AIIHPC PCRN
Early Career Researcher Forum
Webinar 18 December 2018

Answering the ‘so what’ question:
Tips for writing up qualitative research for publication

Suzanne Guerin
UCD School of Psychology
AIIHPC Palliative Care Network
Welcome and Introductions
Key Tips

• Writing for peer review (general)
• Know your target journal
• Map your research onto the journal expectations
• Know and name your research effectively

• Take home message: Design your research inline with published standards for qualitative research from the outset ...
Writing for Peer Review – General Tips

• Like all other skills it takes time to develop the skill of writing for peer review
• Be realistic about timeframes and processes
• Be prepared for rewriting and revision
• Get involved in the review process and put effort into it
• Create support/guidance networks of peers and other advisors
• Working with a supervisor (experienced colleague) may minimize stress of rejection (Kamler, 2008)
Writing as a Key Skill (Johnson, 2008)

- “There is no single best way to write or get started. It varies from paper to paper and person to person” p. 1065
- “The sequence of writing sections should occur in the order ... Methods, Results, Discussion, and Introduction’ p. 1065
- Becoming an excellent rewriter is fundamental to being a good writer. Envision your paper through the eyes of an independent peer reviewer who will be reading it for the first time” p. 1066

Tips on how to write a paper

Timothy M. Johnson, MD
Ann Arbor, Michigan

Academics involve the search, education, and communication of knowledge. The credibility, advancement, and prestige of any specialty, program, or person involved in academics is enhanced by the quality of papers published. This occurs in the form of peer-reviewed research, along with observations and wisdom from institutional and private practice. Learning and mentoring medical manuscript writing skills is a process that improves with training and doing. The purpose of this manuscript is to serve as a guide with tips to aide the process of better writing, which may be particularly helpful to those in search of writing skills mentorship. (J Am Acad Dermatol 2008;59:1064-9.)
Writing Usable Qualitative Health Research Findings

Margarete Sandelowski¹ and Jennifer Leeman¹

Abstract
Scholars in diverse health-related disciplines and specialty fields of practice routinely promote qualitative research as an essential component of intervention and implementation programs of research and of a comprehensive evidence base for practice. Remarkably little attention, however, has been paid to the most important element of qualitative studies—the findings in reports of those studies—and specifically to enhancing the accessibility and utilization value of these findings for diverse audiences of users. The findings in reports of qualitative health research are too often difficult to understand and even to find owing to the way they are presented. A basic strategy for enhancing the presentation of these findings is to translate them into thematic statements, which can then in turn be translated into the language of intervention and implementation. Writers of qualitative health research reports might consider these strategies better to showcase the significance and actionability of findings to a wider audience.

“beyond the vague mandate that findings should be clear, writers of qualitative health research reports have received relatively little guidance on how to accomplish this clarity and even less on how to present findings that are usable” p. 1404
Key Tips

• **Know your target journal**
  – Deciding on preferred journals
  – Deciding on back up journals

• **Map your research to journal expectations**
  – Review instructions for authors
  – Identify sample articles
    • NB recent publications
    • NB similar designs
    • NB comparable sample sizes
Reviewing Qualitative Content in Palliative Care Journals

Selection of Journals from Web of Science

- American Journal of Hospice & Palliative Medicine IF 2017 1.533
- BMC Palliative Care IF 2017 2.335
- BMJ Supportive & Palliative Care IF 2017 2.385
- Journal of Hospice & Palliative Nursing IF 2017 0.500
- Journal of Palliative Care IF 2017 0.882
- Journal of Palliative Medicine IF 2017 2.490
- Palliative & Supportive Care IF 2017 1.494
- Palliative Medicine IF 2017 3.780
<table>
<thead>
<tr>
<th>Journals</th>
<th>Reference to qualitative in guidelines</th>
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<tbody>
<tr>
<td><strong>American Journal of Hospice &amp; Palliative Medicine</strong></td>
<td>Word qualitative does not appear but reference to Equator Network</td>
</tr>
<tr>
<td><strong>BMC Palliative Care</strong></td>
<td>Word qualitative does not appear</td>
</tr>
<tr>
<td><strong>BMJ Supportive &amp; Palliative Care</strong></td>
<td>Word qualitative does not appear</td>
</tr>
<tr>
<td><strong>Journal of Hospice &amp; Palliative Nursing</strong></td>
<td>“For qualitative research reports, do not prepare a table listing participants and their demographic characteristics line by line. It is a threat to anonymity, and it will not be published. Describe participants as group data. For similar reasons, do not “tag” each quotation by participant, thereby linking the quotations throughout the article to a particular participant.”</td>
</tr>
<tr>
<td><strong>Journal of Palliative Care</strong></td>
<td>Word qualitative does not appear but reference to Equator Network</td>
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<td>Journals</td>
<td>Reference to qualitative in guidelines</td>
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<tr>
<td>Journal of Palliative Medicine</td>
<td>Word qualitative does not appear</td>
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<tr>
<td>Palliative &amp; Supportive Care</td>
<td>“These articles represent well designed quantitative, qualitative or mixed methods research studies that present new information that makes a substantial contribution to the body of knowledge on the subject.”</td>
</tr>
<tr>
<td>Palliative Medicine</td>
<td>Refers to “COREQ for qualitative research”, additional detail notes “For papers reporting qualitative methods we prefer papers which state their particular qualitative approach (e.g. grounded theory, phenomenology, ethnography etc.) and articulate their methodological (epistemological and ontological) position, how this relates to their question and design, and which present a so called ‘thick’ description and interpretation of their findings clearly. Participants' quotations may be excluded from the word count, and we prefer that they are integrated into the text rather than presented separately. We still prefer, however, that these quotations are succinct and carefully chosen – it is rare that more than one quote is required to illustrate the point being made.”</td>
</tr>
</tbody>
</table>
Broader Sources of Information

Research Reporting Guidelines and Initiatives: By Organization

This chart lists the major biomedical research reporting guidelines that provide advice for reporting research methods and findings. They usually "specify a minimum set of items required for a clear and transparent account of what was done and what was found in a research study, reflecting, in particular, issues that might introduce bias into the research" (Adapted from the EQUATOR Network Resource Centre). The chart also includes editorial style guides for writing research reports or other publications.

Additional information about these guidelines and/or initiatives can be found using the MEDLINE/PubMed Research Guidelines Search Strategy to find more information about these guidelines and/or initiatives.
Seeing the Patient and Family Through: Nurses and Physicians' Experiences With Withdrawal of Life-Sustaining Therapy in the ICU

Debra L. Wiegand, PhD, RN, CCRN, CHPN, FAHA, FPCN, FAAN, Jooyoung Cheon, PhD, RN, Giora Netzer, MD, MSCE

First Published September 24, 2018 | Research Article | Check for updates
https://doi.org/10.1177/1049909118801011

Abstract

Withdrawal of life-sustaining therapy at the end of life is a complex phenomenon. Intensive care nurses and physicians are faced with caring for patients and supporting families, as these difficult decisions are made. The purpose of this study was to explore and describe the experience of critical care nurses and physicians participating in the process of withdrawal of life-sustaining therapy. A hermeneutic phenomenological approach was used to guide this qualitative investigation. Interviews were conducted with critical care nurses and physicians from 2 medical centers. An inductive approach to data analysis was used to understand similarities between the nurses and the physicians’ experiences. Methodological rigor was established, and data saturation was achieved. The main categories that were inductively derived from the data analysis included from novice to expert, ensuring ethical care, uncertainty to certainty, facilitating the process, and preparing and supporting families. The categories aided in understanding the experiences of nurses and physicians, as they worked individually and together to see patients and families through the entire illness experience, withdrawal of life-sustaining therapy decision-making process and dying process. Understanding the perspectives of health-care providers involved in the withdrawal of life-sustaining therapy process will help other health-care providers who are striving to provide quality care to the dying and to their families.
Advance care planning at discharge: qualitative assessment of facilitators and barriers interviewed

Vanessa Peck, Sabira Valiani, Peter Tanuseputro, Sunit Edward Fitzgibbon, Alan Forster and Daniel Kobewka

Abstract

Background

Patients who engage in Advance Care Planning (ACP) are more likely to get care consistent with their values. We sought to determine the barriers and facilitators to ACP engagement after discharge from hospital.

Methods

Prior to discharge from hospital eligible patients received a standardized conversation about prognosis and ACP. Each patient was given an ACP workbook and asked to complete it over the following four weeks. We included frail elderly patients with a high risk of death admitted to general internal medicine wards at a tertiary care academic teaching hospital. Four weeks after discharge we conducted semi-structured interviews with patients. Interviews were transcribed, coded and analysed with thematic analysis. Themes were categorized according to the theoretical domains framework.

Results

We performed 17 interviews. All Theoretical Domain Framework
The liminal space palliative care volunteers occupy and their roles within it: a qualitative study

Steven Vanderstichelen¹, ², Joachim Cohen¹, Yanna Van Wesemaël³, Luc Deliens¹, ² and Kenneth Chambaere¹, ²

Author affiliations +

Abstract

Objectives Volunteers have an important place in palliative care (PC), positively influencing quality of care for seriously ill people and those close to them and providing a link to the community. However, it is not well understood where volunteers fit into PC provision or how to support them adequately. We therefore chose to describe volunteer roles across care settings through the perspective of those closely involved in the care of terminally ill people.

Methods A qualitative study was conducted using both focus groups with volunteers, nurses, psychologists and family physicians and individual semistructured interviews with patients and family caregivers. Participants were recruited from hospital, home, day care and live-in services.

Results 79 people participated in the study. Two volunteer roles were
Home-care nurses assist many advanced cancer patients desiring to live in the familiar surroundings of their own home until the day they die. The purpose of this study was to increase the understanding concerning home-care nurse experience with the Norwegian version of the medication kit as a tool in symptom management for the terminally ill. The study had a qualitative, descriptive, and explorative design, based on hermeneutic methodology. Two focus group interviews with 4 subsequent in-depth interviews helped generate data. The nurses reported how thorough planning and clear instructions on medication kit usage gave security and facilitated proper application. Good collaboration with primary physicians, including accessibility and clarifying meetings in particular, was necessary. In the past, infrequent use of the medication kit hindered its relevance for symptom management. Home-care nurses were often alone with the responsibility for assessing the patient and administering medications, leading to unjustifiable professional conditions, particularly during night shifts. Thus, clear guidelines, planning and clarifying meetings with primary physicians, helped to facilitate the use of the medication kit.
The Unmet Needs of Patients With Progressive Neurological Diseases in the Czech Republic

A Qualitative Study

Radka Bužgová, PhD, Radka Kozáková, PhD, Lubica Juričková, PhD

First Published September 19, 2018 | Research Article | https://doi.org/10.1177/0825859718800489

Abstract

Aim:

The aim of our research was to explore the unfulfilled needs of patients with a progressive neurological disease in advanced stage of the illness within the current system of health and social care in the Czech Republic.

Design and Setting:

Qualitative research (grounded theory) was used to conceptualize the patterns of unmet palliative care needs in Czech Republic.

Methods:

The data collection method comprised individual, in-depth interviews (n = 19) and focus groups (n = 4) where a total of 52 respondents participated (patients with progressive neurological diseases [PNDs], family members, and professionals).
Spiritual and Religious Coping of Medical Decision Makers for Hospitalized Older Adult Patients

Saneta M. Maiko, Steven Ivy, Beth Newton Watson, Kianna Montz, and Alexia M. Torke

Published Online: 20 Nov 2018 | https://doi.org/10.1089/jpm.2018.0406

Abstract

Background: Critically ill adult patients who face medical decisions often delegate others to make important decisions. Those who are authorized to make such decisions are typically family members, friends, or legally authorized representatives, often referred to as surrogates. Making medical decisions on behalf of others produces emotional distress. Spirituality and/or religion provide significant assistance to cope with this distress. We designed this study to assess the role of surrogates’ spirituality and religion (S/R) coping resources during and after making medical decisions on behalf of critically ill patients. The study’s aim was to understand the role that S/R resources play in coping with the lived experiences and challenges of being a surrogate.

Methods: Semistructured interviews were conducted with 46 surrogates by trained interviewers. These were audio-recorded and transcribed by research staff. Three investigators conducted a thematic analysis of the transcribed interviews. The codes from inter-rater findings were analyzed, and comparisons were made to ensure consistency.
Goals of care and treatment in terminal delirium: A qualitative study of the views and experiences of healthcare professionals caring for patients with cancer

Megumi Uchida (a1) (a2), Tatsuya Morita (a3), Yoshinori Ito (a1), Kazuko Koga (a2) ...  
https://doi.org/10.1017/S1478951518000780   Published online: 23 November 2018

Abstract

**Objective**
This study explores the views of healthcare professionals regarding care and treatment goals in irreversible terminal delirium and their effect on patients and caregivers.

**Method**
We conducted a qualitative interview study of healthcare professionals (palliative care physician, oncologist, psycho-oncologist, and clinical psychologist) engaged in the treatment of terminally ill cancer patients. We assessed the views of healthcare workers regarding treatment goals in terminal delirium and their effect on patients and their families.

**Result**
Of the 21 eligible healthcare professionals, 20 agreed to participate in this study. Three of the professionals had experience with treating terminal delirium as family caregivers. We identified five important aspects of treatment goals in terminal delirium based on the views of healthcare professionals: (1) adequate management of symptoms/distress, (2) ability to communicate, (3) continuity of self, (4) provision of care and support to families, and (5) considering a balance (between symptom alleviation and maintaining communication; between symptom alleviation and family preparations for the death of patients; balance between specific treatment goals for delirium and general treatment goals).

**Significance of results**
According to the views of healthcare workers questioned in this study, goals of care and treatment in terminal delirium are multidimensional and extend beyond simply controlling patient symptoms.
Stigma and the in(visible) perspectives and expectations of home oxygen therapy among people with chronic breathlessness syndrome: A qualitative study

Katrina Breaden, Aileen Collier, Caroline Lister, more...

First Published October 9, 2018 | Research Article | Check for updates
https://doi.org/10.1177/0269216318805621

Abstract

Background:

Chronic breathlessness syndrome in the context of advancing disease is distressing for all concerned. Oxygen is commonly prescribed in this setting; however, little is known about the perspectives of breathless people who either are on oxygen or are yet to have it prescribed.

Aim:

To understand and describe the perspectives and experiences of breathless people towards oxygen use at home.

Design:

This qualitative study utilised an interpretive description approach using semi-structured interviews and thematic analysis.

Setting/participants:

A total of 19 people with chronic breathlessness syndrome living in South Australia participated in semi-structured interviews. Participants were divided into sub-groups according to whether they were chronically breathless and (1) not using home oxygen (n = 6), (2) using funded home oxygen for severe hypoxaemia (n = 7) and (3) using home oxygen for palliation outside of funding guidelines (n = 6).
Selecting Journals – Points to Remember*

- Select your target journal carefully
  - Where are the articles you are citing published?
  - Develop a list of possible journals to target - Rank them based on key factors (impact, audience, possibility of success etc)
  - Have a look at several recent issues of possible journals
  - Find information about the aims and scope of the target journal
  - Look at information for authors carefully (style guidelines)
  - Identify similar papers from recent issues
  - Be realistic about acceptance and rejection rates

After Hennessy, 2009
Key Tips

- Know and name your research effectively

- *Take home message: Design your research inline with published standards for qualitative research from the outset.*
Equator Network – http://www.equator-network.org/

Enhancing the QUAlity and Transparency Of health Research

Your one-stop-shop for writing and publishing high-impact health research
find reporting guidelines | improve your writing | join our courses | run your own training course | enhance your peer review | implement guidelines

Library for health research reporting
The Library contains a comprehensive searchable database of reporting guidelines and also links to other resources relevant to research reporting.

Reporting guidelines for main study types
Randomised trials
Observational studies
Systematic reviews
Study protocols
Diagnostic/prognostic studies
Case reports
Clinical practice guidelines
Qualitative research
Animal pre-clinical studies

CONSORT
STROBE
PRISMA
SPIRIT
STARD
PRISMA-P
TRIPOD
CARE
AGREE
RIGHT
SRQR
COREQ

Check out the new pages in German

EQUATOR resources in
German | Portuguese | Spanish
Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups

ALLISON TONG1,2, PETER SAINSbury1,3 AND JONATHAN CRAIG1,2

1School of Public Health, University of Sydney, NSW 2006, Australia, 2Centre for Kidney Research, The Children's Hospital at Westmead, NSW 2145, Australia, and 3Population Health, Sydney South West Area Health Service, NSW 2170, Australia

Abstract

Background. Qualitative research explores complex phenomena encountered by clinicians, health care providers, policy makers and consumers. Although partial checklists are available, no consolidated reporting framework exists for any type of qualitative design.

Objective. To develop a checklist for explicit and comprehensive reporting of qualitative studies (indepth interviews and focus groups).

Methods. We performed a comprehensive search in Cochrane and Campbell Protocols, Medline, CINAHL, systematic reviews of qualitative studies, author or reviewer guidelines of major medical journals and reference lists of relevant publications for existing checklists used to assess qualitative studies. Seventy-six items from 22 checklists were compiled into a comprehensive list. All items were grouped into three domains: (i) research team and reflexivity, (ii) study design and (iii) data analysis and reporting. Duplicate items and those that were ambiguous, too broadly defined and impractical to assess were removed.

Results. Items most frequently included in the checklists related to sampling method, setting for data collection, method of data collection, respondent validation of findings, method of recording data, description of the derivation of themes and inclusion of supporting quotations. We grouped all items into three domains: (i) research team and reflexivity, (ii) study design and (iii) data analysis and reporting.

Conclusions. The criteria included in COREQ, a 32-item checklist, can help researchers to report important aspects of the research team, study methods, context of the study, findings, analysis and interpretations.
Three Domains

Domain 1: Research team and reflexivity

Personal Characteristics
1. Interviewer/facilitator
2. Credentials
3. Occupation
4. Gender
5. Experience and training

Relationship with participants
6. Relationship established
7. Participant knowledge of the interviewer
8. Interviewer characteristics

Which author/s conducted the interview or focus group?
What were the researcher’s credentials? E.g. PhD, MD
What was their occupation at the time of the study?
Was the researcher male or female?
What experience or training did the researcher have?
Was a relationship established prior to study commencement?
What did the participants know about the researcher? E.g. personal goals, reasons for doing the research
What characteristics were reported about the interviewer/facilitator? E.g. Bias, assumptions, reasons and interests in the research topic
<table>
<thead>
<tr>
<th>Domain 2: study design</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical framework</td>
</tr>
<tr>
<td>9. Methodological orientation and Theory</td>
</tr>
<tr>
<td>What methodological orientation was stated to underpin the study? <em>e.g.</em> <em>grounded theory, discourse analysis, ethnography, phenomenology, content analysis</em></td>
</tr>
<tr>
<td>Participant selection</td>
</tr>
<tr>
<td>10. Sampling</td>
</tr>
<tr>
<td>How were participants selected? <em>e.g.</em> <em>purposive, convenience, consecutive, snowball</em></td>
</tr>
<tr>
<td>11. Method of approach</td>
</tr>
<tr>
<td>How were participants approached? <em>e.g.</em> <em>face-to-face, telephone, mail, email</em></td>
</tr>
<tr>
<td>12. Sample size</td>
</tr>
<tr>
<td>How many participants were in the study?</td>
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<tr>
<td>13. Non-participation</td>
</tr>
<tr>
<td>How many people refused to participate or dropped out? Reasons?</td>
</tr>
<tr>
<td>Setting</td>
</tr>
<tr>
<td>14. Setting of data collection</td>
</tr>
<tr>
<td>Where was the data collected? <em>e.g.</em> <em>home, clinic, workplace</em></td>
</tr>
<tr>
<td>15. Presence of non-participants</td>
</tr>
<tr>
<td>Was anyone else present besides the participants and researchers?</td>
</tr>
<tr>
<td>16. Description of sample</td>
</tr>
<tr>
<td>What are the important characteristics of the sample? <em>e.g.</em> <em>demographic data, date</em></td>
</tr>
<tr>
<td>Data collection</td>
</tr>
<tr>
<td>17. Interview guide</td>
</tr>
<tr>
<td>Were questions, prompts, guides provided by the authors? Was it pilot tested?</td>
</tr>
<tr>
<td>18. Repeat interviews</td>
</tr>
<tr>
<td>Were repeat interviews carried out? If yes, how many?</td>
</tr>
<tr>
<td>19. Audio/visual recording</td>
</tr>
<tr>
<td>Did the research use audio or visual recording to collect the data?</td>
</tr>
<tr>
<td>20. Field notes</td>
</tr>
<tr>
<td>Were field notes made during and/or after the interview or focus group?</td>
</tr>
<tr>
<td>21. Duration</td>
</tr>
<tr>
<td>What was the duration of the interviews or focus group?</td>
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<tr>
<td>22. Data saturation</td>
</tr>
<tr>
<td>Was data saturation discussed?</td>
</tr>
<tr>
<td>23. Transcripts returned</td>
</tr>
<tr>
<td>Were transcripts returned to participants for comment and/or correction?</td>
</tr>
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</table>
### Domain 3: Analysis and Findings

**Data Analysis**

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. Number of data coders</td>
<td>How many data coders coded the data?</td>
</tr>
<tr>
<td>25. Description of the coding tree</td>
<td>Did authors provide a description of the coding tree?</td>
</tr>
<tr>
<td>26. Derivation of themes</td>
<td>Were themes identified in advance or derived from the data?</td>
</tr>
<tr>
<td>27. Software</td>
<td>What software, if applicable, was used to manage the data?</td>
</tr>
<tr>
<td>28. Participant checking</td>
<td>Did participants provide feedback on the findings?</td>
</tr>
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</table>

**Reporting**

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>29. Quotations presented</td>
<td>Were participant quotations presented to illustrate the themes / findings?</td>
</tr>
<tr>
<td></td>
<td>Was each quotation identified? e.g. <em>participant number</em></td>
</tr>
<tr>
<td>30. Data and findings consistent</td>
<td>Was there consistency between the data presented and the findings?</td>
</tr>
<tr>
<td>31. Clarity of major themes</td>
<td>Were major themes clearly presented in the findings?</td>
</tr>
<tr>
<td>32. Clarity of minor themes</td>
<td>Is there a description of diverse cases or discussion of minor themes?</td>
</tr>
</tbody>
</table>
Standards for Reporting Qualitative Research: A Synthesis of Recommendations

Bridget C. O’Brien, PhD, Ilene B. Harris, PhD, Thomas J. Beckman, MD, Darcy A. Reed, MD, MPH, and David A. Cook, MD, MHPE

Abstract

Purpose
Standards for reporting exist for many types of quantitative research, but currently none exist for the broad spectrum of qualitative research. The purpose of the present study was to formulate and define standards for reporting qualitative research while preserving the requisite flexibility to accommodate various paradigms, approaches, and methods.

Method
The authors identified guidelines, reporting standards, and critical appraisal criteria for qualitative research by searching PubMed, Web of Science, and Google through July 2013; reviewing the reference lists of retrieved sources; and contacting experts. Specifically, two authors reviewed a sample of sources to generate an initial set of items that were potentially important in reporting qualitative research. Through an iterative process of reviewing sources, modifying the set of items, and coding all sources for items, the authors prepared a near-final list of items and descriptions and sent this list to five external reviewers for feedback. The final items and descriptions included in the reporting standards reflect this feedback.

Results
The Standards for Reporting Qualitative Research (SRQR) consists of 21 items. The authors define and explain key elements of each item and provide examples from recently published articles to illustrate ways in which the standards can be met.

Conclusions
The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research. These standards will assist authors during manuscript preparation, editors and reviewers in evaluating a manuscript for potential publication, and readers when critically appraising, applying, and synthesizing study findings.
<table>
<thead>
<tr>
<th>No.</th>
<th>Topic</th>
<th>Item</th>
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<tbody>
<tr>
<td><strong>Title and abstract</strong></td>
<td></td>
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</tr>
<tr>
<td>S1</td>
<td>Title</td>
<td>Concise description of the nature and topic of the study identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended.</td>
</tr>
<tr>
<td>S2</td>
<td>Abstract</td>
<td>Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions.</td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td></td>
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</tr>
<tr>
<td>S3</td>
<td>Problem formulation</td>
<td>Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement.</td>
</tr>
<tr>
<td>S4</td>
<td>Purpose or research question</td>
<td>Purpose of the study and specific objectives or questions.</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td></td>
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</tr>
<tr>
<td>S5</td>
<td>Qualitative approach and research paradigm</td>
<td>Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/interpretivist) is also recommended; rationale.</td>
</tr>
<tr>
<td>S6</td>
<td>Researcher characteristics and reflexivity</td>
<td>Researchers’ characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers’ characteristics and the research questions, approach, methods, results, and/or transferability.</td>
</tr>
<tr>
<td>S7</td>
<td>Context</td>
<td>Setting/site and salient contextual factors; rationale.</td>
</tr>
<tr>
<td>S8</td>
<td>Sampling strategy</td>
<td>How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale.</td>
</tr>
<tr>
<td>S9</td>
<td>Ethical issues pertaining to human subjects</td>
<td>Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues.</td>
</tr>
<tr>
<td>S10</td>
<td>Data collection methods</td>
<td>Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale.</td>
</tr>
<tr>
<td>No.</td>
<td>Topic</td>
<td>Item</td>
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<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>S11</td>
<td>Data collection instruments and technologies</td>
<td>Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study</td>
</tr>
<tr>
<td>S12</td>
<td>Units of study</td>
<td>Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)</td>
</tr>
<tr>
<td>S13</td>
<td>Data processing</td>
<td>Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/deidentification of excerpts</td>
</tr>
<tr>
<td>S14</td>
<td>Data analysis</td>
<td>Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale(^b)</td>
</tr>
<tr>
<td>S15</td>
<td>Techniques to enhance trustworthiness</td>
<td>Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale(^b)</td>
</tr>
</tbody>
</table>

**Results/findings**

| S16 | Synthesis and interpretation              | Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory |
| S17 | Links to empirical data                   | Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings |

**Discussion**

| S18 | Integration with prior work, implications, transferability, and contribution(s) to the field | Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field |
| S19 | Limitations                                | Trustworthiness and limitations of findings |

**Other**

| S20 | Conflicts of interest                     | Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed |
| S21 | Funding                                   | Sources of funding and other support; role of funders in data collection, interpretation, and reporting |

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*The authors created the SRQR by searching the literature to identify guidelines, reporting standards, and critical appraisal criteria for qualitative research; reviewing the reference lists of retrieved sources; and contacting experts to gain feedback. The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research.\(^b\)

*The rationale should briefly discuss the justification for choosing that theory, approach, method, or technique rather than other options available, the assumptions and limitations implicit in those choices, and how those choices influence study conclusions and transferability. As appropriate, the rationale for several items might be discussed together.*
Key Issues in Qualitative Articles

• Qualitative design
• Sampling and participants
• Methods of analysis
• Synthesis of results
Know Your Qualitative Design!

- **Phenomenology**: This type of design focuses on how individuals experience aspects of the world, and the aim of the research is to describe this experience (Hammersley, 2004).

- **Grounded theory**: This type of design focuses on answering research questions through the development of a theory that is grounded in the data collected (also a method of analysis) (Charmaz, 2004).

- **Action research**: This design differs from others in the way in which participants are included. Central idea is to conduct research “in partnership with local people” (Gibson, 2004, p.4). Seen as a participatory approach.
• **Discourse analysis:** This design focuses on the role of language in understanding people’s experiences of the world.
  – “Language is represented not as reflecting psychological and social reality but as constructing it” (Coyle, 2000, p. 252)

• **Ethnography:** Researcher is interested in describing a phenomenon from within a cultural or social context. Must embed themselves within the context
  – “immersion in the lives of other people allows [the researcher] to more accurately interpret people’s behaviour.” (Fettersman, 2004, p. 328)
BE CLEAR on Data Collection Method

- Interviews
- Focus Groups
- Drawings/Photographs
- Observation
- Case notes/Case studies
- Diary studies
- Correspondence

*Particular consideration needed for multiple qualitative methods*
Sample Size in Qualitative Research

National Centre for Research Methods Review Paper

How many qualitative interviews is enough?

Expert voices and early career reflections on sampling and cases in qualitative research

Sarah Elsie Baker, Middlesex University
Rosalind Edwards, NCRM, University of Southampton
Setting your Sample Size

• Quote from Wolcott in Baker & Edwards (p. 3/4)

• That is, of course, a perennial question if not a great one. The answer, as with all things qualitative, is “it depends.” It depends on your resources, how important the question is to the research, and even to how many respondents are enough to satisfy committee members for a dissertation. For many qualitative studies one respondent is all you need – your person of interest. But in general the old rule seems to hold that you keep asking as long as you are getting different answers, and that is a reminder that with our little samples we can’t establish frequencies but we should be able to find the RANGE of responses. Whatever the way the question is handled, the best answer is to report fully how it was resolved.
Sample Size and Saturation in PhD Studies Using Qualitative Interviews

Mark Mason

Abstract: A number of issues can affect sample size in qualitative research; however, the guiding principle should be the concept of saturation. This has been explored in detail by a number of authors but is still hotly debated, and some say little understood. A sample of PhD studies using qualitative approaches, and qualitative interviews as the method of data collection was taken from theses.com and contents analysed for their sample sizes. Five hundred and sixty studies were identified that fitted the inclusion criteria. Results showed that the mean sample size was 31; however, the distribution was non-random, with a statistically significant proportion of studies, presenting sample sizes that were multiples of ten. These results are discussed in relation to saturation. They suggest a pre-meditated approach that is not wholly congruent with the principles of qualitative research.

Key words: saturation; sample size; interviews
Considering Saturation

- Idea that data collection continues until no new themes emerge

‘Unsatisfactory Saturation’: a critical exploration of the notion of saturated sample sizes in qualitative research

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Abstract
Measuring quality in qualitative research is a contentious issue with diverse opinions and various frameworks available within the evidence base. One important and somewhat neglected argument within this field relates to the increasingly ubiquitous discourse of data saturation. While originally developed within grounded theory, theoretical saturation, and later termed data/phenomena saturation for other qualitative methods, the meaning has evolved and become transformed. Problematically, this temporal drift has been treated as unproblematic and saturation as a marker for sampling adequacy is becoming increasingly accepted and expected. In this article, we challenge the unquestioned acceptance of the concept of saturation and consider its plausibility and transferability across all qualitative approaches. By considering issues of transparency and epistemology, we argue that adopting saturation as a generic quality marker is inappropriate. The aim of this article is to highlight the pertinent issues and encourage the research community to engage with and contribute to this important area.
Selecting your Analysis Method

- Often described as existing on a continuum from structured to unstructured
- See Robson (2002/2008/2011) Real World Research (Ch 14) for more detail
- Robson (2002) “there is no clear and accepted set of conventions for analysis” (p.456)
- Important that qualitative data are dealt with systematically
- Challenge is to use a systematic method that can be clearly described for the reader and is referenced!
One Framework for Types of Analysis

Figure 2. Framework for categorising qualitative analysis techniques from Robson (2002)
Using thematic analysis in psychology

Virginia Braun\(^1\) and Victoria Clarke\(^2\)

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Thematic analysis is a poorly demarcated, rarely acknowledged, yet widely used qualitative analytic method within psychology. In this paper, we argue that it offers an accessible and theoretically flexible approach to analysing qualitative data. We outline what thematic analysis is, locating it in relation to other qualitative analytic methods that search for themes or patterns, and in relation to different epistemological and ontological positions. We then provide clear guidelines to those wanting to start thematic analysis, or conduct it in a more deliberate and rigorous way, and consider potential pitfalls in conducting thematic analysis. Finally, we outline the disadvantages and advantages of thematic analysis. We conclude by advocating thematic analysis as a useful and flexible method for qualitative research in and beyond psychology. \textit{Qualitative Research in Psychology} 2006; 3: 77–101

Key words: epistemology; flexibility; patterns; qualitative psychology; thematic analysis
Writing as Analysis

• Thematic analysis names the writing of the report or paper as the final phase of analysis.
• Howitt (2013) describes this phase as “a further opportunity to reflect on one’s data, one’s analysis and the adequacy of the data in relation to the analysis and vice versa (p. 188).
• Need to strike a balance between the analysis and the excerpts.
Writing “[tells] the complicated story of your data in a way which **convinces the reader of the merit and validity of your analysis**. It is important that the analysis (the write-up of it, including data extracts) provides a **concise, coherent, logical, non-repetitive and interesting account of the story the data tell** – within and across themes. Your write-up must **provide sufficient evidence of the themes within the data** – ie, enough data extracts to demonstrate the prevalence of the theme. Choose particularly vivid examples, or extracts which capture the essence of the point you are demonstrating, without unnecessary complexity. The extract should be easily identifiable as an example of the issue. However, your write-up needs to do more than just provide data. **Extracts need to be embedded within an analytic narrative that compellingly illustrates the story you are telling about your data**, and your analytic narrative needs to go beyond description of the data, and **make an argument in relation to your research question**” (B&C, 2006, p.93).
Rigour & Credibility in Analysis

- Madill, Jordan & Shirley (2000) “Qualitative approaches can be criticised for the space they afford the subjectivity of the researcher” (p.1).
- Respondent validation can be useful
- Use of formal coding frames
- Reliability of analysis: Refers to consistency within and across analysts (e.g. Guerin & Hennessy, 2002)
- Triangulation: use of multiple researchers, methods or sources to assess consistency of findings
Using Models

Salient issues mentioned by participants and the overarching theme

- Varying knowledge about their brother or sister’s condition
- Hospital-and illness-related memories
- Overall impression of adaptation, normalcy or "being normal"

Sub-question 1(a)
What is the impact of CHD on the self and the family?

- Range of impacts on self, family, brother or sister
- Mentioned primarily in relation to illness-related events
- Sense of being normal coupled with stress and disruption of illness-related events

Sub-question 1(b)
What factors contribute to and challenge adaptation and impact?

- Individual and family factors
- Biomedical or illness-related factors
- External events

Sub-question 1(c)
What resources and coping responses are used and what recommendations do they have for others?

- Cognitive, behavioural and emotional coping strategies
- Evidence for family role in supporting and determining coping response
- Varied recommendations for others, including for coping

Davidson, 2011
Another Example (Kelly, 2012)

Children's Capacity to Cope...
- Capacity to...
- Understand concept of death
- Appraise the loss of a relationship
- Understand emotion
- Adapt to changes
- Communicate

resources for school personnel to respond
- Interpretation of behaviours
- Varied resources
- Curriculum and classroom demands
- Personal intuition and comfort

Children's Mixed Understanding
- Understand some aspects, not others
- Communicate some aspects, not others
- Variation between individuals

Figure 5: Overarching theme of ‘mixed understanding’
Figure 12: Convergence of underlying themes illustrating the impact of bereavement for children with MGLD and the role of school personnel in supporting them.
Article of Interest

Data Display in Qualitative Research

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Key Tips - Reminder

- Writing for peer review (general)
- Know your target journal
- Map your research onto the journal expectations
- Know and name your research effectively

- *Take home message: Design your research inline with published standards for qualitative research from the outset ...*
Q: How many Ph.D.’s does it take to get a PowerPoint presentation to work?

Answer: \( (n+1) \)

Where \( n \) = the number of academics in the room who think they know how to fix it, and 1 = the person who finally calls the A/V technician.