

Gathering Qualitative Data

The three common methods of gathering qualitative data in health professions education research are:

Observations

Qualitative researchers systematically watch people and events to find out what they do and say in their everyday settings. They go into the field and submit themselves in the company of the members of the community they are observing (Goffman, 1961), taking detailed notes of their behaviour and talk, asking questions and analysing documents along the way while keeping the primary focus on observation. The researchers are said to be research instruments in that the data gathered relies heavily on the researchers themselves.

Source: Mays, N., & Pope, C. (1995). Qualitative research: Observational methods in health care settings. *BMJ (Clinical research ed.)*, 311(6998), 182–184.

Semi-Structured Interviews

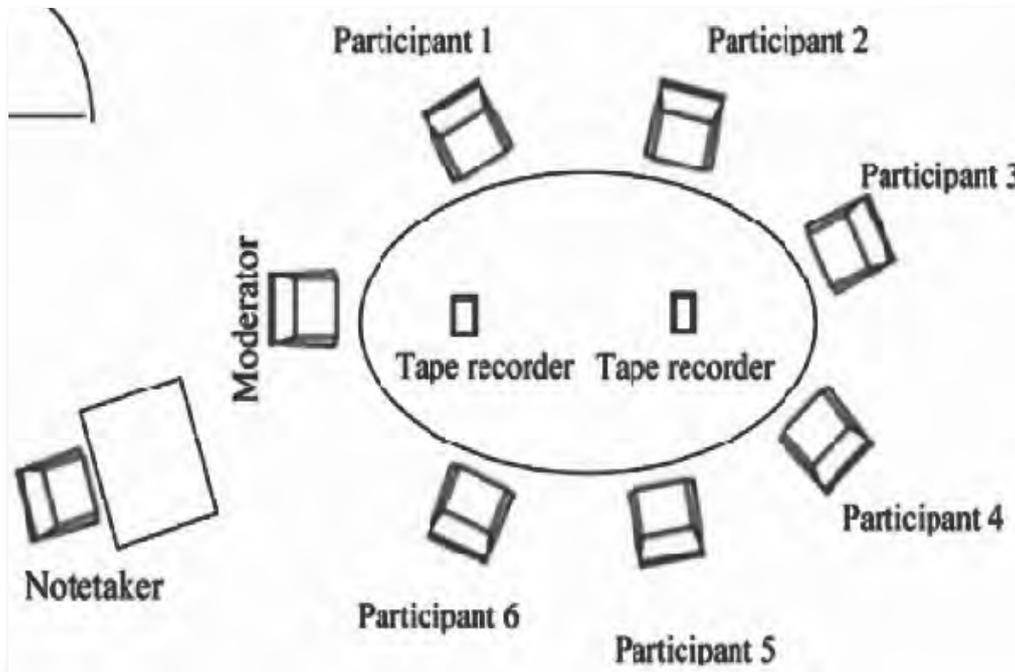
Draw up a list of core questions that define the areas you want covered in your conversations with your respondents. Unlike quantitative interviews based on highly structured questionnaires, the order in which the questions are asked will vary, as will the questions designed to probe the interviewee's meanings. The exact phrasing of the actual questions cannot be standardised because you as the interviewer will be couching follow-up questions based on your interviewee's wording. In this sense, the interviewee influences the direction of the conversation. You may also introduce further questions as you become more familiar with the topic being discussed and want to probe into a concept emerging from their conversations with the interviewees.

Source: Britten N. (1995). Qualitative interviews in medical research. *BMJ (Clinical research ed.)*, 311(6999), 251–253. <https://doi.org/10.1136/bmj.311.6999.251>

Focus Group Discussions are organised to explore a specific set of issues. The group is focused because it involves a collective activity. Focus groups are different from group interviews by the explicit use of the group interaction as research data (Kitzinger, 1994). The goal is to tap into and learn from the interactions between participants (Barbour, 2005; Stalmeijer et al., 2014). The ideal number of participants is five to eight. Homogeneous groups are used if researchers believe that discussion may be hampered by inclusion of senior participants or those in a position of authority. Heterogeneous groups are used if the investigators believe that differing opinions could stimulate discussion to provide a variety of perspectives (Wong, 2008). As in interviews, these discussions can vary from more structured to less structured. Start with a few open-ended questions as triggers while you sit back to 'eavesdrop' (Kitzinger, 1995). Adopt a more interventionist style later in the session – urging debate to continue beyond the stage it might otherwise have ended and encouraging the group to discuss the inconsistencies both between participants and within their own thinking. Work in pairs: one researcher facilitates the discussion; the other notes down the turn-taking and salient points and occurrences.

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Figure: Sketch of a focus group seating plan



Source: page 258 in Wong, LP. (2008). Focus group discussion: A tool for health and medical research. *Singapore Medical Journal*, 49, 256-260.

Table: Overview of common methods of qualitative data gathering

METHOD	GOAL	SAMPLE QUESTION	ISSUES TO CONSIDER
<p>INTERVIEWS Data: What individuals say in answering an interviewer's questions; notes taken during interviews.</p>	<p>Discover individual perceptions, experiences or understandings of a specific topic, situation or phenomenon.</p>	<p>What do health professionals in a sub-acute ward perceive as interprofessional work?</p>	<p>Who should you be interviewing (sample)? Does your interviewer have the right training to elicit rich responses? Is his/her role likely to bias interviewees' responses? Is the topic likely to cause reputational or psychological harm to participants?</p>
<p>FOCUS GROUPS Data: What homogenous or heterogenous groups say during facilitated conversations; shared responses to facilitator's questions and to one another's perspectives.</p>	<p>Explore the range of perspectives on a topic within (and sometimes between) different stakeholder groups.</p>	<p>How do OT and PT clinician-educators see their roles and identities?</p>	<p>Is your moderator skilled enough to manage group discussions and difference personalities? Is his/her professional role likely to alter participants' responses? Is the topic covered too private for group discussions? Are hierarchies among group members problematic?</p>

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OBSERVATIONS

Data: What people do in everyday activities or during planned scenarios or simulations, as recorded in field notes and/or via audio or visual recordings

Develop an understanding of actual rather than narrated behaviour. Situate behaviour in its broader context. Evaluated the impact of a policy on practice.

How do clinical workers of a sub-acute ward conduct multidisciplinary team meetings?

What kinds of observational data are you interested in – count data, workflow data, social interaction data?
Do you have enough time to observe or to train an observer?
Do you have access to sites?
Do the ethics of your clinical role conflict with the nature of your role as a researcher?

Adapted from Paradis, E. (2016). The tools of the qualitative research trade. *Academic Medicine*, 91(12).

Practice Points

An interviewee who is a resident or trainee may wish to please you by giving the responses she thinks would put her in a favourable light. What can you do in this situation?

Fifteen minutes into your interview with your student, and you have a niggling sense that he is holding back his voice in your conversation. What can you do to turn the situation around?

What are the ways you can think of to stimulate discussion in a focus group discussion?

References

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