read what Miles and Huberman (1994) say about Findings (which they term “the report”). Our explanations are in square brackets.

1. *“The report should tell us what the study was about or came to be about.* [It should not simply contain the selected themes].
2. *It should communicate a clear sense of the social and historical context of the setting(s) where data were collected.*
3. *It should provide us with what Erikson (1986) calls the ‘natural history of the inquiry’, so we see clearly what was done, by whom and how. More deeply than a sheer ‘methods’ account, we should see how key concepts emerged over time, which variables appeared and disappeared, which codes led into important insights.* [This could be seen in terms of Rigour; we are providing an ‘audit trail’; we are making explicit the process of interpretation].
4. *A good report should provide basic data, preferably in focused form (vignettes, organized narrative, photographs, or data displays) so that the reader can, in parallel with the researcher, draw warranted conclusions.* [This is an important point, though difficult where space is limited; your reader should be enabled to understand your thematic choices; note that vignettes, or mini-cases, and photographs are just different kinds of data].
5. *Finally, the researchers should articulate their conclusions and describe the broader meaning in the world of ideas and action they affect”* [This seems to relate to the Conclusion section, and not the Findings] (Miles and Huberman, 1994: 304).

What this passage is saying is that your findings should lay out your themes and evidence of the data that enabled you to draw these conclusions, but also elucidate the contextual meanings of the data, which could include: “’… an attempt to understand the social and cultural context in which the statements are made and the behaviours exhibited’ including ‘a description of contextual variables, such as home, community, history, educational background, physical arrangements, emotional climate, and rules’” (Mertens, 2005: 433 in Robson, 2011, 501).

In more practical terms, Chenail (1995) describes what should be included in your Findings.

Explain how you collected your data. Reflect all steps of constructing the sample and determining the number of people to interview.

Emphasize that you have collected reliable data by choosing reliable experts and collection methods.

Detail the characteristics of the recordings (in hours) and the transcripts (in pages) obtained throughout the study.

Organize clusters of similar opinions from your sample, and support them with up to three quotations from the transcripts per cluster.

In the end there is not all that much difference between reporting quantitative and qualitative data - the main issue is to present the findings of a study in such a way that those who wish to use them can understand what has been done and what the results are.

Both these extracts suggest that your Findings should be contextualized, providing the reader with an understanding of the context in which these utterances were made, and any relevant information about how these themes emerged. Have a look at how Mkandawire-Valhmu and Stevens (2010) achieve this in the first two paragraphs of their Findings.

**3.2 Structuring your Findings**

Looking at how experienced researchers present their studies (their introduction, methods, findings, etc) can be very helpful when one is starting out as a qualitative researcher. You can at first “model” what they have done, and as the discourse begins to feel more familiar, you can develop your own approach. What is useful to understand is that no one starts out competent in this process. Certain devices, approaches, formats and conventions have been developed over time, and you need to explore these conventions and adopt them. Once familiar, you too can branch out and become more creative.

1 The opening paragraph tells us how they looked at their data (their epistemology or perspective) and how this affects the relationship between the researcher and “researched”. This is a reflexive act; they admit which lens they are using, and say why. They use citations from the literature to show that others have also found that focus groups reduce the power differential. In 1b and 1c, they make the first statement of their findings.

2b Here they actually make a summarizing statement, so that we understand what they are seeing in the focus group data.

2c Illustrates the statement before it, and summarizes the four themes (a-d) into which the findings are organized.

2d reminds the reader how the data relates to the study aim, and how the data is being used.

**Findings**

1a Using a postcolonial feminist lens to examine focus group processes helped us appreciate their value in minimizing the power differential between researcher and partici­pants (Culley, Hudson, & Rapport, 2007; Madriz, 2001; Mkandawire-Valhmu & Stevens, 2007; Pollack, 2003).

1b Transcripts verified that the focus was not on the researcher; rather, it was concentrated on the women’s interactions.

1c These interactions were clearly important to the women involved, as their significance reached beyond the data collection process to assert the need for change in the status quo.



2a The findings of our analysis indicate that focus groups are valuable not only for the rich data they provide but also as a forum through which women in low-resource set­tings can provide much-needed support to one another and can reinforce a common sense of agency. 2b In comparison to the vivid accounts of personal experience with HIV infection, stigma, and violence produced in the individ­ual interviews, the focus groups facilitated collective narratives about these same topics that offered plans of action. 2c The capacity for praxis demonstrated in the focus groups was evidenced in the repeated collective narra­tives generated around how to (a) deal with HIV stigma, (b) talk about painful experiences, (c) avoid transmis­sion and reinfection, and (d) reach out to others who are HIV positive. 2d These substantive exemplars are presented in detail to illustrate our claims about the emancipatory potential of focus group discussions and the power of col­lective narrative. Occasionally, we refer to the individual interviews from our study, but only as they provide sharp contrast.

Moving on from the introductory paragraphs is perhaps the most threatening moment. So imagine that you have already sifted and clustered your codes, and cross-tabulated and combined them; you would have your thematic map by your side. Unseen through this is your mental process of making sense of, or interpreting your data. At this stage, you will need to decide which themes you will finally present: you may still decide to merge or separate some. Having finalized your themes, you should conceptualize a logical order for presenting them, in preparation for writing them up as findings.

Read the following article in which Prof Ronald Chenail sets out a process for writing up Findings. Take special notice of section 4 on “Structuring your Findings”; hopefully, however, you will find the whole article informative.

|  |
| --- |
| **READING** Chenail, R. J. (3 Dec 1995). Presenting Qualitative Data. *The Qualitative Report*, 2 (3). Available: <http://www.nova.edu/ssss/QR/QR2-3/presenting.html> [Accessed: 18. 3.14]. |

2d Here they repeat the purpose for which these findings are presented, and explain which data they draw on.

Looking back at how Mkandawire-Valhmu and Stevens (2010) presented their Findings, we saw four main themes which they introduced in their second paragraph.

*The capacity for praxis demonstrated in the focus groups was evidenced in the repeated collective narra­tives generated around how to (a) deal with HIV stigma, (b) talk about painful experiences, (c) avoid transmis­sion and reinfection, and (d) reach out to others who are HIV positive.*

**Task 2 – Identify the structure in a set of Findings**

In the paragraph above, what sort of structure do you see for the findings? In other words, what logic has been used to sequence the four themes above? You could choose one of the typologies presented by Chenail (1995) which is quoted below, or you could develop your own description of this structure.

As regards structure, however, it is important to remember the aim of the study, because the logic will be derived from that aim, or set of objectives. In this study, the authors explored the capacity of Focus Groups “… to facilitate collective engagement with the social and structural realities confronting women in a resource-limited, highly AIDS-affected country” (Mkandawire-Valhmu and Stevens, 2010: 684).

|  |
| --- |
| Chenail (1995: 6) presents Constas’s (1992) ideas about structuring your Findings, noting that “These strategies should not be taken as *the* way or as *the only* way to present data; they are just some ways with which to play and experiment”. This section is quoted here:*The following are just some of the many ways data can be arranged and presented:* ***Natural*** *- The data are presented in a shape that resembles the phenomenon being studied. For instance, if the data are excerpts from a therapy session, present them in a sequential order or in an order that re-presents the flow of the session itself.* ***Most Simple to Most Complex*** *- For the sake of understanding, start the presentation of data with the simplest example you have found. As the complexity of each example or exemplar presented increases, the reader will have a better chance of following the presentation. Erving Goffman's work is a good example of this style.* ***First Discovered/Constructed to Last Discovered/Constructed*** *- The data are presented in a chronicle-like fashion, showing the course of the researcher's personal journey in the study. This style is reminiscent of an archaeological style of presentation: What was the first "relic" excavated, then the second and so forth.* ***Quantitative-Informed*** *- In this scheme, data are presented according to strategies commonly found in quantitative or statistical studies. Data are arranged along lines of central tendencies and ranges, clusters, and frequencies.* ***Theory-Guided*** *- Data arrangement is governed by the researcher's theory or theories regarding the phenomenon being re-presented in the study. For instance, a Marxist-informed researcher might present data from a doctor-patient interview in terms of: talk which shows who controls the means for producing information in the interaction, talk which illustrates who is being marginalized, and so forth. In clinical qualitative research, this approach is quite prevalent as clinicians organize the data in terms of their understandings of how doctor-patient, or nurse-patient, and therapist-client interact.* ***Narrative Logic*** *- Data are arranged with an eye for storytelling. Researchers plot out the data in a fashion which allows them to transition from one exemplar to another just as narrators arrange details in order to best relate the particulars of the story.* ***Most Important to Least Important or From Major to Minor*** *- Like the journalistic style of the inverted pyramid, the most important "findings" are presented first and the minor "discoveries" come last.* ***Dramatic Presentation*** *- This one is the opposite of the inverted pyramid style. With the dramatic arrangement scheme, researchers order their data presentation so as to save the surprises and unforeseen discoveries for last.* ***No Particular Order*** *- As it sounds, data are arranged with no particular, conscious pattern in mind, or the researcher fails to explain how or why the data are displayed the way they are.*  |

**Feedback**

The logic used in Mkandawire-Valhmu and Stevens’s (2010) Findings, which capture the key issues raised by HIV positive women in Focus Groups, seems to follow a sequence starting with the individual’s own experience of stigma, and radiating outwards: the second theme concerns sharing of painful experiences in the Focus Group; the third theme concerns behaviour in relation to others in the community but for the benefit of the individual; finally, the fourth theme focuses on the expression of feelings to others who are HIV positive. They seem to build on one another. It could perhaps be called a narrative logic, but I cannot be sure of this. However I feel it flows logically from one theme to the next. So do not be afraid to establish a logic which makes sense to you in terms of your topic, as it is then likely to make sense to the reader too.

The point to take note of is that structure is useful in order to make your argument, and to communicate effectively and “empathetically” with your reader, so that they understand what you are seeing in the data. One of these structures may work for you.

Once you have developed an overall structure, you need to develop a sub-structure for writing each sub-section. Take a look at how Mkandawire-Valhmu and Stevens (2010: 684) develop their first theme, “Dealing with HIV stigma”.

**Dealing with HIV Stigma**

Repeatedly, women in the focus groups brought up instances of being stigmatized by family members or neighbours because they had HIV. Statements of this type always prompted additional discussion by group members who joined in by recounting their own experiences with stigma. As women agreed with each other about the frequency of such circumstances and explained their actions, they built consensus about what stigma meant to them as women living with HIV and about how best to respond to it. The collective we was frequently used in their explanations and responses to each other. For instance, in the following excerpt, a woman characterized the gossip spread in her village:

*They just whisper about us. “Have you seen those with AIDS? They are not going to complete this year. When they start taking that medicine, they get fat. Then they just die, those that have AIDS!” But we feel, as long as we know our future, as long as we are taking medicine—“You go ahead and laugh at us.”*

Women laughed with recognition and affirmation of this circumstance, quickly following with similar accounts. After agreeing that she had endured similar humiliation, one woman detailed her interpretation and the solution she had found:

*Me too, I’ll add that you should not be worrying about anything. If you are working, don’t be thinking that so and so is laughing at me. Because the population of this country, so many people have this illness. The one who is laughing is laughing perhaps because of ignorance. They do not know what they are saying. But you should not be depressed thinking of how the virus is, or cooking food and feeling ashamed to eat it. Or if you are doing some kind of work, thinking that, “Ah, me, perhaps any day now I will die.” No. Or that, “So and so is laughing at me.” No. Just live and do your work. Don’t even have any worries because the only one who takes care of us is God.*

**Dealing with HIV stigma**

1a Repeatedly, women in the focus groups brought up instances of being stigmatized by family members or neighbors because they had HIV.

1b Statements of this type always prompted additional discussion by group mem­bers who joined in by recounting their own experiences with stigma. 1c As women agreed with each other about the frequency of such circumstances and explained their actions, they built consensus about what stigma meant to them as women living with HIV and about how best to respond to it. The collective *we* was frequently used in their explanations and responses to each other. For instance, in the following excerpt, a woman characterized the gossip spread in her village:

*They just whisper about us. “Have you seen those with AIDS? They are not going to complete this year. When they start taking that medicine, they get fat. Then they just die, those that have AIDS!” But we feel, as long as we know our future, as long as we are taking medicine—“You go ahead and laugh at us”* (Participant M2).

Here we try to understand how these authors structured the presentation of one of their themes.

1a This is a summarizing statement of the importance of the theme with some further explanation of the theme.

In 1b, researchers add to the findings regarding the role of Focus Groups. Remember that they are researching the effects of Focus Group Discussions.

1c Here they talk about the theme - stigma - explaining how it is manifest in this community. They also draw attention to the fact that the women affected by HIV, talk of themselves in the collective, “we”. Notice the use of a quotation to make this point.

This is important for their overall aim, to explore how Focus Groups provide spaces for support.

1d This section illustrates the dynamics in the Focus Group. Again a quotation is used as evidence.

The first quotation gives an example of stigma and the PLWHIV’s defiant reaction. The second one expands on why this discrimination occurs, and how they react. This time it is almost in the form of advice to others in the group.

1d Women laughed with recognition and affirmation of this circumstance, quickly following with similar accounts. After agreeing that she had endured similar humiliation, one woman detailed her interpretation and the solution she had found:

*Me too, I’ll add that you should not be worrying about anything. If you are working, don’t be thinking that so and so is laughing at me. Because the population of this country, so many people have this illness. …*

*… The one who is laughing is laughing perhaps because of ignorance. They do not know what they are saying. But you should not be depressed thinking of how the virus is, or cooking food and feeling ashamed to eat it. Or if you are doing some kind of work, thinking that, “Ah, me, perhaps any day now I will die.” No. Or that, “So and so is laughing at me.” No. Just live and do your work. Don’t even have any worries because the only one who takes care of us is God* (Participant M3)*.*

Now take a look at how Chenail (1995: 5) suggests you can go about this process of structuring the thematic presentation of your findings. He suggests that one can establish a rhythm for each theme, which follows the pattern outlined below. Note that the word “distinction” means *particular characteristics* in this context.

*Section Heading, e.g.* Dealing with HIV stigma

*Present the Distinction or Finding, e.g.* Repeatedly, women in the focus groups brought up instances of being stigmatized by family members or neighbours because they had HIV.

*Introduce the First Data Exemplar of this Distinction:*

e. g. “They just whisper about us. ‘Have you seen those with AIDS? They are not going to complete this year. When they start taking that medicine, they get fat. Then they just die, those that have AIDS!’ But we feel, as long as we know our future, as long as we are taking medicine –‘You go ahead and laugh at us’.”

*Comment Further on the First Data Exemplar of this Distinction:* possibly1b and 1c which come before the exemplar

*Make Transition to Second Data Exemplar of this Distinction:*

1d “Women laughed with recognition and affirmation of this circumstance, quickly following with similar accounts. …”

*Display the Second Data Exemplar of this Distinction:* “Me too, I’ll add that you should not be worrying about anything. …”

*Make Transition to the Next Data Exemplar of this Distinction and Repeat the Pattern until the closing of this section:* “When individuals expressed tribulation in the face of stigmatizing events, women in the groups would offer words of encouragement …” etc

Whether you take on this sort of structure or not is really up to you. However you should firstly accept that in order to write any research text (and indeed any text except perhaps poetry), there must be perceptible structure, and it should be systematic; and secondly, you should remember that studies by experienced researchers provide exemplars for your own writing. This is how we learn the “discourse” of writing different genres or types of writing.

4 Being rigorous in writing your Findings

In Chenail’s (1995) paper, a number of principles for remaining rigorous are presented, which should help to ensure that your study achieves quality. Can you identify these?

The first point he makes is that methodological choices and their rationale should be made explicit. This is argued as an approach of “openness”, of making known what processes you followed. It should be possible, he argues, that others can “… step into your shoes…” [and to] assess whether he or she sees it in the same way. Furthermore, it is a way of inviting the reader into the research (Chenail, 1994).

Chenail (1995) citing Constas (1992), makes the point that in writing up your Findings you should be “… restrained by your data” and should neither “… overstate … [nor] understate it … . “Look at the data [he writes] and record that what you see. Report nothing more and nothing less!” That is probably the best lesson you can take from this session: be true to your data; return to it often and let it “speak through you”.

**Task 3 – Ensuring rigour as your write up your findings**

Now look back at the session in Unit 2, in which we presented the whole range of strategies which have been devised to attain rigour in the qualitative research process. Are there any that are particularly relevant to your Findings?

**Feedback**

Being rigorous when you write up findings is primarily about ensuring credibility by staying true to your data. However you should also remember to declare any limitations of your study, to discuss issues that arose through your reflexive stance, e.g. in a study on women’s experiences of stigma, one would declare if you too had experienced stigma because you had been physically disabled from childhood. This might make you more strongly empathetic to your study participants, but it may also give you richer insights into what they say. However, again, just as Chenail suggests (1995), your challenge would be to be true to your data and not to allow your own experiences to intrude or cloud your interpretation. This is also relevant to assumptions which you may hold about women’s experience of HIV in under-resourced communities. If you are not conscious of these assumptions, how will you know when they intrude into your interpretation. For example, if in a previous study you have been involved in, you learned from a group of women that their privacy about their status is the most important issue to them, would you be sufficiently alert to the way in which simply speaking about it here seems to be bolstering their confidence? Would you perhaps have avoided using a focus group to collect data? In the course of your analysis, you may find that your assumptions are substantially challenged, and the Findings section is a good place to declare this.

Another point to bear in mind is to remain “provisional” in all your discursive academic writing. We do not suggest this where the cause of a disease has been scientifically proven, but when engaged in human social research, remember to convey that this is “an interpretation”, not “the interpretation”. In everything you write, you should try not to assert that this is the only “truth”. Simply by being a qualitative researcher, you have accepted that this is just one of many “truths”.

Finally in any study, there will be a number of questions which may remain unanswered. In cases like these, do not speculate – rather recommend further research.

4 Session summary

In this session, we have discussed the format and discourse of qualitative research Findings, as well as some of the types of content that should be included in this chapter of your minithesis. In the next session, we focus on your Discussion and Conclusions as well as the issue of disseminating your research. Take a well-deserved break before embarking on the next session!

5 References

Miles, M. B. & Huberman, A. M. (1994). *Qualitative Data analysis: An Expanded Sourcebook.* Newbury Park, CA: Sage Publications.

Robson, C. (2011). *Real World Research: A Resource for Users of Social Research Methods in Applied Settings*. 3rd Ed. Chichester, UK: Wiley.

Session 3 - Discussing your findings

Unit 4

**Introduction**

You are now nearing the end of this module. You may be feeling a bit overwhelmed, or at the very least tired and ready to move on to something else. This is not so different from the emotions associated with the second half of your minithesis.

By the time you get to the Discussion chapter, you may well feel saturated by the amount that has already been written on your topic, and wonder what you can possibly add. You will also have spent many hours engaging with your data, and may not feel that it is original or interesting anymore.

On the other hand, you could feel very satisfied with what you have achieved and be very enthusiastic about making it available to others. You will hopefully feel proud and want to demonstrate and share the specific aspects of your study that are new and different, and to show how they contribute to the current debates. This is where your discussion comes in.

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2 Readings

3 The role of the Discussion in qualitative research

4 Some advice from a supervisor

5 Quality review of your Findings and Discussion

6 Session summary

7 References and further readings

Timing of this Session

This session has two readings and three tasks. It should take you about three hours to complete.

1 Learning Outcomes of this Session

|  |
| --- |
| **By the end of this session, you should have:** |
| * Demonstrated the ability to use the appropriate discourse for writing up findings.
* Describe some critical considerations to achieving rigour in your findings.
* Analyse the structure of the findings of several academic papers.
 |

2 Readings

|  |
| --- |
| Sandelowski, M. & Barroso, J. Classifying the Findings in Qualitative Studies. (2003). *Qualitative Health Research,* 13(7): 905-923. FOLDER: *Exemplars of SOPH-UWC Minitheses. ON YOUR USB FLASH DRIVE AND IKAMVA*  |

3 The role of the Discussion in qualitative research

*“Interpretation, by definition, involves going beyond descriptive data. Interpretation means attaching significance to what was found, making sense of findings, offering explanations, drawing conclusions, extrapolating lessons, making inferences, considering meanings, and otherwise imposing order on an unruly but surely patterned world”* (Patton, 2002: 480)*.*

To do this, Patton explains you may have to make some of the following “moves” while all the time distinguishing between description and interpretation:

* deal with different explanations
* explain variations in the data
* deal with instances which actually conflict with or “disconfirm” your explanations.

He further explains that our main task in the discussion of findings is to:

“(*1) Confirm what we know that is supported by data;*

 *(2) disabuse ourselves of misconceptions; and*

1. *illuminate important things that we didn’t know but should know”* (Patton, 2002: 480).
2. But he also makes it amply clear that qualitative researchers often fall into the trap of making their findings too linear, oversimplifying instead of trying to create understandings within the complexities of their context or setting, and in relationship with the many other elements of any phenomenon (Patton, 2002).

As we started with the session on Findings, we distinguished their role from that of the Discussion. Do you remember what roles they play?

**Task 1 – What is the role of the Discussion section?**

The Discussion follows on from your Findings: these questions focus on its purpose.

1. Pretend you are supervising an Honours student: how would you explain the difference between the Findings and Discussion chapters to him or her?
2. What specifically does “Discuss” mean in academic terms?
3. Whose “voice” dominates in the Discussion?
4. What resources do you draw on for the Discussion?
5. Where are Limitations of the study discussed?

**Feedback**

As you no doubt know, the Discussion allows your voice to come to the fore. Whereas the Findings are predominantly the voices of the participants (in the data), the Discussion is where you make sense of what you have found, drawing on links in the literature, applying your conceptual framework if you have one, incorporating the memo’s written while you were busy with analysis. Its main purpose is to show how the findings lead to the conclusion you draw, and to situate the conclusion in a wider context. It is usually a formal discourse which may be written in the argument style.

The Discussion may include any limitations that affect what you claim and possible explanations for these results.

There is no standard set of sub-topics for a Discussion, but these are according to Gillett (nd) some of the possible elements:

* *A reference to the main purpose of the study.*
* *A summary of the findings.*
* *Explanations for the findings where possible.*
* *Comparisons with other studies.*
* *Explanation of the limitations of the overall study.*
* *Explanation of the extent to which the findings can be transferred to other contexts.*

(Paraphrased from Gillett, nd).

In the Discussion, you may well need to make an argument (that classic genre of academic writing) (see side box below): Gillett makes some important distinctions regarding the elements of the Discussion in his website which is a useful reference site while you are writing.

4 Some advice from a supervisor

How do you start? This is an extremely important part of your minithesis and often one that feels quite daunting. Remember that this is almost the last thing that you leave with your reader (who may be your examiner), and so it cannot be neglected. Here a supervisor orientates a student to the requirements of the discussion.

**The process of making an argument**

“*As always in academic writing, all your opinions must be supported - you should produce your evidence and explain why this evidence supports your point of view. It is important to distinguish between*

 *-* ***your claim*** *(or proposition, thesis, point, position): your point of view, what you believe;*

***- your reason(s)*** *(explanations)- why you believe what you do;*

 *-* ***your evidence*** *(support or grounds): the facts, data and examples that support your point of view; and*

 *-* ***your argument*** *(warrant) - how the evidence you have provided leads to the claim your are making.*

(Gillett, nd).

Gillett, A. *Rhetorical functions in academic writing: Arguing and discussing.* [Online], Available: <http://www.uefap.com/writing/function/funcframargue.htm> [Accessed: 24.1.14].

Dear Xolani

Congratulations on your achievements so far. You have done a great job, successfully pulling together some very interesting data into your Findings chapter. It is now time to develop this, along with your literature review, into the Discussion. It is the part of your mini-thesis that takes a broader view of your research, placing it in a wider context. Remember the purpose of the Discussion is to explain the significance of your findings, and to locate it relation to other studies. In other words, it moves from the specific focus of the research - your data - to a more general view that relates it to your field. Importantly, it is the section that ensures that the reader understands this relationship.

As you start, here are some pointers on how to proceed. Before writing, it is worth stepping back and giving yourself time to reflect.

Below is a letter from a supervisor to an MPH student who is about to embark on their discussion. This provides some guidance, and hopefully will demystify the process of writing a discussion.

White, Woodfield and Ritchie (2003) note the importance of firstly of assembling all the information you will need – your own data, the literature, and any other information you have used in your study. They also stress the importance of making some space for yourself to pull this together. They argue that it is virtually impossible to do good reflective writing in hours which are snatched here and there. Following on from White *et al*, it is sometimes useful to remove yourself from your writing for a short period, to go for a walk, or do something else that is unconnected. And then to return to it refreshed.

What you are aiming to do is to develop the linkages between the literature you have described and your findings. There are no hard and fast rules about how to do this. But there are some guiding principles which are listed below. Certainly, you’ll need to refresh your memory on what the literature says about your topic. What is generally useful, apart from giving yourself space to reflect as noted above, is to read other examples, using peer reviewed articles and other mini-theses which you can access from the module iKamva website (or the USB flash drive and iKamva you have been sent).

So here are those guidelines:

* It is useful to start your discussion with a brief one paragraph summary of your findings. Yes, you have already done this at the end of your findings section, but it is useful to provide a brief reminder to your reader, before leading on to what you are going to do in this section
* The Discussion section does not need to be very long. But it does need to cover all the main points that you want to emphasize and to provide the evidence to do so – both in the form of your data and the literature that supports it. If you find that your data is at odds with what you have found in the literature, you must note that as well.
* Remember as a qualitative study, you are discussing issues, not numbers, so remember to focus on those as you develop your discussion. You are talking about *why* your findings constitute important research, rather than what your study participants said within your topic.
* Remember to acknowledge your limitations. All research has limitations and it is far better to note them yourself than to open yourself to criticism by others for what you have not managed to achieve.oHow However, there is a fine balance. If you are too self-critical, you may leave the reader wondering whether there is any value in your work at all.
* You have been immersed in this work for some time, and so your interpretations will seem very obvious to you, but they may not be to others. So even though your reader will, by definition, be aware of and interested in your topic, you should explain everything as if they don’t know about it. That way can be clearer in your descriptions, and avoid assumptions about what they know.
* Some discussion about the transferability of the study is important, and remember that transfer is only made possible if the context has been comprehensively described in the introduction, and if the population and sample is richly enough detailed for the reader to see any similarities with a comparable context.
* Your Discussion contains your Conclusions about the research question.
* An obvious statement, but worth saying – your discussion must clearly show how the findings lead to the conclusions being drawn and therefore how these conclusions should be understood.

**Now for some don’ts!**

The Discussion is not to be used to simply repeat the findings and add a literature reference to support it. This is easily done and many students fall into this trap. So for example, saying something like: *“The findings noted that access to Primary Health Care was limited because the clinic was far and transport costs unaffordable. This was supported by the study by X (2010) which noted that access to services was difficult because of the cost of transport”.* You need to move beyond this. So using the same example, you could say that *“Access to the clinic was described by the respondents as being difficult because of the cost of transport to get to there. As X (2010) has demonstrated, there is a direct relationship between geographic location of facilities, the financial circumstances of the patients and the attendance at the clinic. This is an important aspect to recognize when patients do not appear for appointments, and rather than interpreting this as indifference on the part of the patient (Y 2012), it can be used as useful evidence for service provision planning (Z 2009)”.*  This means reading more widely and thinking more broadly to extend the interpretation, rather than repeating the same information.

* Don’t present new data. The place for that is the Findings section. The Discussion is for analysis of and reflection on what you have already described – in the Findings and the literature review.
* Avoid exaggerating or claiming more than you have found. While you will want to demonstrate originality, you must guard against leaps of imagination that cannot be justified by your actual findings
* Remember this is a qualitative study, and the purpose is to *explore*, and provide explanations for your particular set of issues. It is not about demonstrating or proving your preconceived ideas. Do take care that you are not describing your study in a way that is justifying your own particular bias. You will already have thought about this in your section on validity/rigour.
* An obvious comment but worth noting. The purpose of using the literature is to reflect on and consider your findings in relation to what has been written before your study. It is not to criticize them for what you see as their limitations or perspectives that you disagree with. That you should have done in your literature review.

This leads to the next, and final section – your conclusion and recommendations. So some thoughts about those. Remember that your conclusion is pulling together what you have already described. It is not new information. Nor is it about citing the literature. All that has been done already. So the conclusion will be brief, useful overview for the reader to pull it all together.

The recommendations, the final section will be based on a combination of what was said by your respondents, your interpretation of their comments and the recommendations in the relevant literature. These should be relatively short, but realistic.

Think about your target audience. Are the recommendations targeting the Health Department, local government, or community organisations. It may be a combination, in which case this needs to be explicit.

I hope these notes are helpful and I look forward to reading this when you have completed the chapter. Good luck with it, and try to send it by xx.

With kind regards

Ruth

**Task 2 – Review a Discussion**

This was one supervisor’s advice to the student she was supervising. Does it relate to any examples of discussions that you have read? As suggested in the letter, look at the Discussion section of any article on your USB flash drive and iKamva to see how they have developed their discussions and look also at a Discussion section of one of the minitheses on your USB flash drive and iKamva.

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| ANd9GcREEHPTKP1wnxe_GKOgxNyQLereoEf-qkWmYfAJdPQ1g8-vU7C1 | **USB FLASH DRIVE AND IKAMVA RESOURCE**FOLDER: Exemplars of SOPH-UWC Minitheses |

Follow the instructions below with your study partner.

1. Decide which article and minithesis Discussion sections to focus on.
2. Develop a set of critical questions from the guidelines above with which to critique these Discussion sections. Exchange your questions with your study partner.
3. Critique the Discussion section and share your assessment.

**Feedback**

We cannot provide specific feedback here but check that each Discussion contains at least these things:

* A statement of principal findings;
* strengths and weaknesses of the study;
* strengths and weaknesses in relation to other studies, particularly differences in results;
* meaning of study mechanisms and implications for policy makers and others involved in setting out protocols or guidelines of some kind;
* conclusions;
* unanswered questions and future research.

Consider also whether any of the Discussions you assessed dealt with differences of explanation, or in the data or conflicts in the data which appear contradictory (Patton, 2002). One last suggestion regarding writing a Discussion is to conclude your qualitative research by discussing your findings and their implications with regard to the issues you discussed in your introduction.

Regrettably, this session is likely to remain at a fairly abstract level until you start analysing: so remember it’s here and refer to it when you reach this stage in your minithesis. Before closing, we will raise one more issue pertaining to quality of interpretation of data.

4 The quality of your Discussion

What we have to say here will again remain fairly abstract until you are actually writing. Patton (2002) noted that a Discussion can remain at a fairly superficial level unless you push yourself to relate your findings to the literature you have read, or to a conceptual framework relevant to your field. This is discussed in a fairly difficult paper by Sandelowski and Barroso (2003) which we recommend you consider reading when you start your analysis. It is available on the Internet, and we will send a copy to you.

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| --- |
| **READING**Sandelowski, M. & Barroso, J. Classifying the Findings in Qualitative Studies. (2003). *Qualitative Health Research,* 13(7): 905-923. |

Don’t be confused by the title of their paper – “Classifying the Findings …” and think it belongs in the Findings session: they are really talking about how the Findings are discussed, or what is made of them. In the article, Sandelowski and Barroso put forward a tool for critically analysing the levels of complexity of qualitative research studies’ findings; more specifically, they propose this tool to critically evaluate qualitative research studies so that one can decide which studies are worthy of integration into a literature review. The authors advocate the importance of “literary competence” (or competence in reading and re-using other peoples’ research) which they explain as follows:

“*A competent reader of qualitative research will understand the report as an after-the-fact reconstruction of a study and, therefore, be able to read the reports for what they represent about what was likely done as opposed to what was claimed or intended. Our typology is primarily in the service of achieving that competence, as having it is among the most important factors influencing the utility of qualitative findings and what health care practitioners will accept as valid knowledge for practice”* (Sandelowski and Barroso, 2003: 919).

Their tool consists of a typology of findings or a set of categories with which to categorise how qualitative research findings were presented. They write:

“*Our intention was to create a typology that will be analytically useful in discerning the similarities and differences between sets of findings, no matter what the stated methodological orientation”* (Sandelowski & Barroso, 2003: 907)*.*

To achieve this, they asked a panel of experts to test the tool twice by reviewing 62 articles and checking the consistency of their classification; in the process they refined the tool illustrated below.

The tool is made up of five categories along a continuum, where a rating of 1 is very negative and suggests that there is “No finding” in the study; at the other end of the continuum is a rating of 5 which they consider the most accomplished interpretation of findings, and which they call “interpretive explanation”.



**Figure: Typology of Qualitative Findings (Sandelowski and Barroso, 2003: 908)** (Based on their diagram)

The 1st is closest to the data, i.e. the data is really just re-presented; the 5th is furthest from the data, and has been related to a conceptual framework, or taken to a higher level of interpretation. Below we have paraphrased how they differentiate the five categories:

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| **Classification** | **Explanation** |
| 1 No findings, i.e. not research | Simple reproduction of data as if they were findings; No transformation or interpretation;“Heaped” as opposed to “thick” descriptions. |
| 2 Topical survey, i.e. not qualitative research | Data reduced to nominal or categorical lists; Topics frequently introduced by investigators in their questions; Topics summarised in words or tables;Topics “remain on the surface”; data treated as “uncomplicated reports of facts or feelings” (p911); Distinguished these from quantitative surveys because not statistically representative; usually a sprinkling of quotes; Variable-orientated - collect information about a range of experiences/responses, not the confluence of variables within a case. |
| 3 Thematic survey, i.e.Exploratory | Greater transformation of data but still at a low level of abstraction;conveys underlying or latent patterns in data;More emphasis on qualifying categories or themes through nuanced descriptions; Data located contextually, e.g. noting in detail backgrounds of participants. |
| 4 Conceptual or Thematic description, i.e. Descriptive | Higher degree of transformation of data;Conveys a latent as opposed to a manifest pattern of meaning;Authors “imported concepts or themes to reframe phenomena, events or cases”;Concepts developed from data or applied from literature/theory;Concepts are used to “recast” data;Effect is to extend the theoretical concept or to illuminate the phenomenon or experience. |
| 5 Interpretive explanation, i.e. Explanatory | Fully transformed data which represent or explain phenomena or target events “in a new way”;Manifest as grounded theories, ethnographies;Offers a “coherent model of some phenomena or line of argument which addresses causality or essence”; “take a specific view in explaining an experience” (p914);Example: Grove, Kelly, Liu (1997): use the concept of social capital to show how these women escape some of the stigma of HIV. |

In the paper, they consider categories 1 and 2 borderline as qualitative studies of sufficient quality to be used in further research. Categories 3-5 are considered worthy of being integrated into further research, and have been assigned different functions, i.e. 3 Exploratory interpretation of findings, 4 Descriptive interpretation, and 5 Explanatory interpretation of findings.

This is a fairly difficult set of ideas, but what is important is to realize that simply and literally re-presenting one’s findings is not considered a sufficient level of interpretation by this group of experts who are working to create a system for identifying qualitative studies worthy of integration into further research. By way of illustration, here is an extract from a study classified by Sandelowski and Barroso (2003) as category 5 (Interpretive explanation). Read it and consider what raises it above “simply reproducing the data” (category 1).

It comes from an article called: But nice girls don't get it': women, symbolic capital, and the social construction of AIDS.It is byKathleen A. Grove, Donald P. Kelly, and Judith Liu, and published in the October 1997 *Journal of Contemporary Ethnography,* 26 (3): 317 onwards. Here is the Abstract first, followed by the discussion of the last theme and the Conclusion.

**Task 3 – Reflect on a set of findings**

This is not an easy task, but read the Abstract and the discussion which follows, and try to assess what lifts this discussion above being merely a re-presentation of the data. We call this a meta-analysis. You are not so much looking at the data itself, but at the kinds of inferences and meanings the authors make, and the linkages they suggest during the discussion.

**Abstract:**

This ethnographic study analyses the experiences of a group of women who are HIV-seropositive and possess one or more signs of socially respected symbolic capital. They are White, heterosexual, married, and/or middle class. Symbolic capital translates into social power and allows these women to control disclosure of their HIV status. Even when they reveal their HIV status, symbolic capital allows them to remain "nice girls" in the eyes of others. Ironically, attempts to protect their moral status help to reproduce dominant social and cultural constructions that continue to link AIDS with risk groups. The data suggest that the protective status afforded by their symbolic capital is a double-edged sword protecting them from stigma but also potentially delaying their HIV diagnosis and treatment.

This theme focuses on Confidants.

**CONFIDANTS**

The second role set the women in our study delineated were confidants, primarily family and friends. When women made the decision to reveal their HIV status to confidants, normalizing their condition was crucial. Disclosure was always done on a one-to-one basis and involved conscious attempts to manage the meaning of being HIV-seropositive.

Interview data revealed that women with symbolic capital were able to disclose their condition to "safe others," garner sympathy, and continue to have these people in their lives. After disclosure, all but one woman in our sample continued to receive support and acceptance from family and friends. This is in sharp contrast to the gay men in Sandstrom's (1994) sample. In that study, sympathetic responses were met with ambivalence by persons with AIDS, since they were perceived to block attempts at normalization and complete acceptance. Women in our sample, however, were able to elicit sympathy without being marginalized.

Clark's research suggests that sympathy reflects a set of unwritten rules and involves consideration of the other's moral worth, their complicity in their plight, and their social status (Clark 1991, 195). The women we interviewed had many common threads in their illness careers and shared a set of career contingencies that combined to protect their identity and social fate. Their symbolic capital earned them "sympathy credits" (Clark 1991, 196). They were seen as individuals who merited genuine concern without being socially isolated -- the fate of many who are discredited.

This ability to draw on sympathy credits and social margin is illustrated by Mary, a former office manager who had recently gone on disability for AIDS. Her husband had died a few years earlier from AIDS. Reflecting on the situation of other individuals she knows with AIDS, she said:

*It's funny, my friend Phil's parents look at me as a true victim because I'm a woman. He's gay [and has AIDS] but they see me as the true victim in this. He told them, "Why? She got it the same way I did." They don't see it that way. I think it's harder for guys because guys [with AIDS] automatically are assumed to be gay.*

This data could have been described literally as a comparison of stigma imposed on men and women, but the authors locate this data within a discussion of “sympathy credits” upon which they elaborate, and the extent to which Mary’s male friend’s parents see their son’s AIDS as the result of “deviant behavior” and hers as being the result of her victimhood. In other words, the authors situate the data in a much more complex conceptual arena, drawing on knowledge and understanding from the literature, and perhaps from Psychology and Sociology.

The women in our study are in a unique position; although they are stigmatized, they are not morally ostracized. Compare, for instance, their experience with gay men described in studies by Sandstrom (1994), Conrad (1990), and Weitz (1990). In these studies, individuals with HIV/AIDS experience isolation and marginality. Sandstrom, for instance, found that men with AIDS are doubly stigmatized for being infected and for being gay (1994). Unlike the women in our study, normalization is far more complicated for gay-identified men because the presence of two possible spoiled identities makes it impossible for them to segment their role sets within society in general. That is, gay-identified men are never above suspicion for being infected or for how it happened.

This situation is totally at odds with what we found in our interviews, where all but one woman discussed at some length how they were infected. As noted earlier, most were shocked to discover that they were HIV-seropositive, and this is conveyed in their stigma management work. Their stories reflect the prevailing cultural assumption that only certain groups of people are at risk for infection. On the day they found out they were HIV-seropositive, they were "numb," "stunned," or "shocked." This sense of disbelief is conveyed in their disclosures to confidants.

For these women, contextualizing all facets of their illness for those they considered confidants was a crucial step in helping to normalize their lives. Disclosure involved not only telling the "facts" about infection but also emphasizing the many nondeviant aspects of their lives. Lisa, a twenty-five-year-old, single restaurant manager explained how she manages to tell her story without becoming morally contaminated:

*It's like any assumption they make about me is wrong, pretty much, unless they know the story... I feel more comfortable if people know how I got it. I'm like in the lowest possible risk group because of my morals, and how I am anyway. I slept with one guy and I got it from him. I'm just an innocent. I mean, all people have to do is look at me to see that I'm a normal person.*

Our study reveals a pattern that is unique among individuals with HIV/AIDS. Due to the symbolic capital they possess, the women in our study were able to voluntarily seek a diagnosis and were able, upon receiving one, to continue with an unblemished social career. The timing and circumstances of disclosure were, to a large extent, controlled by the individual.

Interestingly, even when the women in our study disclosed their HIV status, their moral career was protected. Women who possess socially accepted symbolic capital can draw on the cultural dichotomy between "us" (nice girls) versus "them" (outsiders) and elicit sympathy. Ironically, this management strategy helps reproduce the social construct of the "innocent victim." One respondent, who later became an outspoken activist in the AIDS community, offered her insight into this process:

*You got infected the right way, so you're okay. And someone else got infected the wrong way so they aren't. This way of thinking perpetuates discrimination.*

**CONCLUSION**

As socially constructed in the United States, AIDS is a stigmatizing disease that has been associated with groups of outsiders. For the women in our study, this association does not fit because they possess one or more signs of socially respected symbolic capital: being primarily White, heterosexual, educated, and/or middle class. These forms of symbolic capital serve to protect them from unwanted disclosure and to give them some control over their social fate. Their privileged status in this regard allows them to move freely in their social world and to successfully control when and to whom they disclose their HIV status.

The protective status that comes from symbolic capital is a double-edged sword, however. Although it offers protection from unwanted disclosure and stigma, it also potentially delays diagnosis and treatment. This is especially significant given recent medical advancements such as the development of protease inhibitors. At a March 1997 conference, HIV in Children and Adolescents: A Clinical Update, Scott (1997) and Spector (1997), in respective studies, reported that perinatal transmission of HIV can be significantly reduced by early and aggressive drug interventions. Drug therapies have the potential to turn HIV disease into a chronic disease in the future. The success of these interventions, however, depends on early diagnosis and ongoing medical supervision. Ironically, the women who theoretically should have the best access to medical care may, in fact, be the ones who suffer from late diagnosis and delayed treatment. Thus, the positive symbolic capital that permits these women to remain "nice girls" in the eyes of society in general after their diagnosis results in their symptoms being ignored for too long by the medical establishment. This irony cannot be overstated.

Once diagnosed, however, the symbolic capital these women possess affords them a form of social power that other HIV-infected individuals do not have. This social power allows the women we interviewed to easily avoid detection and to successfully segment their lives into acquaintances and confidants. Additionally, in their relationships with confidants, they are able to lead relatively normal lives. That is, they can reveal their stigma, but in so doing, they are neither discredited nor morally contaminated.

In the narratives they offer to confidants, they are able to contextualize the disease, offering accounts of the circumstances surrounding their infection. These accounts allow them to remain "blameless" and to avoid being marginalized by family and close friends.

Ironically, by using selective disclosure and normalization, these women inadvertently help to reproduce the dominant cultural representations of AIDS. A woman who possesses socially recognized symbolic capital can choose to be an invisible deviant; her HIV status may never be revealed. If, and when, she chooses to reveal, she can draw on dominant cultural conceptualizations of "us" and "them" and continue to be seen as an innocent victim. Thus, to confidants and acquaintances, the association of AIDS with outsiders is perpetuated.

**Feedback**

We will leave this exploration to you and hope that you will be able to return to this topic at the point when you are embarking on your Discussion chapter. In the next session, we will introduce other more general measures of quality in qualitative research and address the issue of disseminating your findings.

5 Session summary

In this session, we have reviewed the role and nature of the Discussion section of your study. You have also devised a set of critical criteria for this section. In the next and final session, we explore the critical review of qualitative studies more broadly, and consider how and why one’s research findings could and should be disseminated.

6 References and further readings

Gillett, A. *Rhetorical functions in academic writing: Arguing and discussing.* [Online], Available: <http://www.uefap.com/writing/function/funcframargue.htm> [Accessed: 24.1.14].

Grove, K. A., Kelly, D. P. & Liu, J. (October 1997). But nice girls don't get it': women, symbolic capital, and the social construction of AIDS. *Journal of Contemporary Ethnography,* 26 (3): 317 onwards.

Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods*. Thousand Oaks: Sage Publications.

Sandelowski, M. & Barroso, J. Classifying the Findings in Qualitative Studies. (2003). *Qualitative Health Research,* 13(7): 905-923.

White, C., Woodfield, K., and Ritchie, J., (2003) Reporting and Presenting Qualitative Data, in Ritchie, J., and Lewis, J., eds, (2003) *Qualitative Research Practice,*  London, Sage Publications.

Session 4 – Critically reviewing studies and disseminating findings

Unit 4

**Introduction**

This is the last session of the *Qualitative Research Methods* module and one which invites you to look back and move forward. In it, you are reminded of the process of critically reviewing a qualitative study, and you are encouraged to undertake such a review. You did a similar task for your literature review in *Public Health Research,* but because you were not fully orientated to qualitative research design and methodology at that stage, your review may have been a bit restricted. In this session, we recall all the elements which lead to a qualitative study being considered “scientific”, “valid” or of good quality; one element is the level of interpretation of the data, as discussed through Sandelowski and Barroso’s (2003) paper in Session 3.

If one picks up the analogy of a journey, one might say that this session invites you to critically review the results of your journey. You have learnt about best practice along the way, and now you are asked to focus critically on other peoples’ results, and eventually, on your own.

The second quite distinct aspect of this session focuses on what you do with your findings once you finish the study. Who, apart from your supervisor and examiner, will read it? Who should hear about it? If the study develops new understandings, how do you try to maximise the reach of these findings? And why?

We have used the experience of some of the SOPH-UWC graduates to exemplify good practice. In this regard we thank graduates Dr Vandana Prasad and Dr Akbar Badat for sharing their valuable experience and insights on the topic.

Contents

1 Learning outcomes of this session

2 Readings

3 Critically reviewing qualitative research studies

4 Disseminating your study findings

5 Session summary

6 References and further readings

Timing of this Session

This session has two readings and two tasks. It should take you about three hours to complete.

1 Learning Outcomes of this Session

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| **By the end of this session, you should have:** |
| * Evaluated a qualitative research paper in terms of quality.
* Planned how you will disseminate your findings.
 |

2 Readings

There are two readings for this session, one of which you have already encountered.

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| Malterud, K. (2001). Qualitative Research: Standards, Challenges, and Guidelines. *The Lancet*, 358: 483 - 488.Robson, C. (2011). Ch 18 – Reporting and Disseminating. *Real World Research.* Chichester: Wiley: 495-513. |

3 Critically reviewing qualitative research studies

Kirsti Malterud (2001) provides a comprehensive set of guidelines for evaluating qualitative studies. As part of Assignment 2, we ask you to write a critical review of the paper by Kiapi-Iwa and Hart (2004) which we will send to you. It should be no more than 1 200 words, excluding title and references. Using Malterud’s (2001) checklist for this process to guide you, write a critical review which you will present to your colleagues at your regular journal club: so use paragraphs, not point form.

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| --- |
| **READING**Malterud, K. (2001). Qualitative Research: Standards, Challenges, and Guidelines. *The Lancet*, 358: 483 - 488.Kiapi-Iwa, L. & Hart, G. J. (2004). The Sexual and Reproductive Health of Young People in Adjumani District, Uganda: Qualitative Study of the Role of Formal, Informal and Traditional Health Providers. *AIDS CARE,* 16(3): 339-347. |

4 Disseminating your study findings

For qualitative researchers, dissemination is more than just good practice, and more than an obligation: it is actually part of ethical researcher behaviour and acknowledgement of those who have given their time and personal experiences as part of the study.

Dr Vandana Prasad, a graduate of 2011 asserts this when she writes:

*I feel dissemination is strongly part of ethical research and that research is not complete without it, even if it is not built into the design - as it would be in participatory research.*

Her research was conducted in New Delphi in India, and was titled “A Study to Understand the Barriers and Facilitating Factors for Accessing Health Care amongst Adult Street Dwellers in New Delhi, India”. She writes:

*When one is working in any manner with vulnerable people, or people who are far less powerful than us, everything we do has the potential to be exploitative. That includes research; 'extracting' information for some purpose that has been determined by us – not the group participating as respondents - can, in some extreme form, be interpreted as 'using' people. After all, we (as MPH students) are getting a degree through this work, and perhaps a publication in a journal as well; but what do the vulnerable people who participated stand to gain?*

*Sometimes this question is asked of us as researchers by the participants themselves, sometimes we hear this comment from others and sometimes we wonder about it ourselves. This is specially so if we are working with the self awareness that inequalities of power require, and if we, as persons involved in social action, are committed to minimise them. We do understand that our small contributions to more information or knowledge about the lives of the participants is intended to assist larger processes, to take action in their favour, but that seems to be a very distal gain.*

*The ethics committee that approves our research ensures that we do no harm and that transparency is maintained for the purpose of this research. Of course, consent is taken from participants and they should know what they are participating in and what they will gain or not gain from it. Direct gains (such as financial incentives) do not appear to be a good idea since they may influence the findings themselves. Thus, if one's research is a part of a general course of social action, 'giving back' in whatever manner possible becomes an important task to be undertaken once the formal research is over. This part of the process is included as part of the formal research in many methodologies such as participatory research, as we have learnt from our course work and even if it is not a part of our own methodology, it seems ethical to adopt it and put some effort into making it happen. Many possibilities exist to do this, but the minimum responsibility as a researcher is to share findings with the group that participated, and if possible, to make the effort to share one's recommendations with those people who are already in the business of taking action with them or on their behalf, such as with those involved in campaigns and NGOs. This, of course, is not a one way street, because the feedback to our research at such debriefings further enhances our own depth of understanding of the subject, and if some issues are taken up for improvement as a result of our study, we feel satisfied that we have done more than just achieve our own objectives* [Personal communication by e-mail, 5 November 2012, Dr Vandana Prasad to Lucy Alexander].

Take a look at Robson (2011) pages 496-499 in which he addresses both ethics of dissemination and quality of reporting.

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| **READING**Robson, C. (2011). Ch 18 – Reporting and Disseminating. *Real World Research.* Chichester: Wiley: 495-513. |

Another graduate, Dr Akbar Badat, who is a medical doctor in Zambia, also reported back on the dissemination process he followed for his policy-orientated minithesis - “The Trends and Characteristics of Donor Funding Patterns of Malaria, Tuberculosis and HIV Programs in Zambia”. He writes:

*I compiled a dossier of the feedback I received from some of my MPH thesis research participants, and afterwards I gave a copy each of my MPH thesis to all participants.*

By circulating his research to these key participants, he distributed knowledge of his findings to some of the higher echelons of the Ministry of Health and across other Ministries. One of the recipients, the Special Assistant to the president, notes that he has passed on the abstract, introduction and conclusion to the Ministers and Deputy Ministers of Finance, National Planning, Health, Trade and Industry and writes that he *“… has no doubt that the issues, findings and recommendations of your thesis have policy consideration utility value”* [Personal communication by e-mail, 14 Feb 2014, Dr Akbar Badat to Lucy Alexander].

In addition, the study was circulated to the WHO representative, a faith-based umbrella organization in Zambia, two embassies involved as donors to such programmes and the national network involved in HIV/AIDS in Zambia. Dr Badat received acknowledgement from each of these organisations, and a detailed appraisal of his findings from one of them. This process of dissemination is of particular relevance for policy research, where the very aim thereof is to influence policies or policy review.

Dr Prasad also alerts us to the challenges of disseminating findings and makes some suggestions regarding process:

[Disseminating my findings H*]owever, … was far from easy! Participating field-based organisations and associated campaigns are usually so focused on fire-fighting and daily struggles that they rarely take time for reflection on issues that do not demand immediate short-term resolution. A young student may not easily be able to convince the head of an organisation to spend time and money and call out personnel from their busy schedules to listen to the analysis of his / her study. It takes persistence and skilled persuasion to do so. Once the time has been negotiated (half a day is the optimum, in my opinion if it is a large group of different organisations, and about 2-3 hours if it is purely in-house), it also needs careful presentation, since the format of a thesis is not conducive to such a meeting.*

*Though it took six months to come to fruition, I was lucky enough to have the head of the participating organisation AB organise a half-day meeting with many of the major organisations working with the homeless in India at my behest. I was given 45 minutes for my presentation, which included some description of the methodology I had used as well as main findings and recommendations. Then other groups also presented their experience with providing health services for the homeless. There was a rich discussion about what more could be done or how things could be done better. Finally, the meeting culminated with some agenda for short-term action which is on-going and in which I am also continuing to be involved. It also, incidentally, resulted in the formation of a national alliance for the homeless which was a long time coming, but had just needed a stimulus for people to meet and take decisions. It is still a long haul before firm gains for the participating group, but I feel that my duty, arising from having done a piece of research, is done for now.* [Personal communication by e-mail, 5 November 2012, Dr Vandana Prasad to Lucy Alexander].

**Task 1 – How will you disseminate your findings?**

If you really have kept a research diary, you should have the results of a task in Unit 2 where you brainstormed the stakeholders for whom your topic may have significance. Look back at this list, and then brainstorm how you could disseminate your findings.

1. How could they have most impact?
2. To whom should they be communicated?
3. Would you include study participants as well as those who may be able to act on them? How will you do this?In what format would you aim to disseminate your findings to the different groupings?

Look again at Robson (2011) in which he addresses (on page 504) writing for non-academic audiences. He also mentions the importance of writing to a professional standard which applies of course to your minithesis too.

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| **READING**Robson, C. (2011). Ch 18 – Reporting and Disseminating. *Real World Research.* Chichester: Wiley: 495-513. |

**Feedback**

How you disseminate your findings depends largely on the topic and study aim. Simply comparing the strategies of Dr Prasad, and Dr Badat demonstrates this point. In this role, as research disseminator, you want to make maximum impact. Otherwise, your research can hardly be termed “real world” at all.

Since then, Dr Prasad (Prasad, 2012) and a number of other SOPH graduates have published articles based on their minitheses in various journals. This is a significant way to disseminate findings, as peers in academe as well as those in the health services may read such publications and use their findings. As is good practice after all the efforts of a minithesis, graduates usually present papers at conferences or submit manuscripts to journals in conjunction with their supervisors.

5 Session summary

In this session, we have alerted you to two concluding issues: critically reviewing qualitative research in preparation for refining your literature review; strengthening your critical review capacity also helps to strengthen your own understanding of quality in qualitative research and helps you to strengthen your own research.

In addition, we have introduced the issue of disseminating your research as an ethical obligation but also one which has significant potential to make your research really “real world research” and to achieve some of the Public Health impact that you set out to achieve. We wish you well with the process that lies ahead – developing (with your supervisor) your 12 page protocol! Review your timeline, and do everything you can to get your study registered before the end of this year! Good luck!

6 References and further readings

Prasad, V. (2012). Translating Universal Care for the Homeless: Barriers and Potential Facilitating Factors for Accessing Health Care Amongst Street Dwellers in India.  *Health, Culture and Society,* 2(1). [Online] Available: <http://hcs.pitt.edu/ojs/index.php/hcs/article/view/74> [Accessed 12.1.13].