

HEALTH PROFESSIONALS RESEARCH EDUCATION PROGRAM –

Session 4: **QUALITATIVE RESEARCH AND ANALYSIS**



12.00noon – 1.30pm Thursday 11 November 2021
Zoom MEETING ID: 839 4741 8825 and Passcode: 408188

ACKNOWLEDGEMENT OF COUNTRY

Traditional Owners

The University of Newcastle acknowledges the traditional Aboriginal owners of the lands within our footprint areas:

- Awabakal Nation Callaghan and NUspace
- Darkinjung Nation Central Coast, Ourimbah Campus
- Biripai Nation Port Macquarie Campus
- Worimi Nation Williamtown Hub
- Wonnarua Nation Upper Hunter Hub
- Eora Nation Sydney Campus

We also pay respect to the wisdom of our Elders past, present and emerging.



SCENE SETTING and PRESENTER



Professor Nick Goodwin

Director, Central Coast Research Institute for Integrated Care

Director of Research, Central Coast Local Health District



Health
Central Coast
Local Health District



What Does High Quality Qualitative Research Look Like?

with thanks to Dr Loraine Busetto, Heidelberg University Hospital, Germany

Busetto, L., Wick, W. & Gumbinger, C. How to use and assess qualitative research methods. *Neurol. Res. Pract.* **2**, 14 (2020)

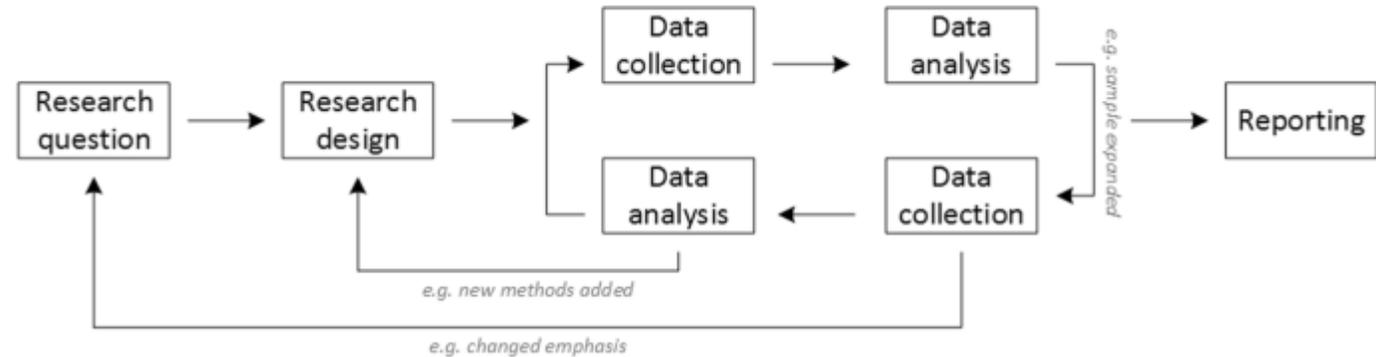


Why conduct qualitative research?

- Some research designs seemingly remain ‘objectively better’ than others (e.g. RCTs) *but* you should first consider **questions before methods**
- Many research questions cannot be answered using (only) quantitative methods – often, you need data in the form of **words rather than numbers**
- To **discover reasons** for observed patterns, especially those that might surprise us
- Essential for assessing complex or multi-component interventions or systems of change – from ‘what works’ to ‘**what works for whom, how, why and when**’?

Data collection methods – qualitative research is different

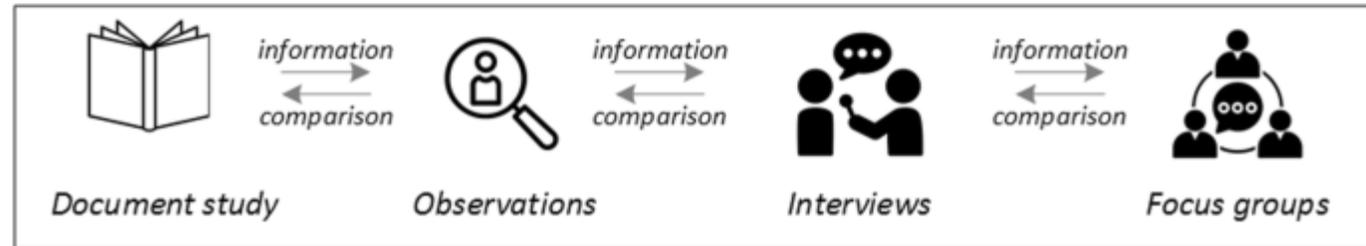
- **Iterative** - qualitative research is characterised by flexibility, openness and responsiveness to context



- Qualitative methods reflect a **different underlying research paradigm**
- The choice of methods can (should) be based on an **underlying substantive theory** or framework

Ensure quality in data collection methods

- Document study
- Observation
- Surveys
- Interviews
- Focus groups

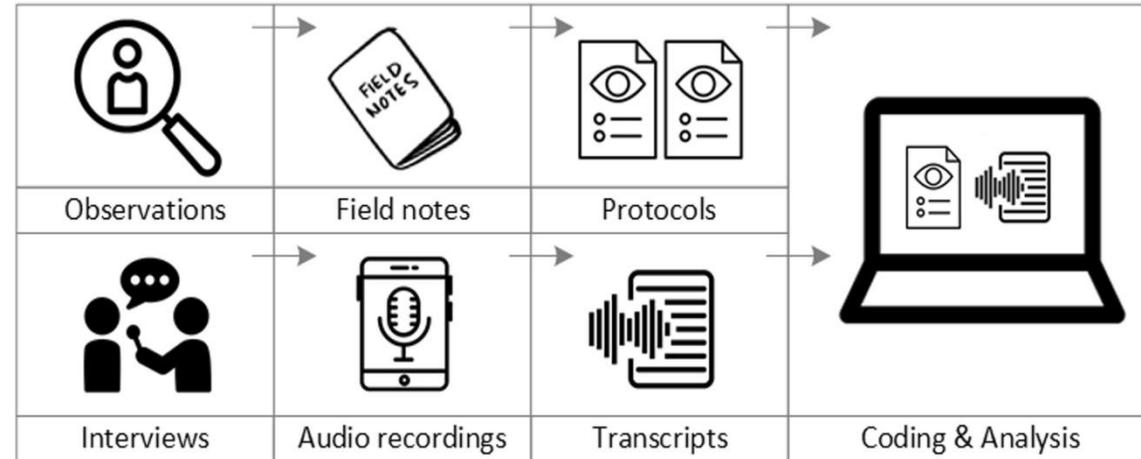


The fit - choice of single or combined methods has to be based on the research question that needs to be answered, and this choice needs to be critically discussed and reported in methods and results

Triangulation - multiple data sources achieve a more comprehensive understanding

From data collections to data analysis

- Transcription
- (co)-Coding
- Abstraction (theming)
- Synthesis

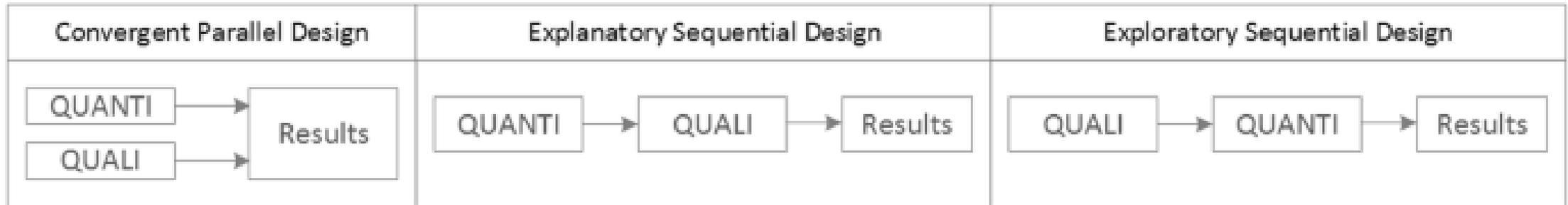


Your end product should be a **descriptive theory or narrative** of the behavioural patterns under investigation.

Reporting possibilities

- Study protocols
- **Transparency and justification** of methods
 - The study setting
 - Why the methods were chosen
 - How they were applied / their robustness (biases and influences, sample sizes etc.)
 - Analysis and interpretation
- **Unpack ‘thick description’** to focus on ‘findings’ – e.g. commonalities and discrepancies etc ...

The Strength of Mixed Methods



- Explanation (e.g. especially to contrary / mixed results)
- Triangulation to corroborate findings
- Complementary / illustrative
- Strengthening observations

What is High Quality Research?

- No 'gold standard'
- **Checklists** – demonstrating adherence to e.g. *Standards for Reporting Qualitative Research (SRQR)*
 - Is the research of technical high quality and transparency?
- **Reflexivity** – understanding the sensitivity between the researcher and the researched – e.g. who did the research, how was the data collected, who analysed it, issues of gender or age, cultural safety ...
 - Does the research understand or aware of its biases and limitations?
- **Piloting** – iterative – did we test and revise before rolling-out?
- **Sampling and saturation** – grow your sample to the point where variants in responses are lacking = 'purposive'
 - Is the sampling strategy sound?
- **Check it out** – respondent validation through stakeholder involvement

PRESENTER



Rhonda Wilson

*School of Nursing and Midwifery
College of Health, Medicine and
Wellbeing*

School of Nursing and Midwifery

Top Tips to engage with Indigenous Research & Education

Presented by
Prof Rhonda Wilson
Deputy Head of School (Central Coast)
Head of Indigenous Portfolio

Belonging to the Wiradjuri Nation



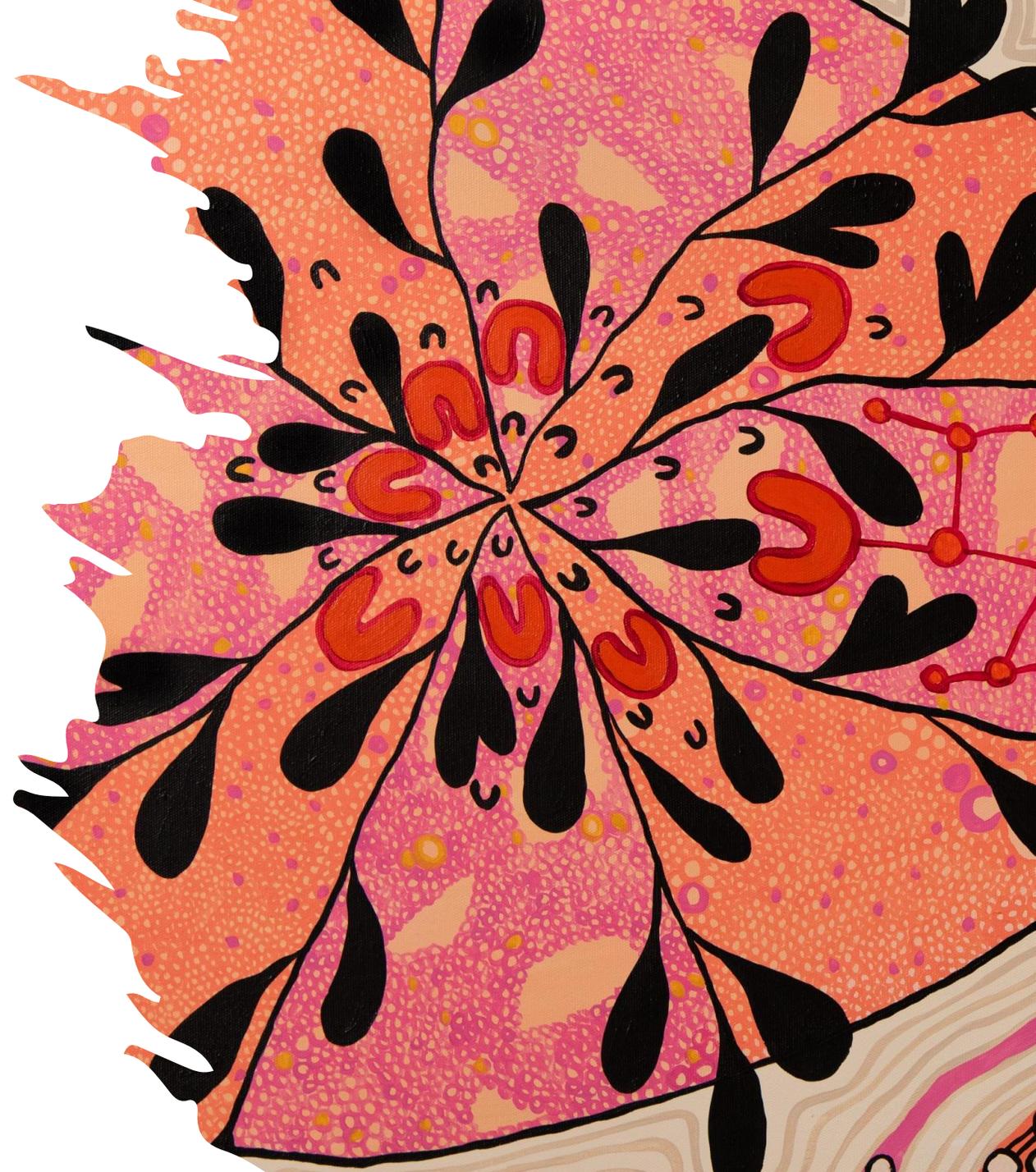
THE UNIVERSITY OF
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AUSTRALIA



Acknowledgement of Country

We acknowledge and respect the Pambalong clan of the Awabakal people, traditional custodians of the land on which Callaghan campus of The University of Newcastle is situated.

The Darkinjung people, traditional custodians of the land on which the Central Coast campus, and the Birapai people, traditional custodians of the land on which the Port Macquarie campus are situated.



Acknowledgments

Main principles :

- First activity of business.
- If esteemed Elder/s are present, it is important to acknowledge them.
- Know something of, appreciate something about, the Traditional Lands where you live and work/ research.
- Acknowledgment should express a sentiment that offers genuine respect ‘from the heart’ and invites others to join you in that sentiment.

Dissemination:

- Ask how advisors would like to be acknowledged.
- Consider including the cultural affiliations of authors.

Indigenous ous Lens

Align to social and cultural determinants:

Our philosophy of health often relates closely to understanding the **social/cultural determinants of health**. This doesn't always align with the dominant westernised biomedical ways of understanding health. It is a difficult balancing act for us, and we invite you to help us with the decolonising the process.

- ***Closing the Gap*** here: <https://www.niaa.gov.au/indigenous-affairs/closing-gap>.
- ***The Statement from the Heart*** here: <https://fromtheheart.com.au/uluru-statement/the-statement/>
- **Cultural Determinants** here: <https://www.lowitja.org.au/page/research/research-roundtable/cultural-determinants>

Racism

Dismantle racism: Racism in nursing and midwifery needs to be recognised and dismantled. We hope we are all united in calling for this action. We want you to stand shoulder to shoulder with us and for you to be prepared to explore your own biases, values and judgements going forward (Geia et al., 2020)

<https://www.tandfonline.com/doi/full/10.1080/10376178.2020.1809107>

Ways forward:

- *Recognise racism in all forms and act to dismantle it*
- *Actively include us in all conversation and decisions about us*
- *Cultivate a culturally safe curriculum*
- *Respectfully engage in careful bipartisan discourse (Geia et al., 2020)*

Indigenous Standpoint

Positioning yourself emotionally, and spiritually, to readily connect with Country helps you to align meaningfully with an **Indigenous standpoint** generally. Listening to this podcast offers a great way to do that – putting yourself in our shoes in one sense, and cultivating your emotional intelligence, empathy and change agency to work with us.

Listen (11 minutes)

<https://soundcloud.com/gjrclark/backtocountry>

Thought leader

- Distinguished Professor Aileen Moreton-Robinson
- <https://www.qut.edu.au/about/our-people/academic-profiles/a.moreton-robinson>

Peak Bodies

- **Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)**. Indigenous people can join as full members, and non-indigenous people are welcomed as associate members.
 - It is free either way and you gain an awareness of contemporary issues for the sector <https://www.catsinam.org.au/>
- **Participate in our Networks:** Join **Leaders in Indigenous Nursing and Midwifery Education Network (LINMEN)** – again, it is open to everyone.
- There is a great **resources hub** to draw information from and includes a collection of literature and other resources to support Indigenising health curriculums and amplifies the Indigenous voices and leaders in this space.

Sign up for newsletters from **Lowitja Institute** and **Australian Indigenous Health InfoNet** receive news on health research and other relevant information as it comes to light.

<https://www.lowitja.org.au/>

<https://healthinfonet.ecu.edu.au/>

Social Media

- **Follow us:** We are prolific in speaking up on **social media**... Some of us are advocates and some of us are activists... Some, a bit of both. We love allies and accomplices to stand with us <https://www.croakey.org/where-do-you-fit-tokenistic-ally-or-accomplice/>. Follow along... and, engage.

For example – ‘search’ and ‘like’ or follow’ Indigenous health **facebook** pages such as CATSINaM... Members have a private page where there is more scope to safely discuss issues.

Twitter also has a lot of Indigenous health leaders who are active. Follow them, as they often share their latest scholarship there too. Find one of us using a ‘search’ and then look at who we are following...and you will probably find the rest of our Mob too! Be prepared to listen as we discuss and lead commentary around contemporary issues in those platforms.

Teach from our books and literature

- Use our nursing and midwifery **textbooks**, cite our leading researchers and raise Indigenous voices about Indigenous issues. Use them in your teaching and learning as resources.
 - For example: *Yatdjuligin* (3e out now)
<https://www.cambridge.org/core/books/yatdjuligin/3D496D532F8AAB601D8DD00C5FECBFC2>

Use our techniques

- Use our **methods in your research**. Use our techniques in your teaching about research. Partner with us in research and respect the sovereignty of our data.
 - Read more here from some seminal works:

<https://www.zedbooks.net/shop/book/decolonizing-methodologies/>

And: <https://www.zedbooks.net/shop/book/decolonizing-research/>

Respect our Time

- Everyone's time is very valuable. Indigenous academics often have a significant administration and service component over and above their workload, at every level of the academy. We generally think that it is an important principle to *share generously* with others and as a result we take very seriously our responsibility as leaders in our fields. We ask for respectful inclusion, we aren't here to be tokenistic. We respectfully ask you to reciprocate by respecting our time carefully.

We want to say 'yes' when you ask us to help you *every time*... but, time is often against us! We need you to practice respectful asking, for example, only asking for what you need, and for you to prepare yourself to learn from us when we show you how to work respectfully with Indigenous people. Please appreciate that by doing this, you can help protect us from burn-out!

Yarning circles

- Sometimes we prefer to talk about topics in a different way to the dominate culture. For example, we might call it yarning, or storytelling. A Yarning Circle is a social activity, and way of having a respectful shared conversation, where topics can be explored fully, and everyone has the opportunity to listen *deeply*, and importantly, to be *fully heard* when speaking.

This is (briefly) how it works:

Members of the yarning circle are reflective in their participation, usually seated in a circle arrangement; for example, on chairs indoors (desks and technology not usually needed), or on the ground outside, and ready for an oral communication exchange (NB other variations are possible but for brevity some example noted here).

Sometimes a message stick can be used to assist the process. The bearer of a message stick has safe passage to tell, or deliver a story, and also to be respectfully listened to for the duration.

The deep listening offered by others in the group is a way of connecting in the communication process and demonstrates 'being present' in that moment of time. The active listening is a mechanism for learning about the perspective, or the message, delivered by the storyteller.

As the message stick is passed around (if it is used), other speakers have the chance, and are invited to continue the conversation: To ask questions; explore possible explanations; and to thoroughly examine the topic in detail. In doing so, respect of each other is a key attribute.

If a cultural Elder is present, or an older person, then particular respect is generally offered by participants. Older people, and especially Elders in Aboriginal cultures, are often thought of as 'knowledge keepers' and therefore they are highly esteemed people who are important in the translation of knowledge and suggesting ways in which it is appropriate in application to practical circumstances. Thus, listening carefully to them demonstrates cultural respect for Elders (this is highly valued in Aboriginal cultures).

At the conclusion of a yarning circle, there is a desire to achieve agreement generally, additionally, a new meaning about some phenomena may arise. Following, the yarning circle is bound by the shared decisions arising from the circle. Further iterations of decision making can occur, for example, a new idea or viewpoint or perspective can be introduced into the yarning circle, or a subsequent circle, and the process commences again.

Sometimes these conversations can be very robust, they can take a very rigorous form and are useful for thoroughly examining a topic, and it is for this reason that they can be a very useful for knowledge translation as a learning or pedagogy strategy.

In a yarning circle everyone is inherently valued, a collective learning outcome is achievable.

You might see yarning circles used in a variety of contexts, and you may be invited to participate in yarning circles. You can use these principles and apply them to learning and teaching activities.

Thankyou



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PRESENTER



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Developing a qualitative sensibility

Firstly, decide whether you should be taking a qualitative approach, or not.

Some important things to consider...

- The researcher's intentions (what are you doing, and why)
- The aims of the research / inquiry (decisions about your study design, data collection, analysis and reporting, all flow from the aims of the research)
- The most appropriate approach to address aims and answer research questions (and whether you can carry it out rigorously and ethically)

Put simply – the aim of qualitative research is to produce knowledge about what, and why do, people do what they do - by watching people and listening to / reading what they have to say



Good reading –

Clarke, Victoria & Braun, Virginia. (2013). Chapter 1: Some very important starting information. *Successful Qualitative Research: A Practical Guide for Beginners*.

Clarke, Victoria & Braun, Virginia. (2013). Chapter 3: Planning and designing qualitative research. *Successful Qualitative Research: A Practical Guide for Beginners*.

Wolcott, H. F. (2009). *Writing up qualitative research (3rd ed.) (3rd ed.)*. SAGE Publications, Inc.

There is no such thing as 'a' or 'the' qualitative method

The study design

Open to emerging information

Sampling is purposeful – people, communities, cultures, events

Data collection

Aim for 'thick' rich data
- circumstances, meanings, intentions, strategies, motivations...

The analysis

Each 'case' (person) is unique

'Immersion' in the data

Move from person to across people

Whole phenomenon analyses (not just adding up the parts)

Qual approaches and methods

What do you want to know	Aim / Purpose	Approach	Methods
What factors impact residents' preferences for learning on the clinic rotation?	To develop theories grounded in the study data	Grounded theory	Interviews, observations, focus groups, study of artefacts and texts.
How do residents experience learning, in the context of the learning culture in the clinic rotation?	To develop an in-depth understanding of the culture of a context from the point of view of the study subjects through immersion in that setting over an extended period of time	Ethnography	Focus groups, observation, interviews, document analysis, field notes and surveys
How do residents experience learning, in the longitudinal clinic rotation structure?	To describe the essence of a phenomenon by exploring it from the perspective of those who experienced it so as to understand the meaning participants ascribe to that phenomenon.	Phenomenology	Interviews and narratives, to produce descriptions of lived experiences. Also used are diaries, document analysis and/or visual methods

Analysis of qualitative data

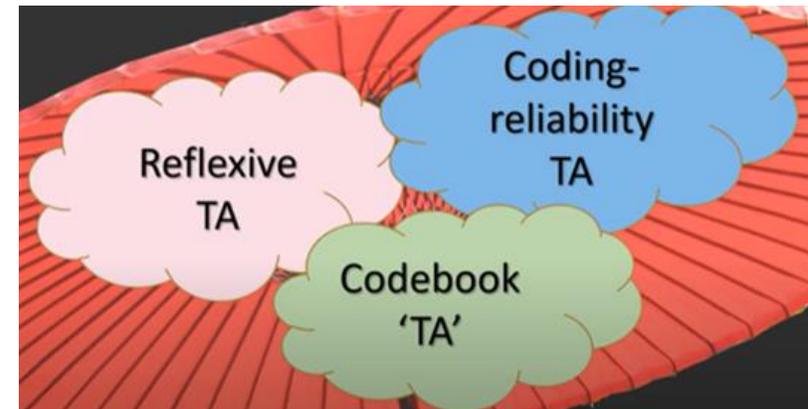
the quickest of tours on thematic analysis



- Thematic analysis (TA) is a method for identifying, analysing and reporting patterns of meaning within data (themes)
- There are different types of TA – it's an umbrella term for a set of approaches
- The different versions of TA can differ enormously in terms of underlying philosophy and procedures for producing themes

Braun et al., (2019) refer to types of thematic analysis, in which coding can differ:

- coding reliability,
- reflexive and
- codebook



A great start is Braun et al, "Thematic Analysis" chapter in Handbook of Research Methods in Health Social Sciences (2019, p 843-860).

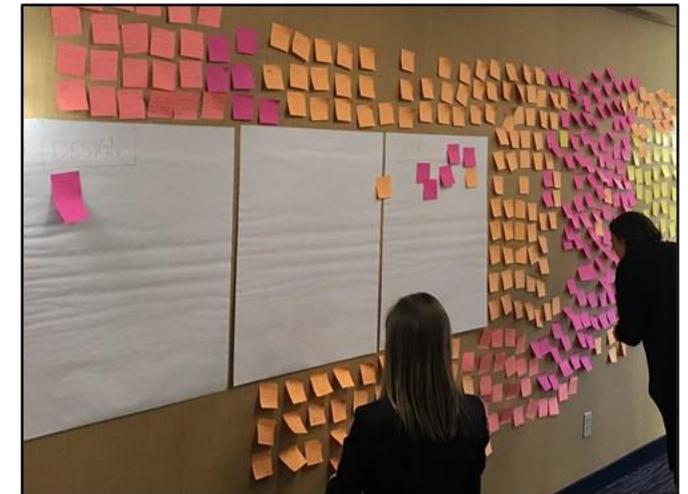
*** Thematic Analysis page <https://www.psych.auckland.ac.nz/en/about/thematic-analysis.html>

Part of TA is coding your data

There are many perspectives on codes and coding, as one way to treat qualitative data. There are many ways of 'seeing' the data, and a variety of ways of 'treating' it.

Code	A descriptive word or phrase to describe/represent a piece of data.
Category	Formed from reviewing codes, and collecting together codes related to the same issue, topic or feature.
Theme	An outcome of categorising and reflection by the researcher on salient patterns in the data. Themes can be theory led or inductively generated. Note – themes are not just a re-statement of questions asked in interviews. Themes are often constructed as a higher level of interpretation and abstraction, beyond the study participant's statements alone, to latent meanings of what was said.

TA is iterative and progressive and recursive. You work through your data, you notice things, you collect those things and think about them, then notice new things..... Even returning to previous codes/themes and revising again



Would you know a theme if you saw one?

How is “a theme” conceptualized?

Perhaps two main theme types...

[1] shared meaning-based patterns (Braun, Clarke, Hayfield, Terry 2019)

“themes capture the essence and spread of meaning; they unite data that might otherwise appear disparate, or meaning that occurs in multiple and varied contexts; they (often) explain large portions of a dataset; they are often abstract entities or ideas, capturing implicit ideas “beneath the surface” of the data, but can also capture more explicit and concrete meaning; and they are built from smaller meaning units (codes)”

[2] domain summaries

“conceptualization summarizes what participants said in relation to a topic or issue, typically at the semantic or surface level of meaning, and usually reports multiple or even contradictory meaning-content. The (“theme”) issues are often based around data collection tools, such as responses to a particular interview question.”



Good stuff –

Braun, Clarke, Hayfield, Terry. (2019). Thematic Analysis. In: Handbook of Research Methods in Health Social Sciences, pp 843-860.
Victoria Clarke YouTube video - “What is thematic analysis” (2017) which includes a section where she talks about what makes a theme

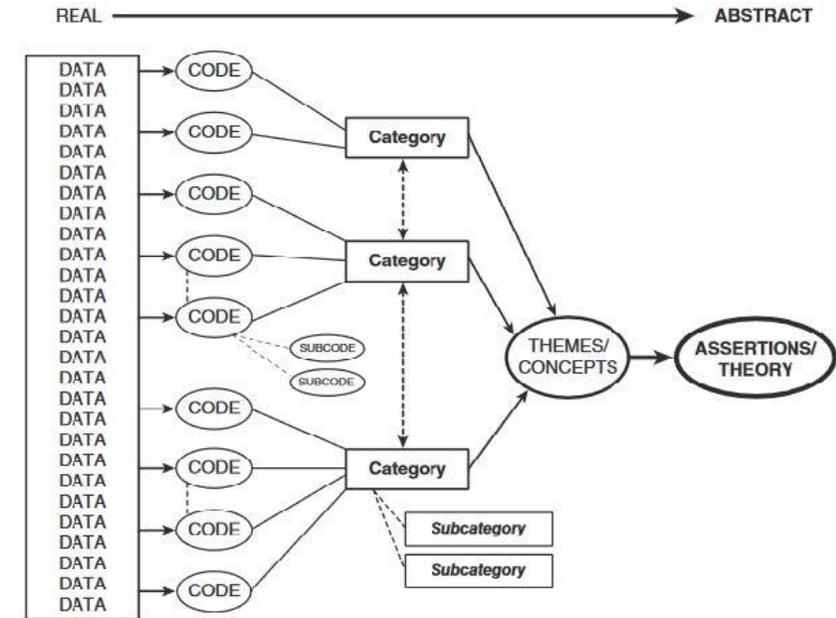
Think TA sounds simple....

There are different ways TA can be approached – such as...

- An inductive way – coding and theme development are directed by the content of the data;
- A deductive way – coding and theme development are directed by existing concepts or ideas;
- A semantic way – coding and theme development reflect the explicit content of the data;
- A latent way – coding and theme development report concepts and assumptions underpinning the data;

You could also take a **Hybrid** approach – whereby you combine the data-driven inductive coding approach with an *a-priori* deductive framework approach as a means of subsequent data organisation

Applying Thematic Analysis to Education: A Hybrid Approach to Interpreting Data in Practitioner Research



Source: Saldana 2013, Figure 1.1 page 13,
A streamlined codes-to-theory model

Analyse data line-by-line using iterative comparisons of individual narratives (my early 'noticing' phase)

Ppt: But not at the moment.

Int: So you're ninety-five and you've been doing the study for more than twenty years now, so how are you going? How are getting on?

Ppt: Well apart from a broken collar bone at the moment I'm doing pretty well I think.

Int: And what happened? How did you break your collar bone?

Ppt: Silliest thing, I get my cleaning lady once a fortnight and she was working in the house so I thought "well I'll go outside and do something out of her way". So I was sweeping up the patio, finished the job, turned round to put the broom away and caught my foot on the broom and went [??] on the brick work as if I'd been poleaxed. (hit in extreme force)

Int: Oh gosh, so what did you do next?

Ppt: Sit up and see if anything was broken.

Int: Right.

Ppt: And then, I'd also hit my head and I got a small cut on my face so I got a Kleenex. I potted inside touching a blood soaked Kleenex to my forehead and my poor cleaning lady nearly had a heart attack.

Int: Gosh yes.

Ppt: But you know I was ok, well I thought I was ok.

Int: And then what.

if you're in good health, you're doing well.

trivialising not a big deal

little self-deprecating?

have I been taught to play down this or like this

state recall who does about

more action than "good" which could be more a state

very matter of fact, very pragmatic answer (how would she know)

very functional, fixing herself.

casual? didn't hurry? or more self-deprecation of how "old" women move about

1

Sort and sift through your notes and start to code pieces of information

Ppt: But not at the moment.

Int: So you're ninety-five and you've been doing the study for more than twenty years now, so how are you going? How are getting on? *stn. see in doc also*

Ppt: Well apart from a broken collar bone at the moment I'm doing pretty well I think *more action than "good" which could be more state*

Int: And what happened? How did you break your collar bone?

Ppt: Sillyest thing. I get my cleaning lady once a fortnight and she was working in the house so I thought "well I'll go outside and do something out of her way". So I was sweeping up the patio, finished the job, turned round to put the broom away and caught my foot on the broom and went [???] on the brick work as if I'd been poleaxed. *(hit in extreme force)*

Int: Oh gosh, so what did you do next?

Ppt: Sit up and see if anything was broken. *very matter of fact, very pragmatic answer*

Int: Right.

Ppt: And then, I'd also hit my head and I got a small cut on my face so I got a Kleenex. I pattered inside touching a blood soaked Kleenex to my forehead and my poor cleaning lady nearly had a heart attack.

Int: Gosh yes.

Ppt: But you know I was ok, well I thought I was ok.

Int: And then what.

if you're in good health, you're doing well.

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little self-deprecating?

have ♀ been taught to play down this go like this

casual? didn't hurt? or more self-deprecation of how "old" women move about

Accident/Injury

Good health

Support/home help

Accident

Injury

Injury

Treatment

After coding, women's qualitative data across 12 surveys (>15 years) looked like this....

ThemeName	O1	O2	O3	O4	O5	O6	6MF1	6MF2	6MF3	6MF4	6MF5	6MF6	6MF7
Doctors and care		I am distressed about how the doctors are not bulk billing. As it is not always convenient for me to get the papers fixed up.											
Energy		I expect to feel better than I do -- feeling tired I don't have the energy to do the chores that I feel I should be able to do.											
Energy			Less energy and feeling tired. Back pain from m [REDACTED] previous operations on										
Energy				I had a fall 2 years ago. Broke a rib & had concussion. [REDACTED] leg in th									
Energy										Just generally feel worn out			
Energy				I was bordering on diabetes, but not taking medication, I walk to lose weight, but I find there is a limit to the time									
Family				<div>My husband belongs to clubs and does lots of work. The secretary of the RSL sub branch writes th									
Family				Sorry this is late coming in to you but I have been away. My daughter li [REDACTED] t was lovely									
Family										My son lives with me, he [REDACTED] morning to go t			
Family				I have been having a lot of pain in my leg <div>In the last 12 months I have had two operations on my n [REDACTED]									
Family										My family OUR CHILDREN LIVE IN OTHER STATES BUT COME HOME WHEN WE NEED THEM, & RING US (
Family										DOCTOR S I have [REDACTED], so find myself extremely deaf with nothing more to be			
Family										High cholesterol but had it more than 3 years. Take [REDACTED] t [REDACTED]			
Family										I LOOKED AFTER MY HUSBAND FOR 10 YEARS OR SO, THEN HAD TO HAVE HIM BECOME A NU			
Family				[REDACTED] ndition. I have more to do as my husband's health is slowing him down, he is 86									
Family				Q76 a. My mother's death when I was [REDACTED] however my dad cared for us for a year. Later dad sent us									
Family										I now have arthritis and had a hip replacemer [REDACTED] am being well looked after by my daughter.			
Family										Became widowed after 60 years of marriage. Daughter now liv			
Family										I have had a bowel resection, & after 6 mths discovered [REDACTED]			
Family										general deterioration of health -- aching joints, arthritis, developing cataracts, back pain all tend to depress one's outlook or			
Family										I have deteriorated in the past year. I have back and hip problems which curtail me a lot now. I'm still able to do n			
Family										I have bee Having cysts on b [REDACTED] so I was unable to ever have children. (narr			
Family										I AM AGED 86 YEARS OF AGE AND LONG PAST MY USED BY DATE BECAUSE I HAVE BEEN IN ILI			
Family										I have osteoarthritis and that has a great affect on my life. Have a lot of pain and it is difficult to walk ar			
Family										<div>I feel lonely for my children who all live in other states. I have no close relatives only a sister in law and her chilc			
Finances										I'm sure this survey is useful. It is interesting to me just to notice amongst the women I know just how the health of so mar			
Finances										I DON'T KNOW HOW IMPORTANT THIS WILL BE, BUT HERE GOES [REDACTED]			
Finances										On page 12, question 32H and page 21, Q 56, both questions relating to income. I wish to state that, as			
Getting around										In past 3 y RE: 31(A) I DON'T KNOW IF YOU CLASSI [REDACTED] A 'MAJOR' DISEASE. I DEVELOPED			
Getting around										As one of his gifts to me fo [REDACTED] by youngest son gave me the Liver Cleansing diet book. I knew I wa			
Getting around										ed had several years on left hand [REDACTED] which was very successful. He had chronic lower back pain			

And this...

in November 98 underwent a thyroid operation and take now thyroxine tablets and Caltrate tablets. In November 97 I had a bowel operation. The surgeon reversed my colostomy.

ThemeName	O1	O2	O3	O4	O5	O6	6MF1	6MF2	6MF3	6MF4	6MF5	6MF6	6MF7	6MF8	6MF9	6MF10	6MF11	6MF12	6MF13	
Partner				<div>My husband belongs to clubs and does lots of work. The secretary of the RSL sub branch writes the newsletter for [REDACTED] rs in ho																
Partner		my husba I found some questions difficult to answer as I am crippled with an old injury I receive [REDACTED] I am back on crutches and they make me very tired, but I am determin																		
Partner		sorry for the delay in returning survey. I have been away for several weeks. Also my husband ha [REDACTED] which causes me a lot of stress and curtails my activities																		
Partner		For the last two years I have been my husband's carer. A nurse comes daily to shower and dress him. I put him to bed. It is a big strain on me [REDACTED] and a lot of othe																		
Partner		I LOOKED AFTER MY HUSBAND [REDACTED], THEN HAD TO HAVE HIM BECOME A NURSING HOME PATIENT THEY WERE VERY HARD DECISIONS TO MA																		
Partner		MY HUSBAND HAS [REDACTED] AND HAS GIVEN UP A LOT AND DOESN'T ANSWER ME WHEN I SPEAK TO HIM. THIS THE BEST I CAN DO.																		
Partner		We my husband and I came to live in a unit which is on the [REDACTED] and my health is very much worse, I come from nerol																		
Partner		In June 20 I have osteoarthritis and that has a great affect on my life. Have a lot of pain and it is difficult to walk and look after my husband who ha [REDACTED]. We both i																		
Poor health		My health is gradually getting worse. My daughter NAME has helped me complete this questionnaire. Com																		
Poor health		Eighteen months ago had veins in legs operated on left leg [REDACTED] Need constan																		
Poor health		A lot of downhill in the last three years; difficulty healing skin on legs, sores. Less interest in what goes on in the wo																		
Poor health		Significant deterioration in health because of Blood in																		
Poor health		Fell and hurt both shoulders, left one damaged. Bursit																		
Poor health		Mum is reasonably healthy physically (for 92 yo) but I																		
Poor health		I, <name>, power of attorney have completed this form for my mother <PPT> [REDACTED], mum has been in hospital																		
Poor health		In the last 12 months I have been fitted with a pacemaker due to a heart pause causing blackouts and fall																		
Poor health		I am getting slower in																		
Poor health		Fell in [REDACTED] hospitalized. Transferred to high care, now unable to walk at all, need assist for toilet & full assistance																		
Poor health		Hi Annett Mum's mind is not very sharp. She goes around in circles asking the same thing over again. She																		
Poor health		I am suffering from a painful condition with my jaw b																		
Poor health		From COD Form: Dear Sir/Madam. Regretfully PPT is gravely ill and not expected to live much longer. PPT's health has deteriorated signif																		

Women with high morbidities, good self-rated health and good self-rated physical functioning
= 31 codes

With 22% of text extracts were coded against “health matters”

The “health matters” code finally materialised in my brain TWO YEARS AFTER CODING, as to how to treat it.

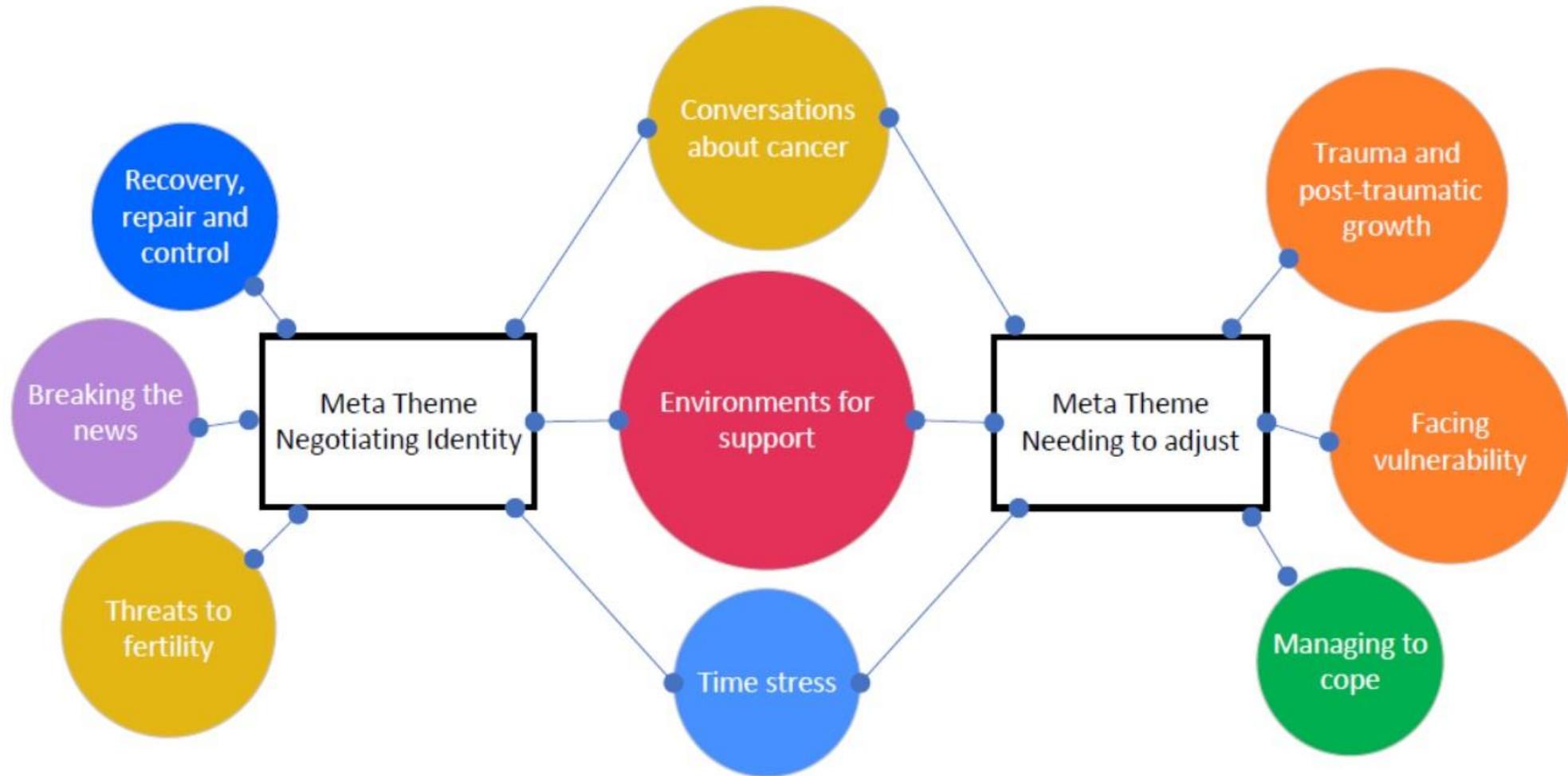
HIGH – GOOD – GOOD N=33 women made N=88 comments 133 extracts of text coded		LOW – GOOD – GOOD N=90 women made 190 comments 251 extracts of text coded	
1	Treatment	1	Support
1	Adaptive activity	1	Work
1	Attitude	1	No change
1	Doctors and care	1	Company
1	Medication	2	Beliefs
1	Busy and doing things	2	Sleep
1	Engage	2	Energy
1	Finances	2	Helping out
1	Living situation	2	Lucky
1	Volunteer	2	Death
2	Health cover	3	Doctors and care
2	Climate	3	Farming and on the land
2	Grateful	3	finances
2	Marriage	3	Medication
2	Manage	3	Pain
2	Helping out	5	Partner
3	It’s an age thing	5	Busy and doing things
4	Support	5	Climate
4	Alone vs lonely	6	Cancer
4	Cancer	6	Monitoring health
4	Death	6	Grateful
4	Pain	7	Manage
4	Lucky	7	It’s an age thing
5	Managing health	8	Treatment
7	Procedure	8	Attitude
7	Good health	9	Good health
8	Family	9	Getting around
8	Getting around	10	Managing health
8	Recovery	11	Recovery
12	Activity	11	Adaptive activity
29	Health matters	13	Family
		14	Living situation
		16	Activity
		21	Procedure
		52	Health matters

Women with low morbidities, good self-rated health and good self-rated physical functioning
= 35 codes

With 21% of text extracts were coded against “health matters”



Codes can be categorised – themes are constructed



How do I know if I have done a good (reflexive) thematic analysis?

A 15-point checklist of criteria for good thematic analysis (reproduced from Braun & Clarke, 2006) -

- Transcription: The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'
- **Coding: Each data item has been given equal attention in the coding process**
- **Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive**
- All relevant extracts for all each theme have been collated
- Themes have been checked against each other and back to the original data set
- Themes are internally coherent, consistent, and distinctive
- **Analysis: Data have been analysed – interpreted, made sense of - rather than just paraphrased or described**
- **Analysis and data match each other – the extracts illustrate the analytic claims**
- **Analysis tells a convincing and well-organised story about the data and topic**
- A good balance between analytic narrative and illustrative extracts is provided
- Overall: Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly
- Written report: The assumptions about, and specific approach to, thematic analysis are clearly explicated
- There is a good fit between what you claim you do, and what you show you have done – i.e., described method and reported analysis are consistent
- The language and concepts used in the report are consistent with the epistemological position of the analysis
- The researcher is positioned as active in the research process; **themes do not just 'emerge'**.

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Thank you

PRESENTER

Doctor Katherine Bolton
Manager Research
Research Office CCLHD

Data Collection Tools and Research Considerations

Dr Katherine Bolton
CCLHD Research Manager



Health
Central Coast
Local Health District

Data Collection Tools

- Survey/ questionnaire – is there a **validated tool**?
- Library Services – assist with finding a validated tool (**literature search**); can also assist with a literature review
- To develop own survey/ questionnaire:
 - **REDCap** (CCLHD & HNELHD & UON) or
 - **QARS** (CCLHD & HNELHD) or
 - **SelectSurvey** (HNELHD only)





quality audit reporting system

QARS allows you to:

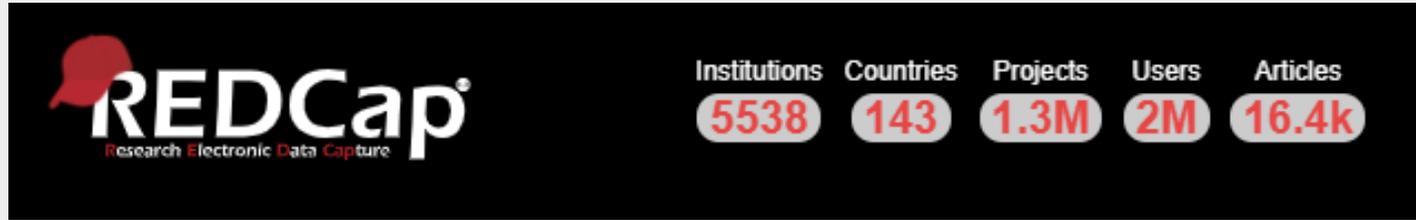
- select a questionnaire or design one yourself
- audit patients or services based on your questionnaire
- compare your results with health services across the state or with your peer health services
- develop an improvement action plan based on your audit results
- communicate your outcomes via reports & charts

QARS is accessible from the [CCLHD/ HNELHD intranet](#)

- further information is available from your LHD intranet pages

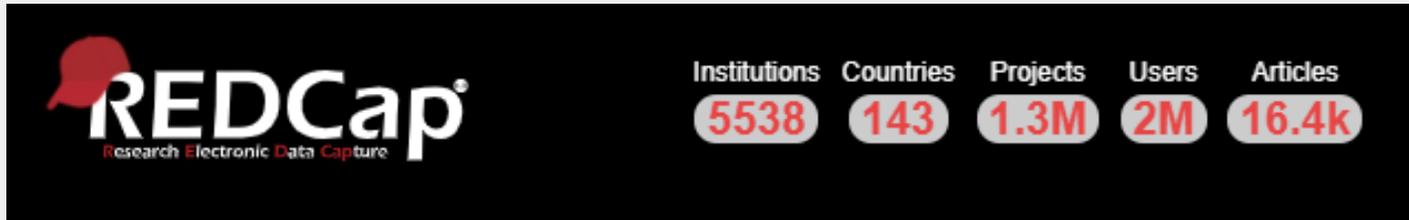


Health
Central Coast
Local Health District



- REDCap is a secure web application for building and managing online surveys and databases
- Primary use is for research studies and operations
- Created, maintained and distributed by Vanderbilt University
- Supported by consortium of over 5500 institutions in 143 countries (over 2M users)
- There are tutorial videos available on the REDCap webpage, <https://www.project-redcap.org/> and manuals are available online





- Used by HNE health staff since 2017 and CCLHD staff since 2018
- Over 500 active users at HNELHD and 100 users at CCLHD
- HNELHD staff should email hnelhd-redcap@health.nsw.gov.au for account details
- CCLHD REDCap New User Application form is available from the CCLHD Research Office intranet page



SelectSurvey

- SelectSurvey is a Windows compatible survey tool application that is available via the Internet or intranet to all **HNELHD staff** (not at CCLHD)
- The software can be used to create, deploy, and analyse results from web-based surveys through a web browser
- The raw data can be also exported in comma separated files to be analysed in other programs such as SPSS, SAS or Excel
- SelectSurvey is also a good tool to use when conducting telephone interviewing or online polling of opinions
- Used by HNELHD staff since 2011 with 993 active users for over 4,205 projects
- Please contact john.fejsa@health.nsw.gov.au for account details



Research Values

Research integrity - All research is underpinned by the [Australian Code for the Responsible Conduct of Research](#).

Researchers have particular responsibilities under the Code and corresponding NSW Health and University policies.

[The Code](#) and associated Guides have broad application across all research disciplines and provide guidance on expectations for research:

- Authorship
- Data management
- Peer review
- Disclosure of interests
- Supervision
- Collaborations
- Publication
- **For advice on research conduct:** University of Newcastle staff can contact a Research Integrity Advisor on researchintegrity@newcastle.edu.au
- CCLHD staff: CCLHD-Research@health.nsw.gov.au
- HNELHD staff: HNELHD-ResearchOffice@health.nsw.gov.au

ARE YOU UNDERTAKING RESEARCH?

Make sure you read the [Australian Code for the Responsible Conduct of Research](#) and know how it applies to you



Scan me

Fairness in the treatment of others



Respect for research participants, the wider community, animals and the environment



Rigour in the development, undertaking and reporting of research



Recognition of the right of Aboriginal and Torres Strait Islander peoples to be engaged in research that affects or is of particular significance to them



Accountability for the development, undertaking and reporting of research



Have you seen conduct that you think breaches The Code?



Scan me

Transparency in declaring interests and reporting research methodology, data and findings



Honesty in the development, undertaking and reporting of research



Promotion of responsible research practices



Australian Government
National Health and Medical Research Council
Australian Research Council



CASE STUDY

Rachel O'Neill

Healthcare Worker and Patient Welfare Team

CCLHD



Health
Hunter New England
Local Health District



Health
Central Coast
Local Health District

The background of the slide is a blurred photograph of a hospital hallway. In the foreground on the left, there is a close-up of an IV drip chamber with a clear plastic drip chamber and a blue stopcock. The hallway in the background is brightly lit with overhead lights, and the perspective is looking down the length of the corridor. The overall color palette is cool, with blues and greys.

Thriving or surviving?

*The experience of new
graduate nurses at an
Australian regional hospital*

Rachel O'Neill
Clinical Nurse Consultant
CCLHD
November 2021

Are nurses effectively supported during the first graduate year?

Are they thriving professionally or just surviving?

Does the quality of professional support during the first graduate year directly influence decisions to remain in the profession?

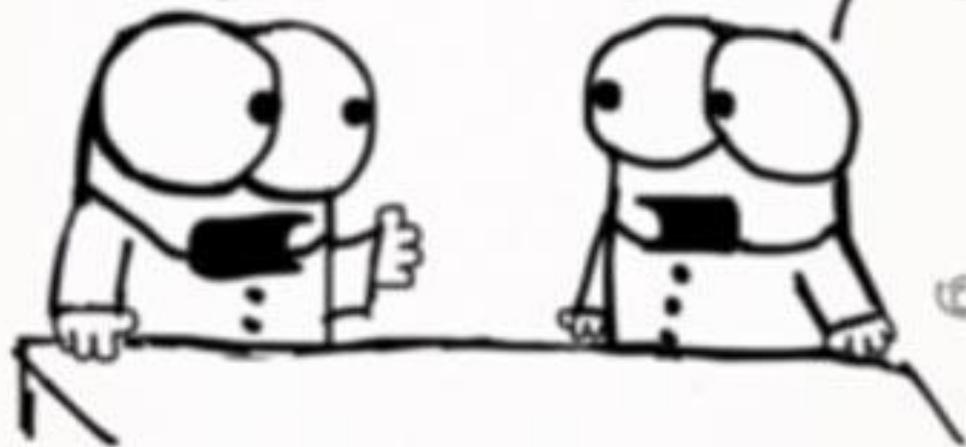


RESEARCH - AIM

Explore the experience of nurses participating in a new graduate transition program in an Australian regional health district, and gain understanding of the enablers for nurses to *thrive* rather than simply *survive* their first graduate year.

I ASKED
SANTA
FOR A
RESEARCH
GRANT.

YOU STILL
BELIEVE IN
RESEARCH
GRANTS?



© THE
UPTURNED
MICROSCOPE

Design

- Mixed method prospective cohort design
or
- An exploratory pre-post survey combining quantitative and qualitative data



Ethics approval: LNR/17/NNE/493

Methods

The entire cohort of 92 nurses in the new graduate program in 2018 were invited to complete a survey at 3 time intervals throughout their first graduate year.



1 month, 4 months & 10 months ...

The transition program...

- Two 6 month rotations across two acute tertiary hospitals and one subacute hospital.
- 2 day corporate orientation
- 2 supernumerary days
- Preceptors (in some areas)
- Clinical Nurse Educator support
- Clinical skills assessments/performance reviews
- Individual development plans
- Group Clinical Supervision for NGNs
- Leader rounding

Survey development

14 item survey

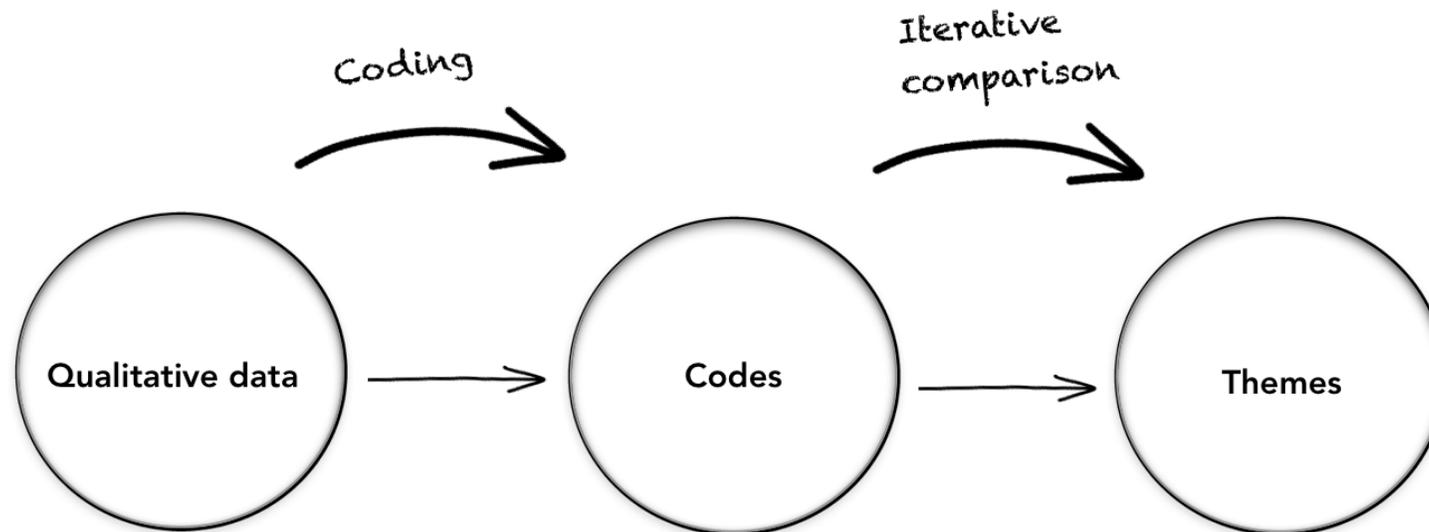
- previous experience / work location
- model of care
- expectations
- engagement with team
- fairness
- support
- intention to remain in profession
- free text response

Data analysis

- quantitative data analysed – Strata software 16.1
- positive and negative responses
- summarised as frequencies and percentages
- 1st and last survey used only
- McNemar's Chi² Exact test (paired data)
- secondary analysis to reduce bias

Qualitative data

THEMATIC ANALYSIS



(Braun and Clarke, 2006; Nowell et al., 2017).

Results

- 90/92 completed new grad year
- 89% female; 11% male
- 78% completed baseline 1 month survey - 33% 4 month ; 61% 10 month
- 27% completed all 3 surveys

Matched pairs –

- Significant decrease from 1month to 10months in participation in CS; preceptorship support; leader rounding support
- 96% recommended NG program at 1 month – 83% 10 months
- 98% intended to remain in the profession beyond their first year

Qualitative

4 main themes

- models of care – team nursing preferred
- clearly defined expectations builds confidence
- perceptions and experience of support
- leadership and ward culture



“Your experience will depend greatly on the ward placement, clinical nurse, educators, workload and management.”

“This last month has really pushed me (like I expected it to) and has given me [a] good idea of what nursing is really like and I'm unsure if I'll stay. I have good and bad days - it's a rollercoaster and I'm slowly learning.”

“[I] worked too hard to give up, I will be here until I retire.”

“I absolutely love being a registered nurse and feel I have found my passion.”

The Financial Perspective

"We can't afford to spend money on nurses and midwives sitting around talking, thinking and reflecting."

The Patient Safety Perspective

"We can't afford not to."



Q&A



Health
Hunter New England
Local Health District



Health
Central Coast
Local Health District

2022



2022 SAVE THE DATES

Thursday 12noon – 1.30pm

10 March

9 June

1 September

10 November

THANK YOU

**Stay safe & healthy
See you in 2022**



Health
Hunter New England
Local Health District



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Central Coast
Local Health District