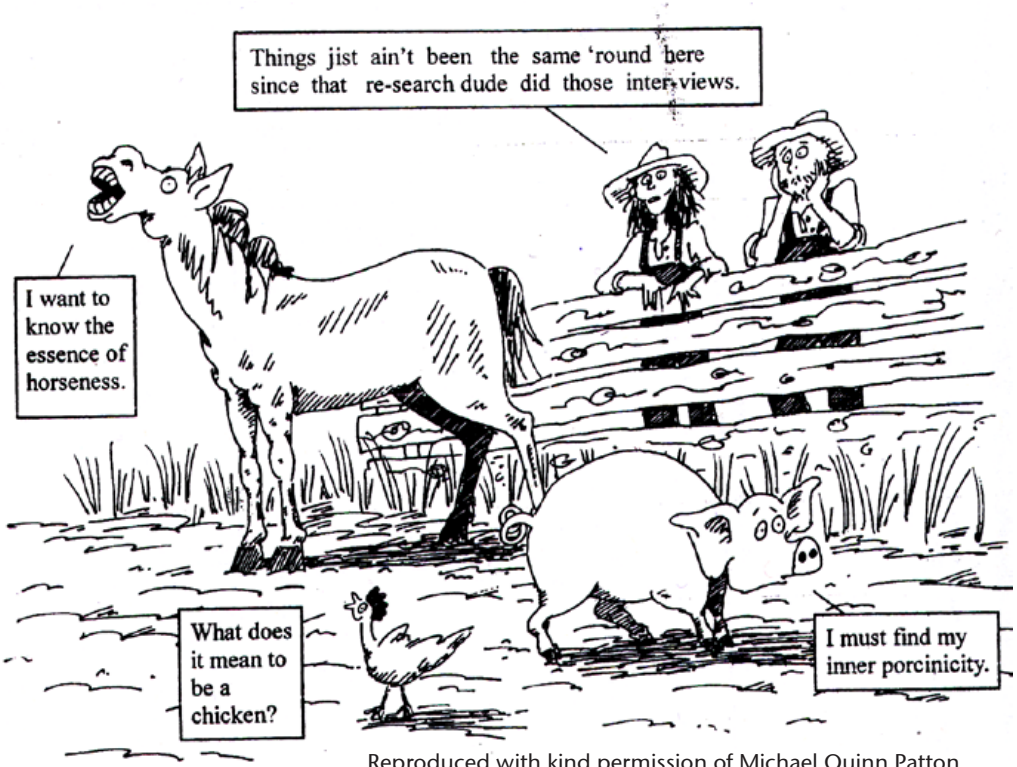
A Guide to Using
Qualitative Research Methodology



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Executive Summary

This guide to using qualitative research methodology is designed to help you think about all the steps you need to take to ensure that you produce a good quality piece of work.

The guide starts by telling you what qualitative methodology is and when to use it in the field (understand people's belief system, perspectives, experiences). It also flags the most important ethical issues that you will encounter (consent and confidentiality).

The second part of the guide tackles how you can concretely develop qualitative research designs; starting from clearly defining your research question (one of the most important steps in your research!), to how to develop a research protocol; and finally giving you tips on the sampling methods which are available and how to use them.

The third part details how you can actually obtain the data - what methods can you use to get the information you want? The three main methods (individual interviews, group interviews and observational methods) are explained, and the steps to build these different methods are outlined (How to do a topic guide? How to ask questions? How to develop interview skills and manage expectations? How to run group discussions? etc)

Finally, the fourth chapter looks into how, once you have collected all the data, you can manage it and analyse it. For the management of data, a few practical issues are addressed, such as confidentiality and security, translation and recording. The analysis section will give you clues as to how to use thematic or narrative analysis, what validation strategies you need to think of, what good practice guidelines you should follow, and whether or not to use a computer software.

Case studies will be developed throughout the year and put on the open repository.

A Guide to using Qualitative Research Methodology

Contents

1. What is qualitative research? Aims, uses and ethical issues

"Not everything that can be counted counts,
and not everything that counts can be counted" (Albert Einstein)

(a) What is qualitative research?

Qualitative research is characterised by its **aims**, which relate to **understanding** some aspect of social life, and its **methods** which (in general) generate words, rather than numbers, as data for analysis.

For researchers more familiar with quantitative methods, which aim to **measure** something (such as the percentage of people with a particular disease in a community, or the number of households owning a bed net), the aims and methods of qualitative research can seem imprecise. Common criticisms include:

- samples are small and not necessarily representative of the broader population, so it is difficult to know how far we can generalise the results;
- the findings lack rigour;
- it is difficult to tell how far the findings are biased by the researcher's own opinions.

However, for many research projects, there are different sorts of questions that need answering, some requiring quantitative methods, and some requiring qualitative methods. If the question is a qualitative one, then the most appropriate and rigorous way of answering it is to use qualitative methods. For instance, if you want to lobby for better access to health care in an area where user fees have been introduced, you might first undertake a cross-sectional survey which will tell you that 16.5% of your population does not have access to care. This is essential information, but you might also have a number of other questions that the survey can't answer very well, such as:

- what are people's experiences of user fees?
- what other barriers exist to accessing health care?

These can be addressed through qualitative methods such as interviews or focus groups. If the final report is to be used for lobbying, the quantitative data and qualitative data together are very powerful. The survey identifies the extent of the problem, and the interviews can be used to give some of the detail, and the 'story' of how user fees have affected people.

In situations where little is known, it is often better to start with qualitative methods (interviews, focus groups, etc). It can help you with generating hypotheses that can then be tested by quantitative methods. For instance, in an area where we had no idea what kinds of issue were acting as barriers to health care, it would be difficult to design a survey to cover the main factors. Once these have been identified, then a quantitative approach (such as a survey) can be used if you need

to measure to what extent these issues are typical for the whole population.
The first step in research is, then, to identify whether the specific research question you want to answer is best answered by a quantitative or a qualitative approach. Often, there are several questions that we need to answer, such as 'How many people are affected?', or 'How does this affect them?'. We'd then need to use both types of method.

In this guide, we suggest some ways of making the qualitative parts of your research more rigorous, so that users can have more faith in your findings. The first step, though, is to clarify some of the situations in which qualitative methods might be chosen.

(B) When to use qualitative methods?

What, how, and why?

Qualitative methods generally aim to understand the experiences and attitudes of patients, the community or health care worker. These methods aim to answer questions about the '**what**', '**how**' or '**why**' of a phenomenon rather than '**how many**' or '**how much**', which are answered by quantitative methods. If the

Case Study: What are the barriers to accessing surgery for cataracts?[1]

Although affordable surgery for cataracts is provided by an Eye Care Programme in a rural part of KwaZulu-Natal, researchers found that uptake was low, and that two-thirds of those who were blind or sight impaired from cataracts had not had surgery.

Alan Rotchford and colleagues wanted to understand why elderly people in this area might not take up surgery. They interviewed 20 people who had been invited for surgery, but did not attend, asking them about the impact of poor vision on their lives, their beliefs about blindness and its treatment, and views of surgery.

The interviews revealed a number of fears about surgery: that it would make vision worse, or might kill them. Many thought blindness was an inevitable risk of getting older. Most significantly, however, the interviewees did not share the researchers' perspectives of blindness as a disability. Living in secure and predictable environments with extended families, they did not in general see their blindness as a 'burden'. The impact of sight disability was not as debilitating as it might be in other environments.

This study illustrates the value of qualitative methods. It identified some beliefs about surgery that were different from those of professionals, and also some more fundamental reasons why surgery might not be a priority: i.e. poor eyesight was not as devastating a disability as assumed by the researchers.

[1] Rotchford, A.P., Rotchford, K.M., Mthethwa, L.P. and Johnson, G.J. (2002) 'Reasons for poor cataract surgery uptake – a qualitative study in rural South Africa', Tropical Medicine and International Health, 7(3): 288-292

aim is to understand how a community or individuals within it perceive a particular issue, then qualitative methods are often appropriate.

Examples of topics that qualitative methodologies can address include:

- People's **experiences** of health needs, health care, accessing care and keeping healthy.
- Understanding different **perspectives**, such as those of professionals and patients.
- How experiences, attitudes and life circumstances affect health needs and behaviours.

Scenarios where qualitative research could help

- An NGO has distributed bed nets to villagers, but it appears that they are not being used. Household interviews might help the NGO understand how beliefs about efficacy, family circumstances or household priorities impact on usage patterns.
- You are planning a health promotion campaign about hand washing, to reduce diarrhoeal disease in a refugee camp. Before designing the campaign, it would be useful to interview residents to find out their current beliefs and practices around hand washing, so your information 'makes sense' within their understanding.
- Few women have attended a new service of Voluntary Testing and Counselling for HIV in your clinic. In-depth interviews with health professionals and local women would help understand the barriers to use.
- You want to know what your national staff think about MSF; whether they feel included in the decision-making process, what their perception is of the organisation for which they work. Semi structured interviews and focus group discussions could be organised to get their views.

Numbers are not always meaningful

'Er... Good morning, O Deep Thought,' said Loonquawl nervously, 'do you have... er, that is...'
'An answer for you?' interrupted Deep Thought majestically, 'Yes, I have.'
'Though I don't think,' added Deep Thought, 'that you're going to like it.'
'Doesn't matter!' said Phouchg. 'We must know it! Now!'
... 'Alright,' said Deep Thought. 'The answer to the Great Question...'
'Yes!...!'
'Is...' said Deep Thought, and paused.
'Yes...!'
'Is...'
'Yes...!!!...?'
'Forty-two,' said Deep Thought, with infinite majesty and calm.
...
'Forty-two!' yelled Loonquawl. 'Is that all you've got to show for seven and a half million years' work?'
'I checked it thoroughly,' said the computer, 'and that quite definitely is the answer. I think the problem, to be quite honest with you, is that you've never actually known what the question is.'

Douglas Adams, *The Hitch-Hiker's Guide to the Galaxy* (London: Pan Macmillan, 1979), pp. 134-6

- You want to 'witness' the plight of victims of violent trauma: you could collect experiences suffered through in-depth interviews and/or focus groups.

(c) Ethical issues

As a researcher, you have responsibilities to your research participants, but also to your colleagues, MSF, and the people to whom you will present your findings. One starting point in considering ethical concerns is the four principles of Tom Beauchamp and Jim Childress (1983):

- Autonomy; respect the rights of the individual
- Beneficience; doing good
- Non-maleficience; not doing harm
- Justice; particularly equity

Consider carefully the context in which you will be working, the aim of your research and how sensitive the topic might be. Might the questions that you will be asking be traumatising or might they make your respondent(s) uncomfortable/fearful of consequences?

Remember that asking a person to talk about experiences that were frightening, humiliating and painful can cause or increase anxiety. It may not only create distress during an interview, but may also emerge after[2]. It is therefore very important that you take care in how you ask a question and where you choose to ask questions.

Two key ethical issues that should be considered in any project are **consent** and **confidentiality**.

(i) Consent

Everyone who participates in your study should have freely consented to participation, without being coerced or unfairly pressurised. This means they should be well-informed about what participation entails, and reassured that declining will not affect any services they receive. While written consent may in some situations frighten the individuals you are talking to, you should at the very least obtain verbal consent.

(ii) Confidentiality[3]

It is not always easy or even possible to measure the dangers of a certain context to a given population, let alone to individuals. It is therefore essential to protect the identity of the person from whom you gather information. If collected, the identity of the participants must be protected at all times and not be left lying around in notebooks or un-protected computer files.

[2] WHO Ethical and Safety Recommendations for Inter-viewing Trafficked Women, 2003. World Health Organization, London School of Hygiene and Tropical Medicine and Daphne Programme of the European Commission.

[3] Rocha S (2004) 'Has anyone said "ethics"? "Safety" of beneficiaries? Some considerations about info gathering in the field', Analysis and Advocacy Unit, MSF B.

Formal ethical review

In some situations, you will need formal ethical review of your intended project before starting to collect data. Such situations include: research sponsored by many publicly funded organisations such as the UK's Department for International Development; research carried out by individuals registered as students at many institutions, if done as part of their studies; research intended for publication in many journals. All peer reviewed journals require ethical review before acceptance. Even if formal review is not needed, it is good practice to give your protocol (see next section) to your manager and perhaps colleagues for them to give you feedback on potential ethical issues.

MSF Ethical Review Board

MSF as an organisation has the obligation to endorse with confidence any research proposed to take place under its responsibility. It is for this reason that it was decided in 1999 to organise an ethical review board (ERB) specifically for MSF.

The MSF ERB will sometimes provide the major review of a proposal (if MSF proposes research independently) or sometimes a preliminary review of a proposal (in cases where there is a collaboration with another institution with its own ERB/IRB). The overall ethical review should always include a review by a locally constituted review board in the country where the research will take place.

Objective

To ensure that all research carried out by MSF is ethically sound, thus safeguarding the dignity, rights, safety and well-being of all actual or potential research participants. This is achieved through the review of all proposals of research to be carried out by or in cooperation with an MSF mission by an independent and competent ethical review board.

How to contact the ERB?

Send an e-mail with your proposal to:
doris.schopper@geneva.msf.org

Typical ethical framework

The ERB has a typical ethical framework. You can access it on the MSF open repository (http://msf.openrepository.com/msf). By following their ethical framework, you will be sure to receive a quick response from them.

2. How to develop qualitative research designs

Identify the research question
Develop your research protocol

(a) The research question

First and foremost you will need to identify the research question. This is one of the most important parts of your research. Identifing the right question will get you half way there!

'**WHAT**' – what is the question that you want to answer?

Has this research already been done?

=> Find out through a **literature search**. If you have access to university libraries, electronic databases can be searched by key words to identify published literature, and the web can be searched for unpublished reports.

Is this a problem that research can address?

=> Not all 'problems' are those that can be answered by research.

- Research is most useful when there is genuine uncertainty about the answer to a question. For instance, if health care is very expensive, and local people are poor, you probably don't need to interview people to identify the main barrier to care. It might be useful to interview people to gather material for publicity, but we don't really have any uncertainty about the answer.
- Some problems are clearly problems of funding, or management, or politics, rather than knowledge. Be careful not to be persuaded to do research just to put off managing a problem where the solution is already known.

Is a qualitative approach appropriate?

=> If you want to:

- Understand the perspectives of participants; or
- Explore the meaning they give to phenomena; or
- Observe a process in depth...

... if the answer is **yes**, then **qualitative methodology is appropriate**.

(b) The research protocol

A research protocol is essentially a map of your research, of what you will be doing, how and why. Protocols typically have the following headings:

Aims and Objectives	The **WHAT** of the study, including broad aim (what you are going to do) broken down into measurable objectives Example: **Aim:** To identify preferred sources of health care in X area. **Objectives:** To interview 30 mothers from 3 villages. To identify where they sought help for their last illness. To identify where they sought help for their child's last illness.
Background	**WHY** this is an interesting, important or policy relevant question, and what we already know about the topic.
Methods	**HOW**, with a detailed description of data you will collect. This includes: the setting; the participants (your sample); how you will recruit them; how you will collect data; plans for analysis
Ethical issues	**Ethical issues** raised by this study, including whether there is a need for ethical appraisal, and how you will address them.
Resources	**Costs** of the project, e.g.: Travel expenses Salaries of staff Accommodation Stationery **Other resources needed** Skills: interpreting/translation data input/help with analysis
Time scale	**How long** is it going to take? Identify key **milestones**, such as completing data collection, analysis, report-writing, holding meetings for stakeholders.
Dissemination/output	**Who** will you target and how do you want to disseminate your conclusions? **Possible dissemination:** Internal reports; External reports; Conferences; Workshop (internal/external) **Possible target audience:** MSF, including home societies; Other NGOs; Academics; Governments; International institutions; Community – local, and more global

(c) A word on sampling

It is important to select your sample in a systematic way so as to ensure that the community/users/external actors see it as a credible and indicative sample. However, statistical representativeness is not the aim.

Instead, samples in qualitative research are usually ***purposive***. This means participants are selected because they are likely to generate useful data for the project. To ensure that this sample is credible, and covers the main groups you are interested in, one strategy is a ***maximum variation sample***. This involves selecting key demographic variables that are likely to have an impact on participants' view of the topic. You can then create a sampling 'grid' and recruit groups that reflect various combinations of variables. For example: age (adolescents, adults, elderly); male/female; low income/high income; rural/urban; ethnicity. Sampling strategies should therefore always be determined by the purpose of the research project.

While the aim is not to be able to generalise statistically, it is useful to think in terms of minimizing sample bias. This simply means that you need to recognise that the people you are selecting will not represent all people in the population, and you cannot make claims about, for instance, the prevalence of views in a community from a qualitative study. But we can aim to include a range so that the research does not have obvious limitations, such as only including older women, if we are interested in all women, or choosing just people who are in touch with the clinic.

Sample sizes are typically small in qualitative work. One way of identifying how many people you need is to keep interviewing until, in analysis, nothing new comes from the data – a point called 'saturation'.

A more practical method for short term studies is to estimate this point as around 15 people for any homogeneous group (which could be based on age, gender, skill, etc). Thus, if we were interested in the experiences of conflict in a camp of internally displaced people from two ethnic groups, we might decide that our key demographic variables were: ethnicity, gender, age, arrival at camp before or after last outbreak of violence. The sampling grid might look like this:

Age:	Men <20	Men 20+	Women <20	Women 20+
Ethnicity A arrived this year				
Ethnicity A arrived last year				
Ethnicity B arrived this year				
Ethnicity B arrived last year				

In our sampling grid, we would then have 16 cells. If we interview 3-5 people in each cell, our total sample is around 50-60, but we also have, for instance, around 10 young men, or 20 from A Ethnicity to aid comparisons in the analysis. We have also

ensured that readers of any reports will not dismiss them because the research only included some important groups within the camp.

There are practical ways of choosing individuals from the sample to minimise the chance of including an atypical groups. For instance, the camp could be divided into a number of segments, and you could choose every tenth (or third, depending on size) household to invite participants from, until you have enough people meeting the criteria.

Types of sampling methods

Type of sampling	Purpose	Example
Intensity sampling	To provide rich information from a few select cases that manifest the phenomenon intensely but are not extreme cases	Interviewing survivors of date rape to learn more about how coerced sex affects women's sexuality
Deviant case sampling	To learn from highly unusual manifestations of the phenomenon in question	Interviewing men who do not beat their wives in a culture where wife abuse is culturally accepted
Stratified purposeful sampling	To illustrate characteristics of particular subgroups of interest; to facilitate comparisons	Interviewing different types of service provider (police, social workers, doctors, clergy) to compare their attitudes toward and treatment of abuse victims
Snowball or chain sampling (locate one or two key individuals, and then ask them to name other likely informants)	To facilitate the identification of hard-to-find cases	Finding commercial sex workers to interview about experiences of childhood sexual abuse by getting cases referred through friendship networks
Maximum variation sampling (purposely select a wide range of variation on dimensions of interest)	To document diverse variations; can help to identify common patterns that cut across variations	Researching variations in norms about the acceptibility of wife beating by conducting focus groups: young urban women, old urban women, young rural men, old rural men, women who have been abused, women who have not experienced abuse
Convenience sampling (Select whoever is easiest, closest, etc.)	To save time, money and effort. Information collected generally has very low credibility	Forming focus groups based on who is available that day at the local community centre, rather than according to clear criteria
Criterion sampling	To investigate in depth a particular "type" of case; identify all sources of variation	Specifically interviewing only abused women who have left their partners within the last year in order to better understand the variety of factors that spur women to leave

Source: Ellsberg M and Heise L (2005: 106) Researching Violence Against Women - A Practical Guide for researchers and activists, Washington DC, United States, World Health Organisation and PATH, 2005

3. How to generate data

To use qualitative methods means that you will be generating data that is primarily in the form of words, not numbers. Some of the most common data collection methods are different types of individual interviews (general or key informants) and group discussions. In this section, we also discuss other types of data that might help you understand the context.

Interviews

(a) Interviews - What are they?

Interviews resemble everyday conversations, although they are focused (to a greater or lesser extent) on the researcher's needs for data. They also differ from everyday conversation because we are concerned to conduct them in the most rigorous way we can in order to ensure **reliability** and **validity** (i.e. 'trustworthiness'). This means that both the researchers and the users of the findings can be as confident as possible that the findings reflect what the research set out to answer, rather than reflecting the bias of the researcher, or a very atypical group. In practical terms, this means that our techniques should aim to be:

- **Reproducible:** that is, someone else could use the same topic guide to generate similar information;
- **Systematic:** to ensure that we are not just picking interviewees or data that support our pre-existing ideas about the answers;
- **Credible:** the questions we ask, for instance, and the ways in which we ask them should be reasonable ones for generating valid (or 'truthful') accounts of phenomena.
- **Transparent:** methods should be written up so that readers can see exactly how the data were collected and analysed.

The skills and training of the interviewers is crucial for maximising validity and reliability. There are different types of interviews used in qualitative methods that range from semi-structured (using a topic-guide) through to less structured and very detailed (such as life histories).

- **Semi-structured**
  These are conducted on the basis of a loose structure (topic guide, see below) made up of open-ended questions defining the area to be explored.

- **In-depth (also referred to as qualitative or unstructured)**
  In-depth interviews are less structured than semi-structured ones and may cover only one or two issues (a topic guide may not be used, or may just have a few broad questions on it). This type of interview is used to explore in detail the respondent's own perceptions and accounts. This method is used on topics for which little is known and where it is important to gain an in-depth understanding. They might start with very open questions such as 'Tell me about how you came to be here'.

- **Life histories** are one type of in-depth interviews. They are illustrative case studies which are very good at looking at people's lives in general and setting health in its wider context. They will tell you how much things have changed, evolved over decades and how broader social change has affected the lives of individuals.

(b) Topic guides

The topic guide is used mostly in semi-structured interviews. It is very important to develop the right question to ask and to remember that the respondent is unlikely to share your perspective on the world. A topic guide usually has a list of the key questions the interviewer would like to cover, with some useful prompts to encourage the interviewee to talk about specific issues if they do not come up spontaneously.

This is an extract from a topic guide on sight disability and access to care:

1) When did the problems with your eyes start?
PROMPTS: What happened next? Did you seek any advice? From whom?

2) What do you think might have caused this?

3) Have you seen a doctor/nurse about your eyesight problems?
PROMPTS: When? Where? What did they advise?

4) IF NO:
Have you ever thought about visiting or been advised to visit the clinic?
Explore why not: awareness of clinic services/awareness of cost/availability of transport and escort.

5) Has your eyesight got worse/better over the last few years? How has this affected your everyday life?
PROMPTS: ask about activities of daily living (work; in the house; social activities)

(c) Asking questions

For any kind of interview, it may take a while to develop the right question for getting precisely the kind of data you are interested in. Pilot questions with colleagues first – does it make sense? Do they respond in the ways you expected? Then pilot them with people similar to your participants. Sometimes small changes in how you ask can make a large difference to the information you are given.

Some rules of thumb for asking questions[4]

1) Start with a general question to orientate interview to the topic

2) Gauge the level at which you need to express yourself, the type of language that you should use so that the people you speak to understand you and do not feel intimidated by complex vocabulary or patronised by a simplistic one either

3) Use everyday vocabulary, don't use technical words or overly complicated ones

4) Put more sensitive questions towards the end

5) Ask open questions, i.e. requiring more than 'yes' or 'no' in answer

6) Ask neutral questions. For example do not ask: 'why haven't you had your children immunized' but rather 'how did you decide whether or not to immunise your children'?

7) Use concrete rather than abstract questions. For example 'think about last time you were pregnant. What did you like about services then?', rather than 'what do you think about ante-natal services?'

8) Use concrete events to help people remember – eg 'After your last child was born' or 'the day of the earthquake' rather than 'January the 3rd'

If questions are not generating useful data, try these methods:

Diary question: ask people to describe a day in their life, or their last shift in the clinic, as a way to introduce the interview

Critical incidents: ask about worst/best experiences to understand what is important about a topic

Free listing: ask people to list all causes of malaria, for example, or all the possible treatments to use in case of fever in children

Ranking: ask people to rank items generated by free listing in order of importance or efficacy

[4] Adapted from Neuman W L (2000)

(D) Interviewing skills

Interviewing people is very enjoyable, but it is a skill which takes practice. You need to think about a number of issues before you start and whilst you are doing it.

Access

How are you going to gain access to the people you need to interview? As a medical organisation, it might be possible to get a doctor to ask patients whether they want to be interviewed; you could also use key informants (community leaders, teacher). However, if using health care workers or other informants to ask for participants you need to consider:

Ethical issues – make sure the informant is not persuading or coercing people to take part. Also, community leaders may not invite certain 'marginal' members of the community – if you want their voices included, you may need other methods of access.

Bias – Health care workers will only have access to patients, not to those not accessing services. Teachers or community leaders might favour the 'high status' respondents, or those they think will give you the answers you want.

Setting

Remember that the place where you will do the interview will have an impact on the answers that you will get: is there enough privacy for the interviewee to feel comfortable in giving honest answers? Is there too much privacy, making the interviewee uncomfortable? How can you organise the space and people to make sure the interviewee is relaxed?

Rapport

All qualitative researchers need to consider how they are perceived by interviewees and the effects of personal characteristics such as ethnicity, status, gender and social distance. It might be sensible, for instance, not to conduct interviews with your own patients if you are their doctor. Think about what you are wearing and how you present yourself – is it appropriate for the context? Wearing a lot of expensive jewellery and clothes could be intimidating, but a scruffy appearance might make interviewees feel disrespected.

The interviewee needs to trust you. This means that you have to show that you are interested in them and what they have to say, and most importantly that you will not judge them whatever their answers.

You will therefore need to start by introducing yourself (giving your name), the aims of the interview, a reminder that the interview can stop at any time (should the interviewee feel uncomfortable/unhappy), and allow time for questions.

You will need to be sensitive to the needs of your respondents. They will need to be comfortable, helped if they are frail or do not hear well, for example.

A key issue is to remember that a research interview is not like a clinical interview or an interrogation. The aim is to be as non-judgemental as possible, and not to lead the respondent to particular answers: you are interested in their views, not their responses to your views!

Some things to bear in mind	Some things to avoid while interviewing:
The 'rules' for interaction differ across cultural contexts, but some general issues to consider are: • Is eye contact acceptable? • Is sitting in certain positions disrespectful (eg: feet towards interviewees)? • Make appropriate non-verbal noises, • Follow-up points where appropriate, • Do not interrupt – allow silences, if this is culturally acceptable, to give respondent time to think, • Do not give your opinion or disagree. • It is vital that you check whether you have understood respondents' meanings instead of relying on your own assumption (for example, patients may not use medical terminology in the same way as professionals).	• Competing distractions (such as children) • Asking interviewee embarrassing/ awkward questions • Asking leading questions. These are questions that may suggest a specific answer. e.g. instead of asking: 'Did you take the drugs exactly as the doctor advised?' ask 'Tell me how you used the drugs...' • Jumping too quickly from one subject to another • Having more than one idea per question - to ensure focus • Teaching, for example giving interviewee medical advice • Counselling, for example summarising responses too early • Presenting your own perspective, thus potentially biasing interview • Remaining at a superficial level, for instance by asking questions too rapidly • Interruption from outside (people intruding, etc) should be minimised as much as possible

(e) Managing Expectations

It is very important in any interview that you do not create expectations which MSF cannot fulfil. Don't lead people to believe that you will accomplish more than you are able. Always do what you say you will do. The best way to avoid creating too high expectations is to tell the person what you plan to do with the information and then do it.

GROUP INTERVIEWS

Group discussions may be more appropriate for some topics. Some issues, such as dissatisfaction with health services, are often more readily discussed in groups. Some sensitive topics work better with a group, if all members of the group share an experience. Group interviews will also tell you more about the social structure of the community in which you will be working and give you a more in-depth understanding of the context and social fabric of the community, and of how opinions and knowledge are formed in social contexts.

(A) What is a group interview?

A group interview is any discussion with a group of people. This could include informal, spontaneous 'chats' with groups as they are waiting for services, or meeting at a social event. These are discussed under contextual information (below); here we discuss more formal groups, which are organised on purpose. It is helpful to think about two different kinds of formal group interview: the focus group and the natural group interview.

Group interview type	Features	Typical use
Focus groups	Participants selected to meet sampling criteria Seeks broad range of ideas on open-ended topic Formal, controlled pre-arranged time and place Usually audio-taped and transcribed for analysis	Testing health promotion materials, exploring service users' views
Natural group	Group exists independently of the research study Formal or informal format Interview guide loosely followed Often recorded by written notes	Ethnographic data collection (informal) social research (formal) Project planning, programme evaluation

(B) Advantages of group interviews

One advantage of group data is that you have access to how people talk to each other. For example, in a study of clinic health workers, it was noticed that in a mixed group, nurses said very little, and tended to agree with what doctors said. If we notice these kinds of power relationships, they can inform our work – for instance, in this setting, it would not be a good idea to rely on nurses to implement changes in treatment protocols.

Bear in mind for focus groups what you will get is a measure of the interaction between people and your analysis will be done at the group level rather than the individual. If you want to gain access to the perspective of vulnerable or marginal people, then group interviews will not be the best way, as they may not be comfortable or able to speak in a mixed group.

(c) Practical issues

If you want to organise a focus group or natural group interview, you will need to think about the following issues:

How will you recruit the participants?
What will you include in the topic guide?
How will you run the groups?
Where will you hold the sessions?
How will you record the data?

The recruitment of focus group participants

To run group discussions, you will need people who will discuss! It is often difficult to get the participation needed and inadequate recruitment efforts are a common source of problems in research projects.

Whether people will want to come will depend on how involved the researchers or their organisation are with the community, how well they understand the topic of your research, how interested the community is in the research topic, and what they think they will gain by attending the discussions.

Groups typically have between 6 and 10 people. Below 6, it may be difficult to sustain a discussion; above 10, it may be difficult to control it. If you aim for 10, it is usually a good idea to over recruit by about 25%, ie recruit 13. In contexts where you expect neighbours and family to join in with the recruited member, over-recruitment may be a problem, especially in settings where it is usual for a whole community to turn up. Do think about what you would do with the extra people, or how you will manage a very large group, for example would you split the group in two?

To recruit your participants, you can ask for volunteers from the population of interest, or ask for the help of 'gate-keepers', leaders or contacts in the community who can invite participants for you. The other option is to recruit people systematically from a sampling frame for the population of interest. So for example use the list of all patients from a particular clinic, and invite every tenth person.

Obviously, if you want a natural group, you need to invite a group that already exists. You can invite one individual to invite their colleagues or other members of the household as well. Or invite all the clinic staff together.

Running a group

The moderator's role is crucial: you will need to provide a clear explanation of the purpose of the group, help people feel at ease and facilitate interaction between group members.

The moderator will need to promote the debate by using the topic guide, sometimes challenging participants, drawing out differences in opinion, asking for details and tactfully moving things forward when the conversation is drifting. The moderator will also need to ensure that everyone speaks while not favouring any particular participant.

It is usual to have two moderators, so that one can concentrate on the topic guide and managing the discussion, while the other takes notes, checks the tape

recorders and helps with the organisation (eg meeting and greeting participants). Both can take notes on body language, attitudes etc.

How many groups should you run?

The general rule of thumb is that you should stop when additional data collection no longer generates new understanding, also called the saturation point. Whether you will need to run three, five or six groups will vary depending on the questions you're asking, the context, and what will be credible for your audience.

Setting

Make sure that you have your discussion in a quiet, comfortable place so that people feel relaxed and inclined to speak. What feels comfortable and just the right level of intimacy will depend on the context. Think about the space and the seating – organise in a circle, so people can see each other and there is space for a flip chart or some other way of recording issues.

Recording the data

Ideally, it is useful to have full transcripts available to analyse the group discussion, so wherever possible use tape recorders (two are advisable). In many situations, it is politically or practically not possible, though. Here, there should be a dedicated note taker. At key points through the discussion, the note taker should summarise for the group what issues have come up, and check they have interpreted them correctly. For literate populations, a flip chart or similar is a useful way of recording group consensus or divergent opinions as they emerge.

Have a look at the later chapter on Analysis of data for a few things to look out for such as enthusiasm of participants etc when recording the data.

Advantages/ Disadvantages of natural and focus groups.

Natural groups are most useful if you are interested in group norms; focus groups if you want a range of views

These are some of the questions used in a guide for focus group discussions in Dadaab Refugee Camp in Kenya as part of a study looking at sexual violence.[5]

1) What problems have women and girls experienced in health and security in your community?
2) Can you give examples of sexual violence in the camps?
3) When and where does violence occur?
4) Who are the perpetrators (PROBE: inside / outside the camp, people you know/don't know). What happens to the perpetrators?
5) What are the problems that face women after the attack? (PROBE: physical / psychological / social problems)
6) How do survivors of sexual violence cope after the attack?
7) What are community responses when sexual violence occurs? What is done to prevent violence? What is done to help survivors? How could these efforts be improved?
8) What social and legal services exist to help to address these problems? Who provides these services? How could they be improved?
9) Has the problem of sexual violence become worse, better or stayed the same since you arrived in Dadaab?

[5] Igras, S; Monahan, B; Syphrines O. (1998) Issues and responses to sexual violence. Assessment Report of the Dadaab Refugee Camps, Kenya. Nairobi, Kenya: CARE International. Reproduced with kind permission of CARE.

How to run a discussion

The topic guide

This is a more or less structured **interview** schedule for the discussion.

Generally, the order of questions should be as follows:

- Early questions should be directly related to topic of research.
- Most relevant/interesting questions should be asked as soon as possible to interest interviewee
- Embarrassing/sensitive questions should be left till later
- Put general questions before specific ones

The start

A good icebreaker is to ask each person in the group to give a brief self-introduction. If you want to relax the atmosphere, you could start by asking each person to say something about what they like to do in their spare time.

Discussion starter

You then need to move on to the 'discussion starter' question. The discussion starter question will present the basic topic for the session and throw the discussion open to the group as a whole. When you start the actual discussion, the aim is to get each participant to give some meaningful response or opening statement. Hence a key feature of the discussion-starter question is that one should be easily able to respond to it. This should get everyone on record with their different experiences and opinions before a consensus emerges during the group discussion. Examples might be getting each participant to say their name and one thing about their experiences of the topic, such as last time they used the local clinic, or how long they have lived in the camp.

The discussion

After this first discussion starter, you can start tapping into your topic guide. Do try to relate your questions to what has been mentioned during the opening statements.

It is also useful to provide a clear indication of when the session is ending. Focus groups should last about 90 minutes but it is better to announce to the group that it will take two hours. To indicate that the discussion is coming to a close, you could for example ask each participant for a final summary statement within which you should ask them to point out what they think are the most important points (will help for the analysis part).

Also, do remember common courtesy at the end and thank all participants for their time and energy, and provide whatever refreshments might be appropriate in the setting.

CONTEXTUAL DATA

Interviews (of various kinds) are the most common source of data for qualitative projects. However, most researchers also draw on a number of other sources, even if these are less formal than the interviews. These are useful techniques to use not simply when undertaking research but also

when working in the field. It will help you better understand the community in which you work.

(a) Observations

To understand fully the complexities of many situations, direct participation in, and observation of, the phenomenon of interest may be the best research method. The data collected must be descriptive so that the reader can understand what happened and how it happened. In most applied projects, there is not enough time to carry out a detailed observational study, but some observation, as part of your daily work, will help.

Observational data is also very useful in overcoming discrepancies between what people say and what they actually do and might help you uncover behaviour of which the participants themselves may not be aware.

The following are **not** guidelines for a full observational study, but they contain useful hints for developing our skills in thinking about what we are observing. You could include observations of:

- Who does what tasks, and where?
- What routines are there in this setting?
- For instance, when is water collected?
- When do people eat? When do they wash their hands?
- Is there a pattern to the week, or year?
- How do people relate to peers, those of higher social status, outsiders?
- What is considered 'public' and what is 'private'? To put it more simply, what do people believe belongs to them and what belongs to all/the community?

As well as providing you with useful contextual information about the setting, this data is also vital for designing good interviews, and suggesting who might be an appropriate person to conduct the interviews.

Recommendations for taking field notes[6]

Record notes as soon as possible after each period in the field, and do not talk with others until observations are recorded.
Begin the record of each field visit with a new page, with the date and time noted.
Use wide margins to make it easy to add to notes at any time. Go back and add to the notes if you remember something later.
Record events in the order in which they occur and note how long they last.
Make notes as concrete, complete, and comprehensive as possible.
Record small talk or routines that do not appear to be significant at the time; they may become important later.
Let your feelings flow, and write quickly without worrying about spelling. Assume that no one else will use the notes.
Include diagrams or maps of the setting, and outline your own movements and those of others during the period of observation.
Record emotional feelings and private thoughts in a separate section.
Avoid evaluative summarizing words. Instead of 'the sink looked disgusting' say 'the sink was rust-stained and looked as though it had not been cleaned for a long time'.
Reread notes periodically and record ideas generated by the rereading.

[6] Neuman W L (2000:364) Social research methods – qualitative and quantitative approaches

(b) Reports and other written data

Some written sources of data that might help you answer your research question include:

Reports of previous research:
A literature search should identify other studies in this area, and other studies on the same topic in different areas. As well as providing background, use this information in your analysis to think about what is the same and what is different in your study, and why.

Clinic and other service records:
If you have access to them, this will give an overview of who is using services and why. Are there obvious 'gaps' of those who are not accessing services? Other providers may have published summaries of service users, or surveys of the local population.

Policy reports:
As essential background to the study, you will want to familiarise yourself with the relevant policy documents, which might include those from local health departments and NGOs as well as the international literature (such as WHO policies) that frame your research.

(c) Oral data

Many cultures are primarily oral rather than literary. Just talking to people informally is an ideal way of understanding more about a setting. Listen to stories people tell, what they complain about, what can and can't be said in various situations.

Informal conversations while people are going about their business can be more informative than a formal group interview. While people are collecting water, they may be talking to each other about health care problems, and how they manage them. If you are privileged enough to be included in these conversations, they are an excellent way of accessing what is important to people locally, and how they think about it.

4. Data management and analysis

(a) Data management[7]: some practical issues:

Confidentiality and security issues

- Always consider the safety of those being interviewed. Think about stigmatisation of the person, further humiliation, additional trauma, victimisation, your own security, and the security of your MSF team.

- Be careful to chose a good interpreter and take time to brief him or her and limit those present during the interview to a minimum. Try to find a private place, if this is appropriate. In many settings, you will need to 'match' the gender of interviewers and interpreters to that of interviewees.

- Don't leave transcripts lying around. Be sure that no-one can access your material. If you are dealing with particularly sensitive issues such as human rights abuses, make sure that if the information falls into wrong hands it could not be traced to a specific person. That may mean writing family names and place names in code or even not taking the person's name at all. If you hear something potentially very dangerous, be extremely careful about making notes. Do so in code, or not at all.

Translation

- Even if the person being interviewed trusts you, they might not trust your translator, especially if they believe the translator is connected to one of the warring parties or is a member of a different ethnic or religious group. Be aware of this. Choose your translator carefully. Take time to brief the person. Always insist that your translator gives a literal sentence-by-sentence translation (a good translator uses the 'I' person, not 'he or she'), not a summary. Brief the translator well about the reason for the interviews and about the risks. The translator is outside the interview. S/He is a facilitator, and should not start to ask the questions himself. You should not have eye contact with your translator when asking questions but always with the interviewee.

Recording/ transcribing interviews

- You can either write notes at the same time as you are speaking (it is easier to have a transcriber do this), or write the notes afterwards (but you will forget a lot of what has been said, so not advisable) or even audiotape.

- The best method is generally to ask a transcriber to take notes whilst taping, and ask the transcriber to go through the notes he has taken afterwards checking with the recording whether s/he has forgotten anything.

- If an audiotape is going to be used, the respondent's prior permission must be sought. You will need to explain that the reason why you are recording them is to help you check whether you have recorded their views correctly. If people are anxious about a tape recorder, do reassure them that they will soon forget it's there. But if they refuse, you need to respect their choice and put your

[7] some of these considerations were outlined in Schockaert L document for the Analysis and Advocacy Unit (MSF B)

audio recorder away. When talking about a very delicate/sensitive issue or in a tense context, DO NOT USE tape recording. It might be dangerous for your respondent.

- If you do tape, one common approach is to turn the recorder off at the end of the interview and to continue chatting with the respondents. You should be able to gauge whether to be recorded has inhibited or not your respondent.

(B) Analysis

> *It wasn't curiosity that killed the cat*
> *It was trying to make sense of all the data curiosity generated* ***Halcom***[8]

The analysis of qualitative data is often seen as the most difficult part of the exercise. Yet it is very enjoyable to see patterns emerge and be able to draw out of all the discussions some meaningful conclusions.

There are many different ways to analyse qualitative data. You can either use a thematic, descriptive approach, or more in-depth methods. For most applied projects, thematic analysis is sufficient.

Thematic analysis of data

A thematic analysis is one that looks across all the data to identify the common issues that recur, and identify the main themes that summarise all the views you have collected. This is the most common method for descriptive qualitative projects. The key stages in a thematic analysis are:

1. Read and annotate transcripts:
this is the most basic stage. Here you do not provide an overview of the data, but make preliminary observations. This is particularly useful with the first few transcripts, where you are still trying to get a feel for the data.

2. Identify themes:
The next step is to start looking in detail at the data to start identifying themes: summaries of 'what is going on here'. In the margins of each transcript or set of notes, start to note what the interviewee is referring to. Try to make these as abstract as possible. This means not just summarising the text, but trying to think what the text is an example of.
For instance, this extract comes from an interview with a mother about access to health care:

1. my baby was very hot with a fever in the morning
2. he cried and cried
3. my mother in law said to put a flannel on his head
4. but he was so hot I knew it was not right
5. and I told my husband to hurry to get him to the clinic

We could just see this as an example of the theme 'coping with fever', but we will get more out of the data if we think in detail about the various different things that are going on here, such as: sources of information and advice; remedies; triggers to health care seeking.

Note that it is useful to number the lines, to make it easy to refer to each segment of data when coding or discussing it with colleagues.

As you look through the data, make a list of these themes.

[8] As quoted in Patton (2002:440)

3. Developing a coding scheme

These initial themes can now be gathered together to begin to develop a **coding scheme**. This is a list of all the themes, and the 'codes' that we will apply to the data. From the small extract above, some of the codes might be:

- Initial symptoms (could be given code number 1)
- Informal help seeking (could be given code number 2)
- Giving advice on what to do (code number 3)
- Formal help seeking (code number 4)
- Responsibility for taking child (husband, self, other) (code number 5)

Each broad code can have a number of sub codes.

It is useful to begin developing the coding scheme as soon as initial data have been collected. This early analysis can help shape later data collection (are we asking the right questions? Have we included the right people?) as well as giving feedback to the interviewers. Whenever possible, develop the coding scheme with colleagues. This helps avoid going down narrow analysis paths, and ensures that individual bias about 'what is going on' is kept in check.

4. Coding the data

The next step is to start applying these codes to the whole set of data, by either writing codes on the margins of transcripts or notes or (if using computer software) marking the text on line.

Notes: The same line(s) of data may be coded in several different ways, from very basic codes to categories that reflect broader analytic themes.

You will amend your coding scheme as you start going through the data in detail.

Ideally, the whole data set should be coded. This ensures that the analysis does not just concentrate on the atypical, or 'exotic' extracts of data, and is a truly comprehensive analysis.

This is what another extract from the same study might look like after initial coding:

1 He had a fever in the night, **Code1 - Initial symptoms**
2 we noticed when he woke up crying
3 and would not go back to sleep.
4 It got worse and worse.
5 I called my mother-in-law from her **Code 2 - Informal Help-Seeking**
6 room, I was so worried.
7 She said to wait till morning, it was
8 nothing serious, so I stayed up all
9 night with him crying and sweating. **Code 1 - Initial symptoms**
10 In the morning, my husband and **Code 5 - Responsibility**
11 mother-in-law said we should **Code 3 - Advice** **Code 5 - Responsibility for decision**
12 take him to the clinic **Code 4 - Formal Help-Seeking**

Cut and Paste

When all the data have been coded, you can 'cut and paste' codes into piles by code. This is the point where you take data extracts out of their original context (the interview or focus group transcript) and put them together with other examples of data on the same topic to start looking for patterns across the data. So all the examples of 'Responsibility for decision' can be gathered together to look at patterns. This is point where you can ask questions such as: in which situations do mothers in law make the decision? How and when do daughters/husbands override this?

Cutting and pasting can be done very simply with scissors and paste – cut up copies of notes or transcripts and paste them together on large sheets of paper. A word processor makes this easier, and there are now a number of computer packages designed to enable you to manage this kind of analysis. For small data sets, it is not usually worth investing in computer aided analysis packages. It is of course vital to know where the extracts you are cutting and pasting came from. With small data sets, one practical way of doing this is to put a different coloured line lengthways down each page before cutting – you can then see at a glance where each extract came from.

The patterns and relationships you find under these themes are then the basis of your report. In our example, there might be a section for instance on the role of mothers in law in advising when to access care. In the pile of extracts on this theme, we would have identified patterns across the data and perhaps some typologies. One typology might be 'usual' and 'unusual' illnesses, if for instance, it was found that mothers only asked for advice for fevers in children when the fevers were seen as unusual in some way.

Narrative analysis

As well as the themes that cut across the data, you will also want to look narratively within each case, so the 'story' of an individual's health care access is not lost. Cutting and pasting can lose some of the narrative context, so you may also want to look in detail at some cases to see how the themes interrelate in a particular case.

How to interpret the data

How much emphasis should you give a specific topic in your final report?
There are three basic factors that influence how much emphasis to give a topic: how many groups mentioned the topic, how many people within each of these groups mentioned the topic, and how much energy and enthusiasm the topic generated from the participants. This is called 'group-to-group validation'. For any specific topic, group-to-group validation means that whenever a topic comes up, it generates a consistent level of energy among a consistent proportion of the participants across nearly all the groups.

Despite the relatively unstructured form in which qualitative data is collected, it remains important to ensure that your analysis is reliable and its validity safeguarded.

To ensure reliability of your analysis, you will need to maintain meticulous records of all the interviews and group discussions and document the process of analysis you went through in detail.

Validation strategies
You will also need to ensure that the validity (or 'trustworthiness') of your findings is maximised.

Triangulation is one method for increasing validity of findings, through deliberately seeking evidence from a wide range of sources and comparing findings from those different sources. For example if you have done interviews and focus groups, compare the findings from each. If they coincide, that strengthens our faith in having identified important issues. Remember, though, that people talk about things very differently in different contexts: any differences you find are an important source of data in themselves.

Another validation strategy is called **member checking**. This involves feeding findings of the analysis back to the participants, through focus groups for example, and assessing how far they consider them to reflect the issues from their perspective.

A key element of improving validity is dealing with what are known as deviant cases or findings: these are those that do not fit with your conclusions. Be sure to look in detail at the **deviant** cases, and account for why they differ. Explaining this will strengthen your analysis.

You will need to be as rigorous as possible to get the most out of the collected information, and for your results to be credible both inside and outside MSF. There are a number of 'good practice' guidelines to bear in mind throughout the analysis process[9] (see table overleaf).

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[9] as per Thorogood and Green (2004:191)

Good Practice Guidelines	
Criteria	**Possible methods**
Transparency i) are your methods clear? ii) could others repeat your work?	Provide a clear account of procedure used, an 'audit trail' that others can follow (i.e. ensure that the evidence – fieldwork notes, interview transcripts etc - can be inspected independently, and that procedures for data analysis are clearly described and justified.)
Maximise validity	Ensure that your conclusions are based on supporting evidence and include analysis of cases that do fit within your conclusions and enough context for reader to judge interpretation.
Maximise reliability	Analyse the whole set of data Use more than one analyst / coder
Comparability	Compare data between and within cases in the data set Compare findings to other studies
Your role as a confounding factor	Account for the role of you, the researcher, in the research. Take into consideration the impact that you being part of a wealthy organisation such as MSF might have had on the responses given. Do you think people might have exaggerated certain problems for example? Don't be swayed by favourite findings! Be careful not to pull out only those findings that **you** find interesting. For example, don't just include in your analysis those who might say that MSF provides the right type of aid if others disagreed.

The use of computer software to help manage data

There are a number of dedicated software packages designated to help manage qualitative data and aid analysis. These packages do not do the analysis for you though and you will still have to develop a coding system and code the data. Also beware that each package will require a particular format, so make sure at the beginning of your research that you use the appropriate format for your analysis.

The time taken to familiarise yourself with computer aided qualitative analysis packages can be substantial, and many novice researchers report that they can get rather distracted with the mechanics of coding. For smaller projects, it is not usually worth the investment. However, if generating a large data set, or one which will be spread across many sites, and with different people working on it, it is worth the effort as they facilitate easier management and retrieval of data.

The following website is devoted to computer assisted qualitative analysis, and gives you links to demo versions of a range of qualitative analysis packages: http://www.caqdas.soc.surrey.ac.uk

Finally, in writing up your analysis, it is worth bearing in mind the kinds of questions readers might be asking themselves when judging how useful or credible they think your findings are.

Assessing rigour in qualitative research[10]

Was the theoretical framework of the study and the methods used always explicit?

Was the context of the research clearly described?

Was the sampling strategy clearly described and justified?

Was the fieldwork clearly described in detail?

Were the procedures for analysis clearly described and justified?

Were triangulated methods used to test the validity of the data and analysis?

[10] Bowling A (2002:354)

Conlusion:

This is all the theory you need to start using qualitative methods. These simple steps should help you obtain sound and reliable results!

We hope you have found this interesting.

Throughout 2007 we will be distributing case studies on:

- perception study of national staff
- access to healthcare
- violence
- sexual and reproductive health

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Suggested further reading

These are resources on particular topics or methods that you might want to look in more detail before carrying out a qualitative study.

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Ellsberg M and Heise L (2005) Researching violence against women: a practical guide for researchers and activists. WHO/PATH

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Horizons Populations Council (2005) Ethical approaches to gathering information from children and adolescents in international settings: guidelines and resources
www. popcouncil.org/horizons/childrenethics.html

Notes:

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Good luck with all your (qualitative) research!

February 2007

Nouria Brikci - Research Officer, MSF UK

Judith Green - Senior Lecturer in Sociology, Health Services
Research Unit, London School of Hygiene and Tropical Medicine

MEDECINS SANS FRONTIERES