

05 | BITE-SIZE GUIDE TO PATIENT INSIGHT:

BUILDING GREATER INSIGHT THROUGH **QUALITATIVE** RESEARCH

BUILDING GREATER INSIGHT THROUGH QUALITATIVE RESEARCH

Qualitative research is an important area of work for NHS providers and commissioners who want to plug gaps in insight into local healthcare experience and needs, or to probe deeper into findings from quantitative surveys or other feedback-gathering tools.

This guide offers a basic introduction to qualitative research for those undertaking or commissioning such insight work: what it is, what are its strengths and limitations compared to quantitative research. It outlines some methods, sampling techniques and ways to analyse the data.

What is qualitative research?

Qualitative research tends to be more exploratory in nature than quantitative research (see below). It is used to gain understanding of underlying reasons, opinions and motivations. It provides answers to questions such as what does dignity and respect mean to people, why did they use that service and not another and what might work better for our users. It tends to be far less structured in form than quantitative information using open-ended questions and allows the respondent(s) to guide the process as much as the interviewer. Some common methods include focus groups, in-depth interviews, deliberative events and observational work.

Qualitative methods are often used alongside **quantitative** methods. Quantitative methods, such as surveys, are often used to try and

establish how many people had a certain experience or how many people hold a certain view. Qualitative research is used to answer questions such as why people feel and think the way they do. It is a way to understand their experiences and perspective. Some of our [other bite-size guides](#) give information about this.

Advantages

This kind of research has a range of advantages:

- ▶ Methods like interviews and focus groups let participants answer questions in their own words and this can help us understand their views. Asking “open-ended” questions can provide new perspectives as respondents may bring up concerns or views not previously considered but which could be crucial to understanding an issue.
- ▶ Qualitative methods are flexible and can be adapted by the researcher during the course of the project. For example, the researcher can revise the interview questions according to the findings that emerged during a first round of interviews. Similarly, a focus group moderator or an interviewer can follow up points raised in a discussion to probe with further questions.
- ▶ Some qualitative research methods such as interviews or focus groups can be empowering for research participants, emphasising that they are being listened to rather than feeling they are being asked about things that someone else has decided are important.
- ▶ The narratives collected through interviews can provide stories about people’s experiences and, with consent, these can help illustrate research conclusions in a more personal way. Research findings can be presented in the form of a report and can also be communicated using videos. An example would be [“Barbara’s story”](#).

Limitations

There are some limitations to qualitative research:

- › Qualitative methods offer insight into how individuals think and feel about an issue but cannot tell you how many other people in the population feel or think in these ways.
- › The findings generated by qualitative research cannot be used to measure performance or compare between different communities.

Different types of qualitative research

There are many different ways of gathering qualitative data, from in-depth interviews and focus groups to analysing comments posted on websites or social media platforms. A qualitative study might involve one of these or, more usefully, a combination of them. Each method has its strengths and weakness and the choice of most appropriate method depends on the topic and the aims of the research.

Individual interviews

Interviews are a popular method in qualitative research because they can offer a rich source of insight into people's experiences, attitudes and beliefs.

- › **Semi-structured interviews** – An interview guide is prepared ahead of the interview but the researcher uses the guide flexibly. The interviewer usually asks open-ended questions which invite the interviewee to choose how to respond. Interviewees are encouraged to elaborate on their answers and the researcher may follow the direction of the conversation and change the interview questions accordingly. Individual interviews can be conducted face-to-face, online, over the telephone or via video conference. Face-to-face interviews may take place in people's own homes, a private room or in a public place. Whatever the location or the technology used, the researcher needs to ensure that the privacy of the

interviewee is maintained. This includes ensuring that the conversation cannot be overheard by passers-by and that there are no other people present in the room, unless the interviewee has consented and there is a good reason, such as when a translator is needed.

- › **Peer-to-peer interviewing** – This type of interviewing involves recruiting one or more group participants as researchers. After training, peer researchers take up the role of interviewers in their group or community. Because they are trusted members of the group being studied, peer researchers are likely to elicit more open responses from the interviewees. This can be particularly useful when researching marginalised groups.

Focus groups

A focus group is a small discussion group, normally six to ten people, moderated by a researcher. The size of the group is important to gaining a range of perspectives while giving everyone chance to take part. The researcher can use tools and materials, such as sample documents and case studies, to spark and steer discussion. Focus groups generate interactive discussion between participants and this can produce different responses from those that might be given in a one-to-one interview.

Focus groups can be particularly useful for:

- › Testing audience responses to campaign messages or images
- › Generating insight into users' perspectives on services
- › Involving users in the development of new services
- › Interpreting evidence generated by quantitative data

The researcher can record the session using audio or video, or they can take notes. It is worth thinking about whether you need a transcript to analyse the data using computer software or whether notes of key points will suffice. Participants should be made aware that the researcher is recording the session or taking notes and should sign consent forms before the session begins.

Ethnography

Ethnography is a research method involving a researcher observing people in their daily lives for an extended period of time. Ethnography can be used to study the day-to-day work of a GP practice or a hospital ward. In such cases the ethnographer will observe the interactions between patients, carers and staff for an extended period of time, varying from a few weeks to a year or more. It is an excellent method to observe how people actually behave in certain situations and this can complement evidence that is based on people's own accounts of their conduct gathered through surveys or interviews.

Observations are usually recorded in "field notes", detailed descriptions of what happened and in what context. A key principle is that the researcher does not try to test a pre-formulated theory but instead draws their conclusions from extensive observation over time.

Participatory research and co-production

There has been a growing uptake of what is known as "participatory research" and **co-production**. This is a useful way to involve patients and carers in the design of services. Key tips to ensuring successful co-production include:

- ▶ engage service users at the earliest stages of research or service design
- ▶ ensure service users are equal partners involved in all stages of the project
- ▶ ensure senior leaders champion the work
- ▶ actively seek to include under-represented groups.

For more information about experience-based co-design, see information from the **Kings Fund** and the **British Medical Journal**.

These techniques can have a positive and empowering impact on the lives of the communities being studied, particularly when those involved are from marginalised communities. In addition, users can offer extensive knowledge gained through their own personal experience to inform how the research is conducted. Another advantage is that they may be able to help get active

participation from people who would otherwise opt out.

Ethics when conducting research

The process of planning a research project should include careful consideration of how to comply with relevant legislation and ethical codes of practice. Data protection legislation applies to any data obtained during the process of research.

In addition, there are well-established codes of practice that need to be followed. One such practice is obtaining the informed consent of research participants. Respondents are often provided with an information sheet about the research and asked to sign a consent form. Extra care should be taken to ensure appropriate procedures are in place when researching vulnerable groups such as children, the elderly or mental health service users.

In addition to data protection procedures, researchers need to ensure that the anonymity of participants is maintained. This includes withholding any information that might lead to the identification of participants unless they have explicitly expressed a wish to be identified.

Sampling in qualitative research

Sampling is the term used by researchers to describe how they select the people who will be invited to take part in the research.

Qualitative research does not involve large-scale random sampling that is a key feature of quantitative research to ensure that it represents the population being studied.

Sample sizes used in qualitative research are much smaller, but should be set to help the researcher obtain relevant and diverse information on the topic.

The most common sampling techniques used in qualitative research include:

Purposive sampling

This involves deliberate selection of research participants based on their relation to the research topic or because of certain demographic characteristics. For example, a research project focusing on the experiences of different groups of carers may include in the sample participants who care for young children as well as participants who care for elderly people or people with disabilities.

Quota sampling

This method involves determining in advance how many people with certain characteristics will be selected to the sample. For example, it can be decided that a sample will include a certain number of men and women, different age groups, respondents from different income brackets or occupations. This process is often used to generate a sample that broadly corresponds to the population being studied.

Snowball sampling

In this technique, participants are recruited through pre-existing links between group members. An initial contact who is a member of the group being studied is identified. This member will refer the researcher onto other contacts who in turn refer to others, creating a snowballing effect. Because this technique relies on personal recommendation by members of the group, it is often very useful in recruiting from marginalised groups who might not normally engage with research. In order to reduce the risk of researching a very narrow sub-group, it is advisable to find several contacts who can act as “snowballing” starting points to produce a more diverse sample.

Analysing qualitative data

Not all qualitative research arises from interviews, group discussion or

observation. Other sources of qualitative data for analysis are collections of existing texts or documents.

The advent of the internet and social media has led to the creation of a wealth of textual sources including online reviews posted on websites such as NHS Choices and comments posted on social media platforms such as Facebook and Twitter.

Free-text comments collected through feedback tools such as the Friends and Family Test, or through large-scale surveys, can also offer a rich source of insight.

Whether the data was generated by the researcher or whether it was created independently, the same broad principles apply to the analysis of the data. Some researchers will choose to manually analyse data, whereas others will make use of computer software packages. Manual analysis of qualitative data can be done through using common software such as Word or Excel.

There are a number of specialist software packages available to analyse qualitative data and new ones are being developed that draw on machine learning techniques.

There are different stages for conducting manual analysis of qualitative data. This process should also guide the approach taken when using software-aided analysis.

Stage 1 - Organise the data: Organise the data into a useable format and structure, such as writing up interview notes or transcribing audio recordings.

Stage 2 - Explore the data: Read through the data and begin to identify potential themes.

Stage 3 - Code and classify: Code the data into any themes and sub-themes that are either key areas of interest or that have been identified

through organising the data.

Stage 4 - Explore relationships: Look for similarities, differences, patterns and associations between the different themes and sub-themes.

Stage 5 - Interpret the data: Develop possible explanations for the patterns observed in the data.

Current use of qualitative data in the NHS

Qualitative data is used extensively across the NHS, with a growing recognition of the benefits of how it can be used to provide deep insight into patients' views, their experience of care and their outcomes. It is widely used to inform quality improvements, design and delivery of services and safety and quality policies.

National initiatives such as the Friends and Family Test websites such as NHS Choices enable people to give qualitative feedback about the services they receive, as do many national surveys on healthcare. At a local level, patients can give qualitative feedback in a variety of ways including through patient participation groups, complaints or comments on online platforms.

NHS England commissions qualitative research and uses qualitative data in a variety of ways, including in the design and development of new policies, in the delivery of national programmes, in evaluation of policies and initiatives and in communications and campaign activities.

Qualitative research is an approach involving diverse methods to generate trustworthy insight into the complex ways that people think and feel. Adding information about WHY to that of HOW MANY enriches any insight data and creates a much firmer foundation from which to make decisions about service change and improvements.

CONTACT US

This guide is part of a short series intended to help health-care providers and commissioners to make greater use of patient insight: <http://www.england.nhs.uk/ourwork/insight/insight-resources>

The work is overseen by the Insight & Feedback Team.

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