

Data Analysis Using Interpretive Description Methodology

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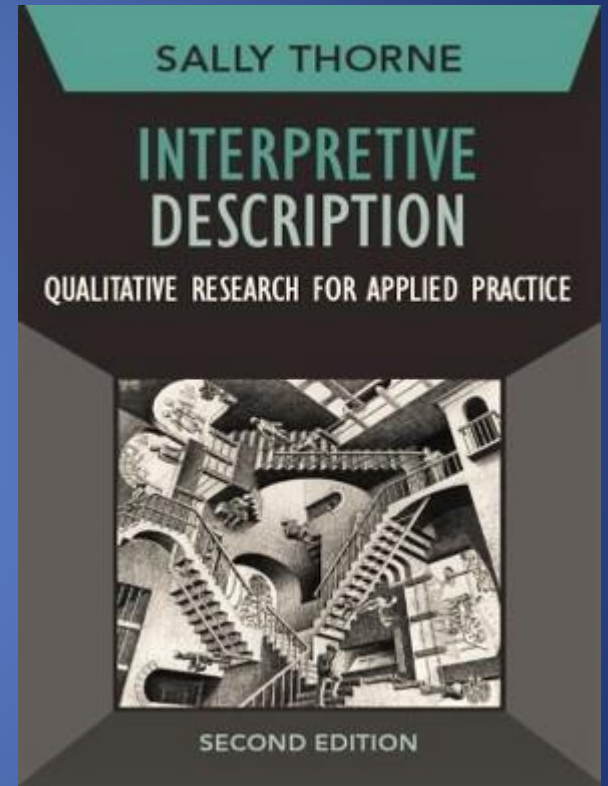


Insights in Qualitative Research Methods





The City of Vancouver acknowledges that it is situated on the unceded traditional territories of the x^wməθk^wəyəm (Musqueam), Skwxwú7mesh (Squamish), and səlilwətał (Tsleil-Waututh) Nations.



Nature of the Knowledge Needed for Practice

- Processual
- Evolving
- Flexible
- Infinitely Adaptive



Respect for Both Commonalities and Differences



- Draws inspiration from applied disciplinary epistemology rather than borrowed theory



- Ventures beyond description and theorizing into interpretation



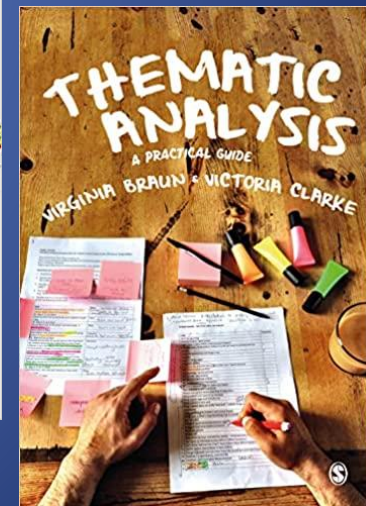
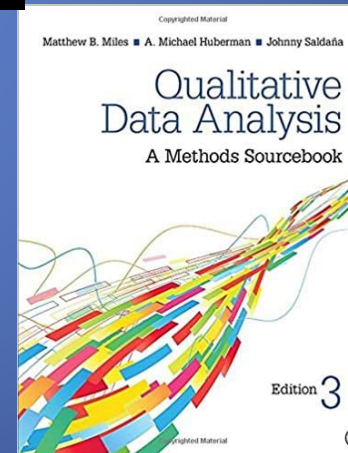
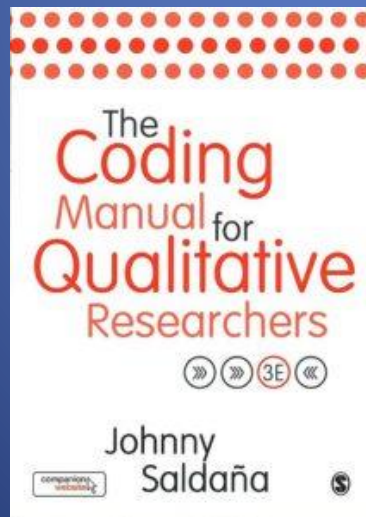
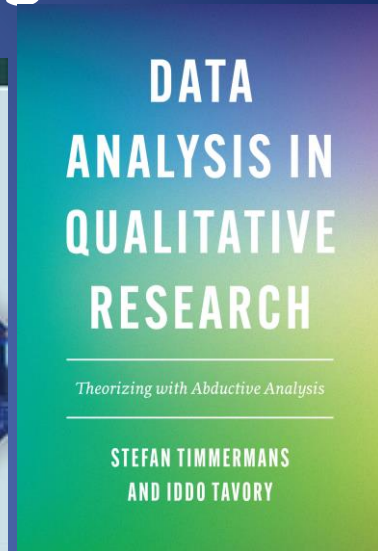
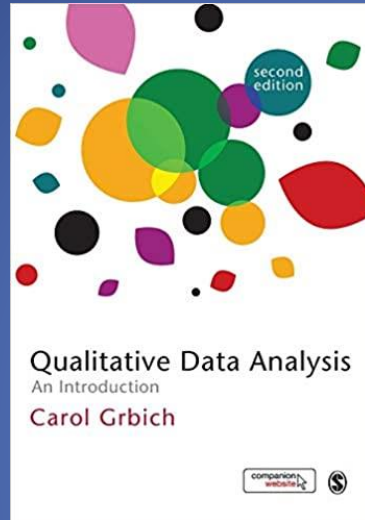
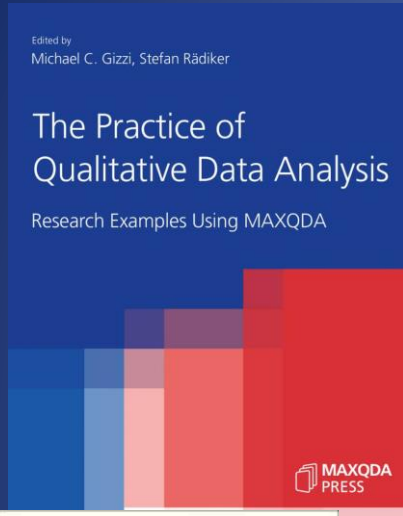
- Encourages creativity in the use of data sources and inquiry approaches



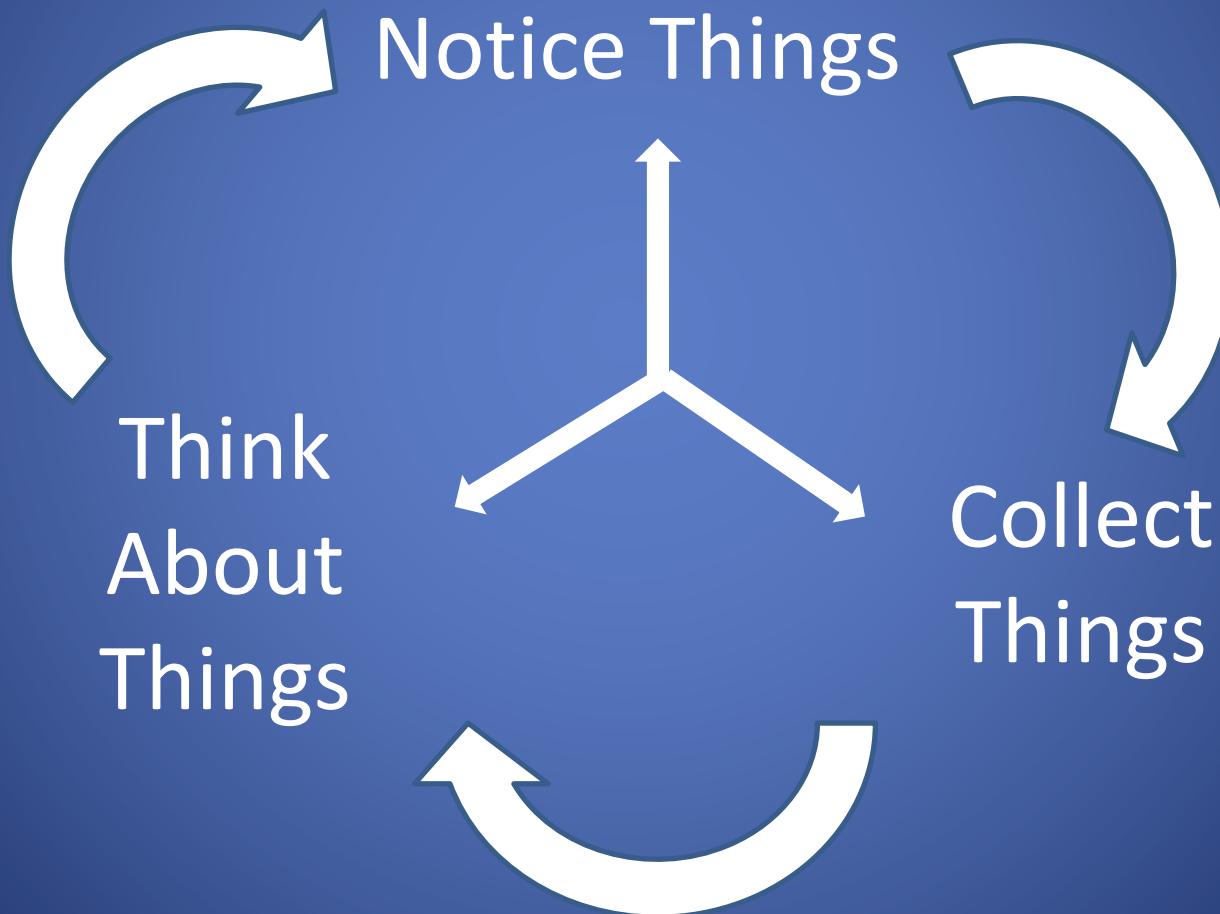
- Builds knowledge mobilization into the initial design logic



Qualitative Data Analysis



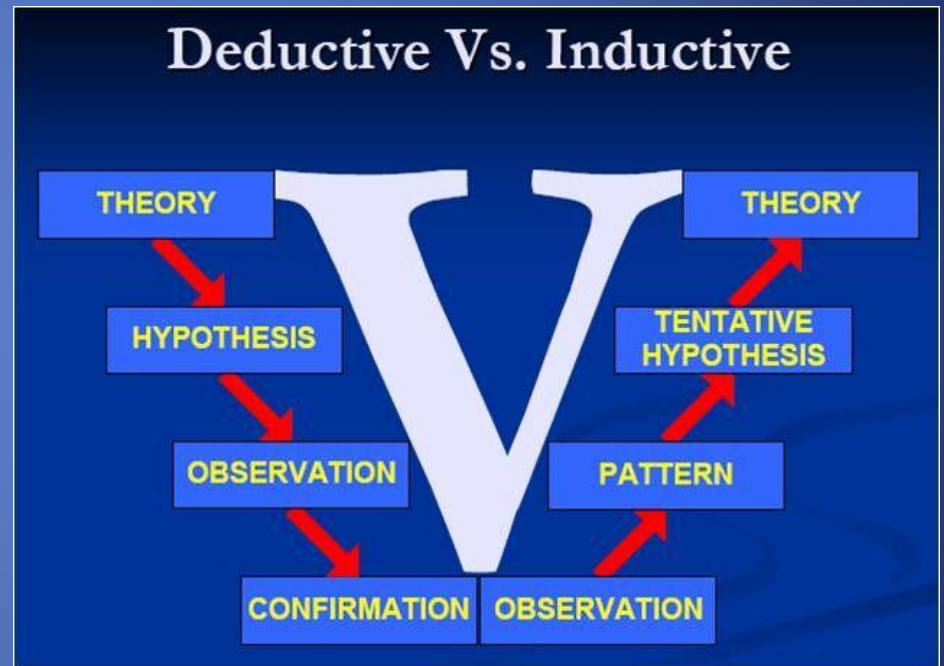
Qualitative Data Analysis





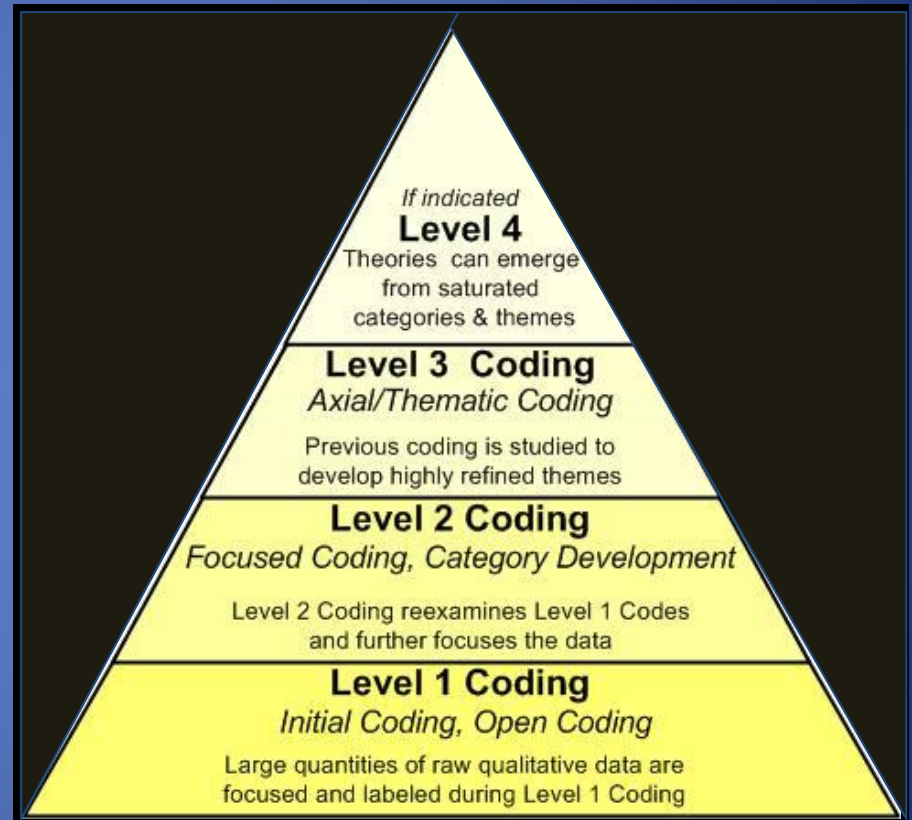
Deductive vs Inductive Analysis

- General to specific (eg theory to a particular instance of it)
- Specific to general (eg observations to conceptualizing/theorizing)

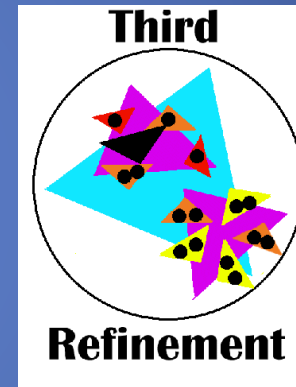
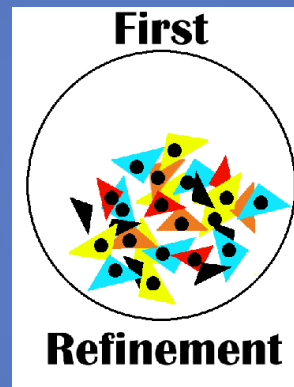
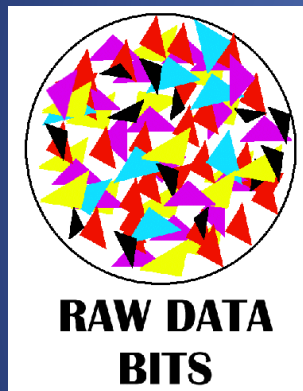


Coding and Sorting

- Organizing
- Attaching a signifier
- Stimulating constant comparative analysis

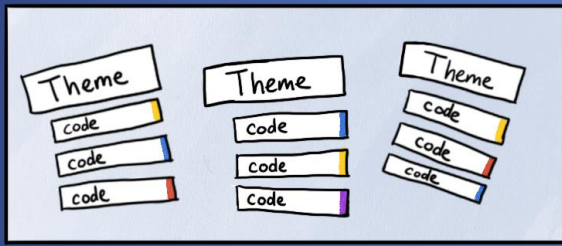


Constant Comparative Analysis

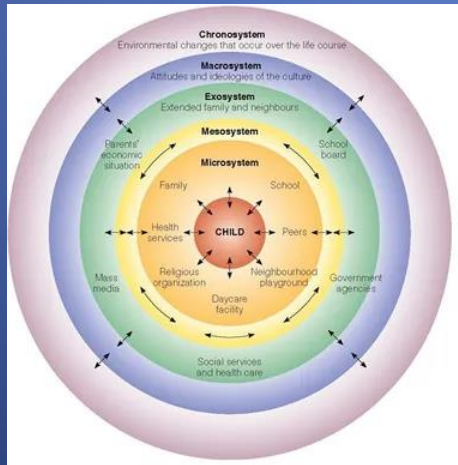


Conventional vs Applied Studies

- Conceptualizing an Entire Data Set as an Integrated Whole



- Organizing According to a Predetermined Theoretical Framework



- Extracting What Can be Learned

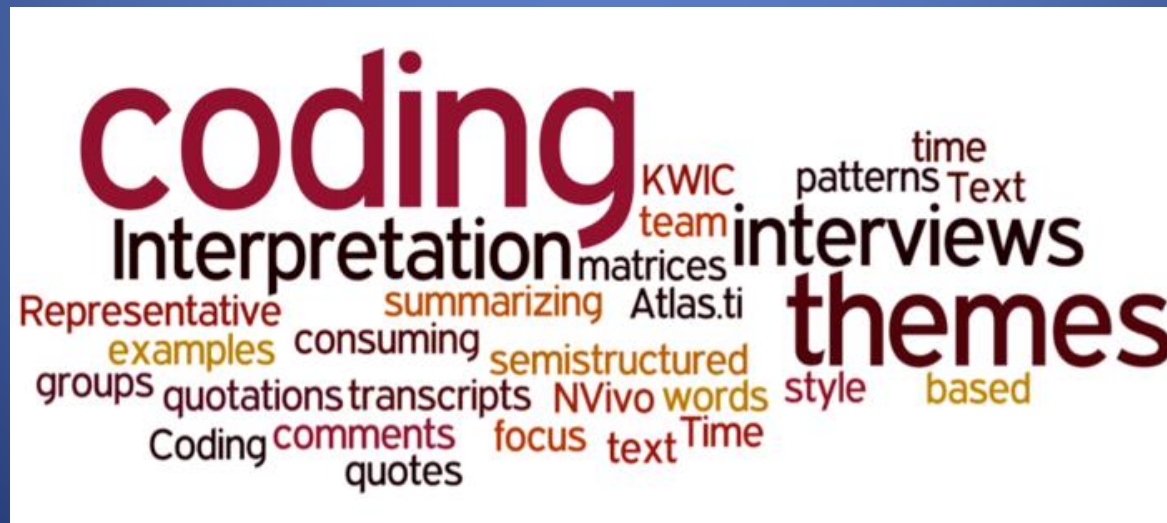


- Building a Case for a New Way of Thinking about a Phenomenon



Moving Beyond Recipes

- Coding
- Themes, patterns, categories
- Taxonomies vs findings



Transforming Data into Findings

Conceptualizing the Analytic Process:

Finding the Knowable

Beginning the Analytic Process:

Moving Beyond the Self-Evident

Enacting the Analytic Process:

Engaging the Mechanisms of Interpretation

Concluding the Analytic Process:

Envisioning the Research Product



Applied Data Analysis



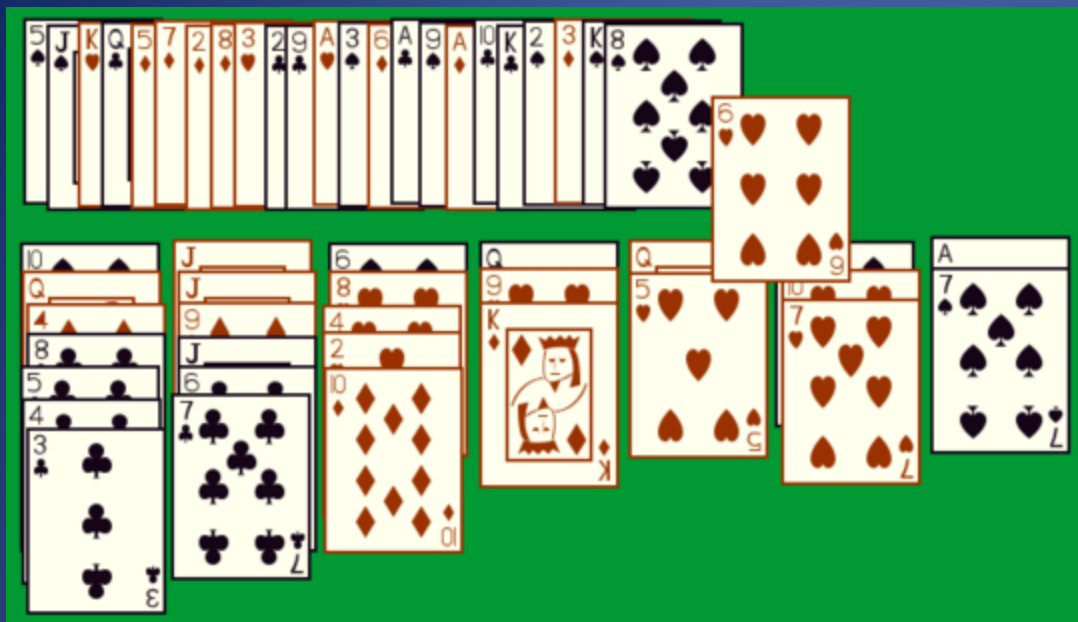
- Understanding why you are doing what you are doing
- Differentiating the technical from the intellectual processes
- Capitalizing on your insights, credibility checking and interpretive capacity (what might this mean? why might it matter?)

Working Your Data Set













Guiding Light Throughout the Process



What's in the data set?



What am I asking of this data set? (research question)

What does my intended audience need to know? (knowledge translation)

94
95 P: No because, well actually my, my personal family
96 physician was right on it but she couldn't get me in,
97 you know, within a six month period.
98
99 R: Oh, at that time?
100
101 P: Yeah, and I said that wasn't good enough and, uh,
102 so actually this doctor that I'm talking about, he's
103 retired now and he suggested I go to Emergency, you
104 know, until they get tired of me and, uh, you know, he
105 says, then, you know, that gets you in the system and,
106 uh, so what I did was I went to Emergency one time
107 because I was in a major attack, I couldn't feel
108 anything and, uh, but then they practically ignored me
109 in the Emergency which I don't, you know, I don't
110 discredit them because I don't look like I'm in any
111 type of emergency and there's more important people,
112 um, but when they did examine me on my chart it said
113 that it was psychosomatic, you know, so that's what
114 they diagnosed me as, not as, uh, big stress and
115 stuff. Yeah, yeah, they didn't feel that, uh, I was
116 having any type of an attack or any type of, since,
117 um, and, uh, so then it was about two years ago,
118 actually it was February the 14th, um, I had an attack,
119 no it wasn't an attack but what happened was, uh, I
120 had a headache, a real major headache, I woke up with
121 it and I figured it was a sinus headache and, uh, so I
122 continued working all that week but it wouldn't go
123 away and like this was a Monday and I finished the
124 whole week and then come the next, the next Monday, I
125 show up for work still and my, my vision was going
126 blurry and so I went and got a new pair of, uh, safety
127 glasses because I worked in a steel foundry and
128 because I figured they were getting all scraped and,
129 and, uh, still, you know, they're still all foggy and
130 blurry and so I talked to a couple of my co-workers
131 and I told them, you know, something must be wrong and
132 so I finished the week with my eye getting worse and
133 worse and really starting to hurt me and then the
134 Friday, I just couldn't take it anymore. I worked
135 about half the day and I left and, uh, as it was, I
136 don't know why but I had, already had, uh, um, what do
137 you call an eye doctor?
138
139 R: Optomologist.
140
141 P: Optomologist, um, lined up because I hadn't had my
142 eyes checked in like five, ten years and so I wanted
143 to have them checked and so it was a fluke, it just so

*independent claim
assertiveness
(think is say?)*

*perfection?
humour?*

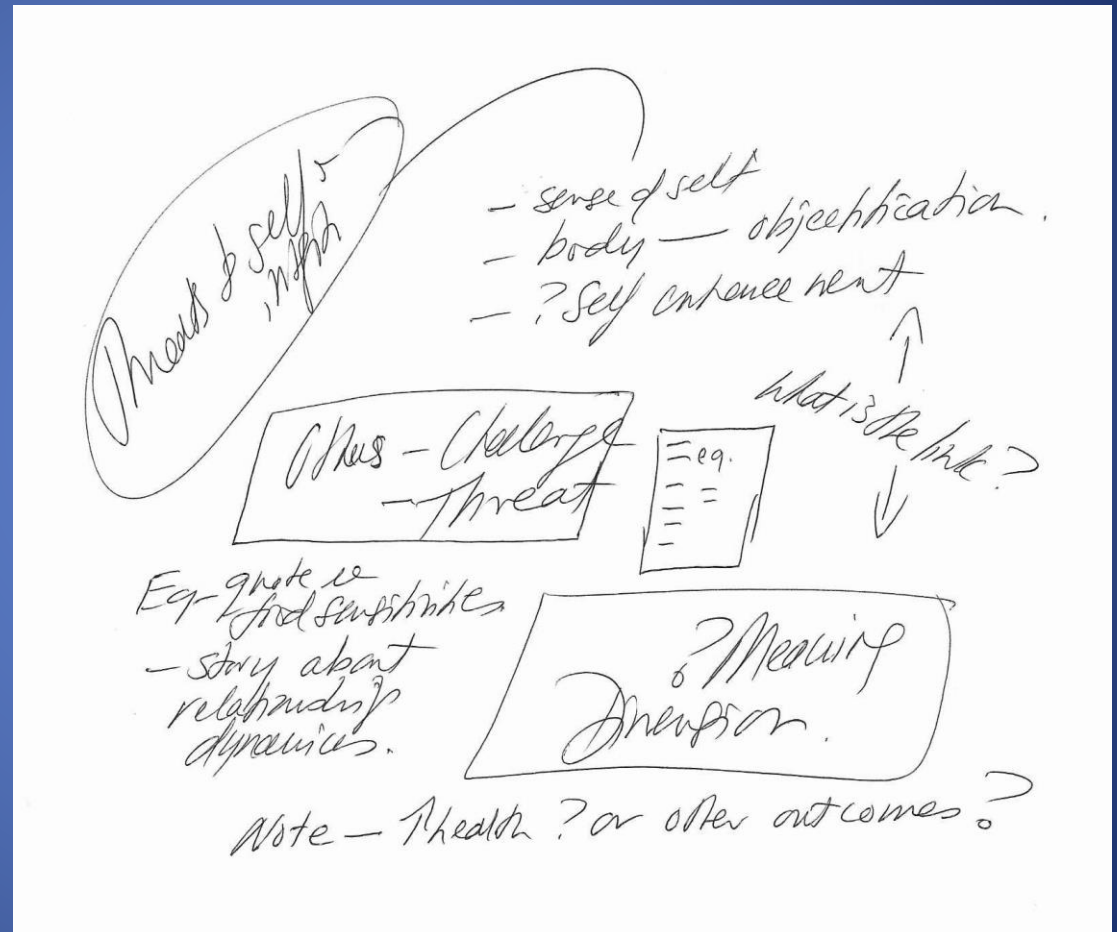
*visibly
-logically
-express*

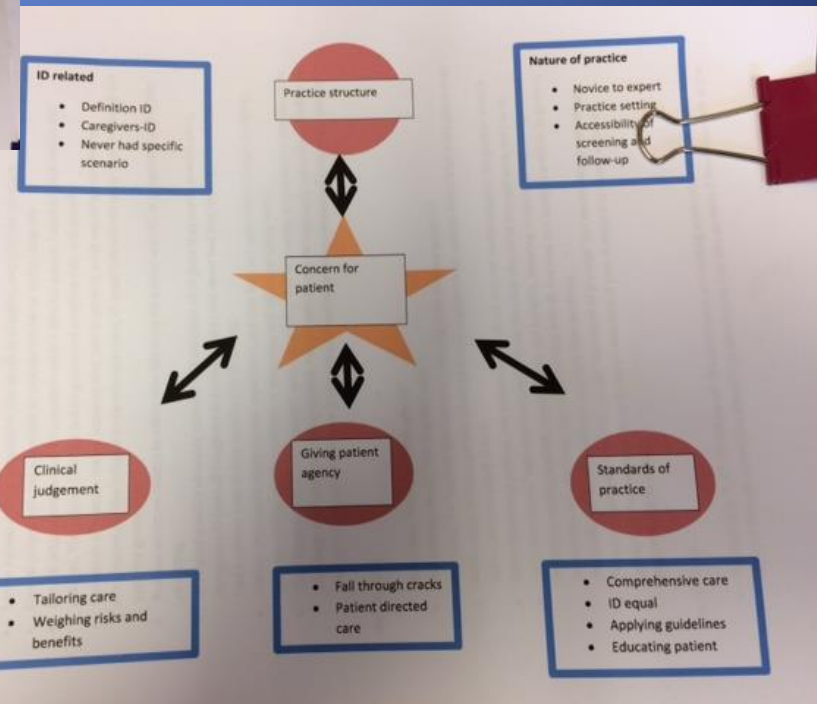
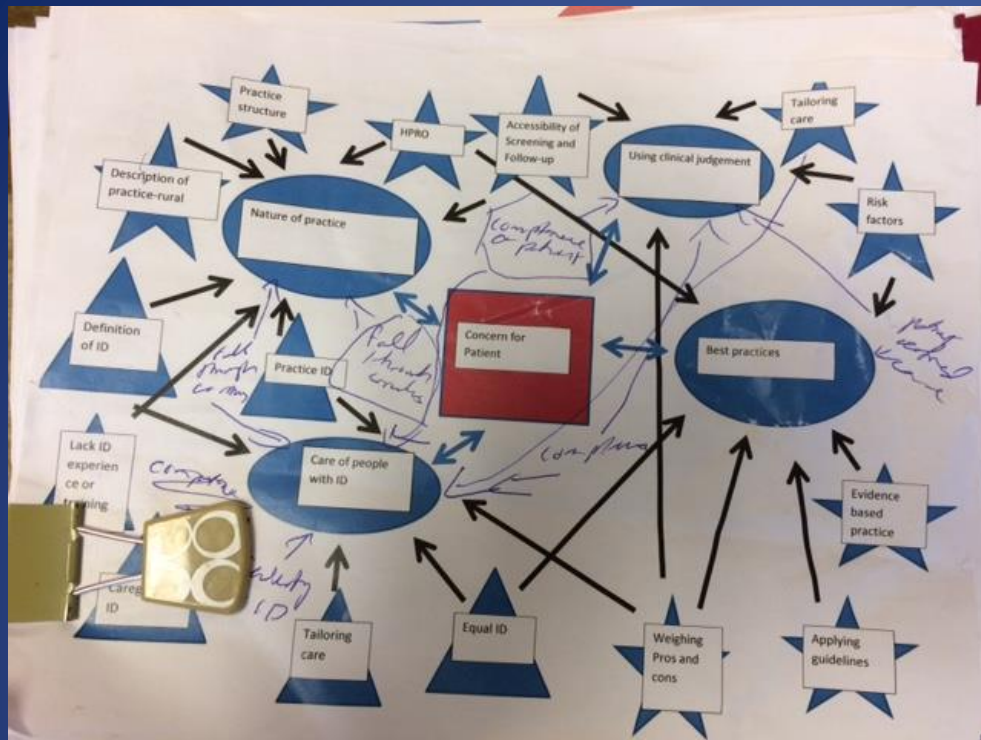
*Dx account.
(check for physi-
cal, e.g.,
cancer, etc.)
expresses?*

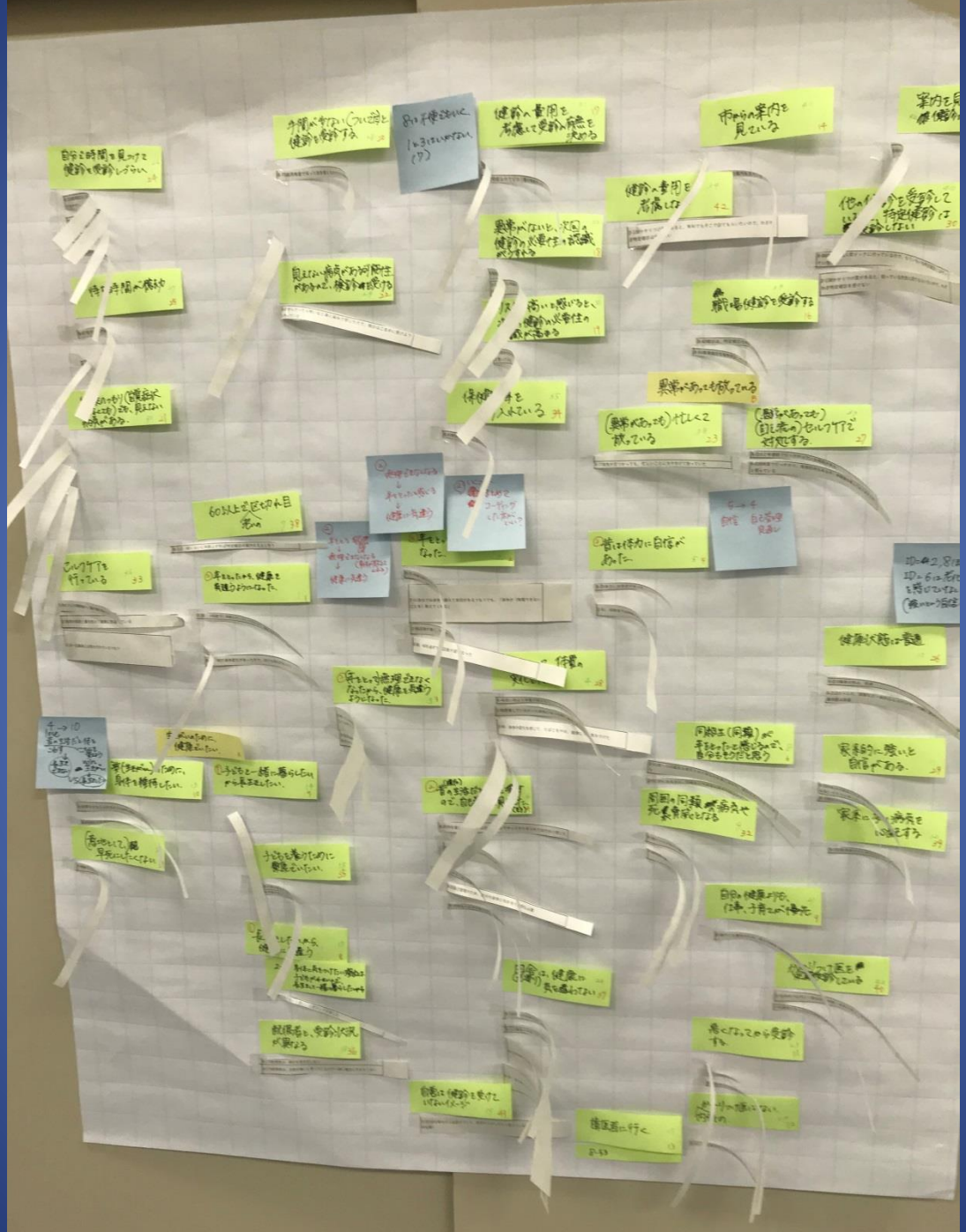
*validation
necessary?
CRS or
credibility
checks*

Getting the Inductive Juices Going

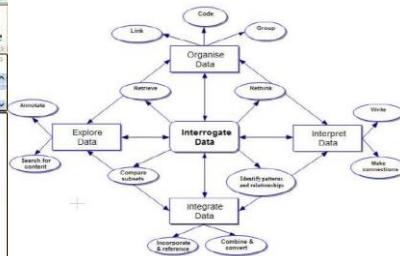
Working with Notes and Memos



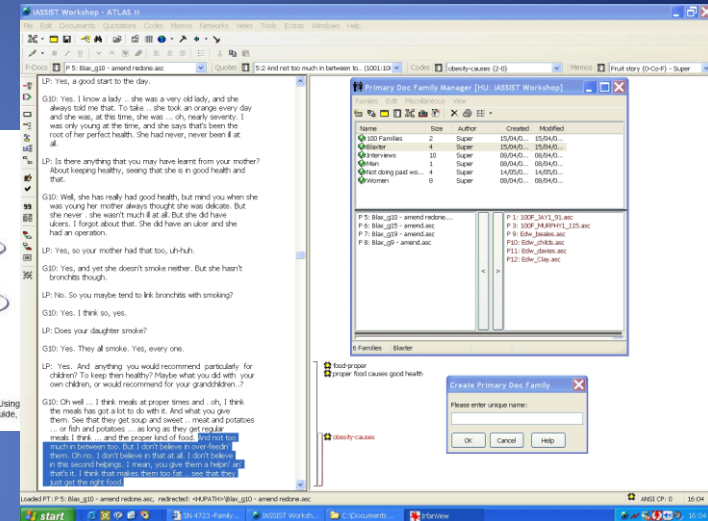
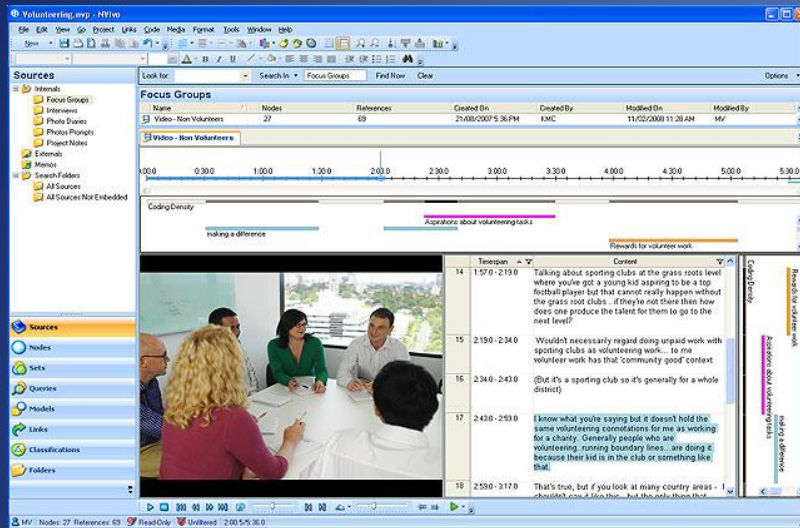




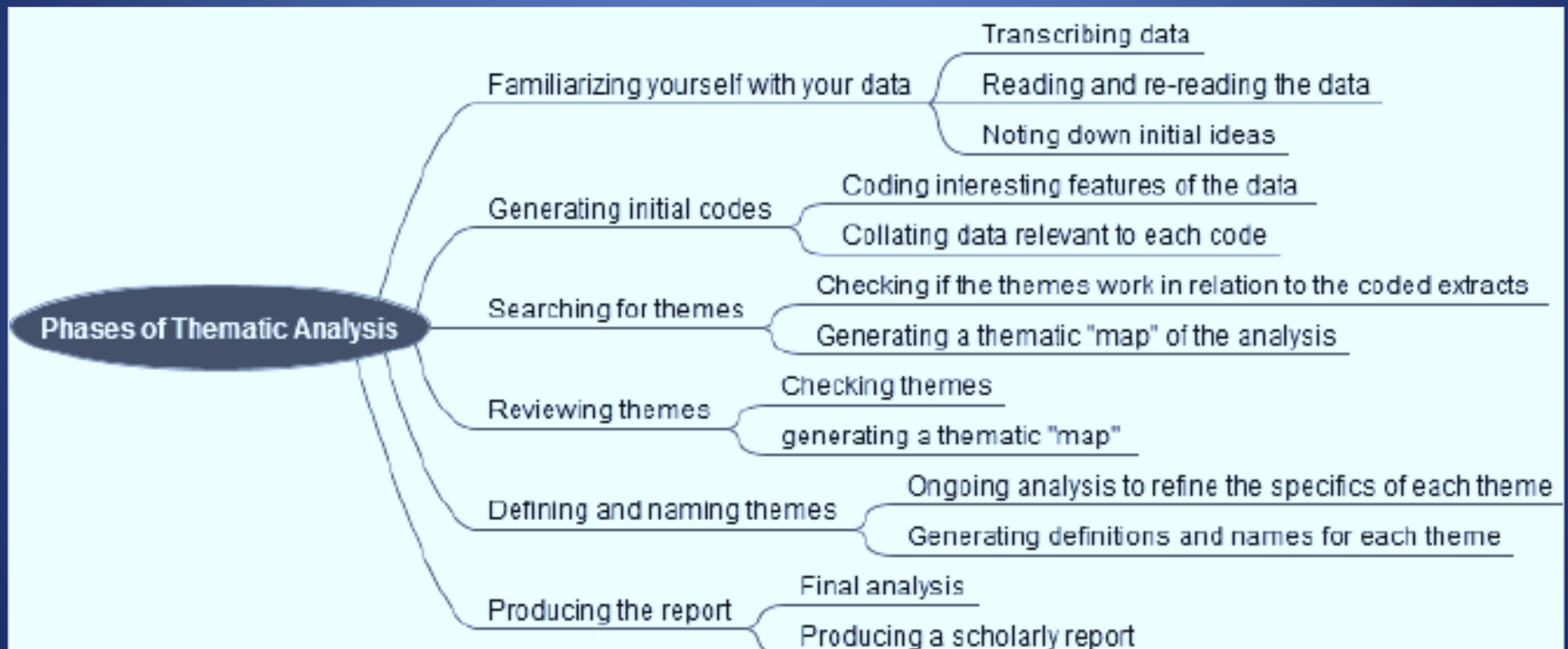
A stylized illustration of a person with dark hair, seen from behind, sitting at a wooden desk. They are wearing a dark jacket and are looking at two large computer monitors. The monitor on the left displays a bar chart with five bars of increasing height, colored in shades of green and yellow, with numerical values 23, 35, 25, 41, and 29. A red desk lamp is positioned in front of this monitor. The monitor on the right displays a line chart with a red line showing an upward trend over time. On the desk, there is also an open book, a red mug, and a container with pens and pencils. The background is a solid light blue wall. On the wall, there are several framed data visualizations: a pie chart, a line graph, a stacked area chart, a bar chart, a pie chart with callouts, and a horizontal bar chart.



Adapted from Lewins A & Silver C (2007) *Using Qualitative Research: A Step by Step Guide*. Publications, UK.



Beyond Thematic Analysis



Analytic Engagement



- What similarities and differences can we see between cases?
- What do we find that we expected to find and what was unexpected
- What common ideas come up in all or most cases?
- What story is emerging from these accounts that needs telling?

Mar 3, 2016

PHILOSOPHY OF HEALTH/ILLNESS CARE (Terms)

positioning cancer
- cured/not cured
- HAD/HAVE cancer
- cancer then the foreground/background

Expectations
↕
Cxn w/ HCPs

Trust in HCPs/system

reciprocity + relationship

- Being dismissed
- being excluded
- de-humanizing care
- PERSON CENTRED CARE

GAPS IN CARE P/T NEEDS

Survivor/survivorship tensions

SYSTEM STRUCTURES INFLUENCE Tx + CARE

SILOING
- in/out conventional
- in cancer
- across HC settings

- Access rural/remote
- limits to publicly funded treatments/care
- Biomedical dominance - power hierarchies
- efficiency drivers
- Focus on tumor (at expense of person)
- research structures
- Volumes of pts drives expertise
- disability insurance structures
- Not set up for rare, complex, cancers + SE's, pop'ns (eg ped)
- Sources of knowledge to drive structure/programs, etc (EBM privileged)
- System stakeholders as drivers
- Focus on outcomes

discontinuity of care

FINDING NEW NORMAL

losses + impacts

- Psych/emot.
- physical
- roles, relationships, family
- work, finances
- future
- staying healthy/health promotion

opportunity for growth (transformation?)

UTILIZING HC SYSTEM/RESOURCES

PHASES OF SURVIVORSHIP

TIMING

- Finding new normal takes time
- Upstream preparation for survivorship is important

WORK OF SURVIVORSHIP
eg - self navigation
- wading thru info
- bridging gaps/silos

Survivor as Pivotal

- Self care strategies
- Self advocacy
- shared responsibility for care

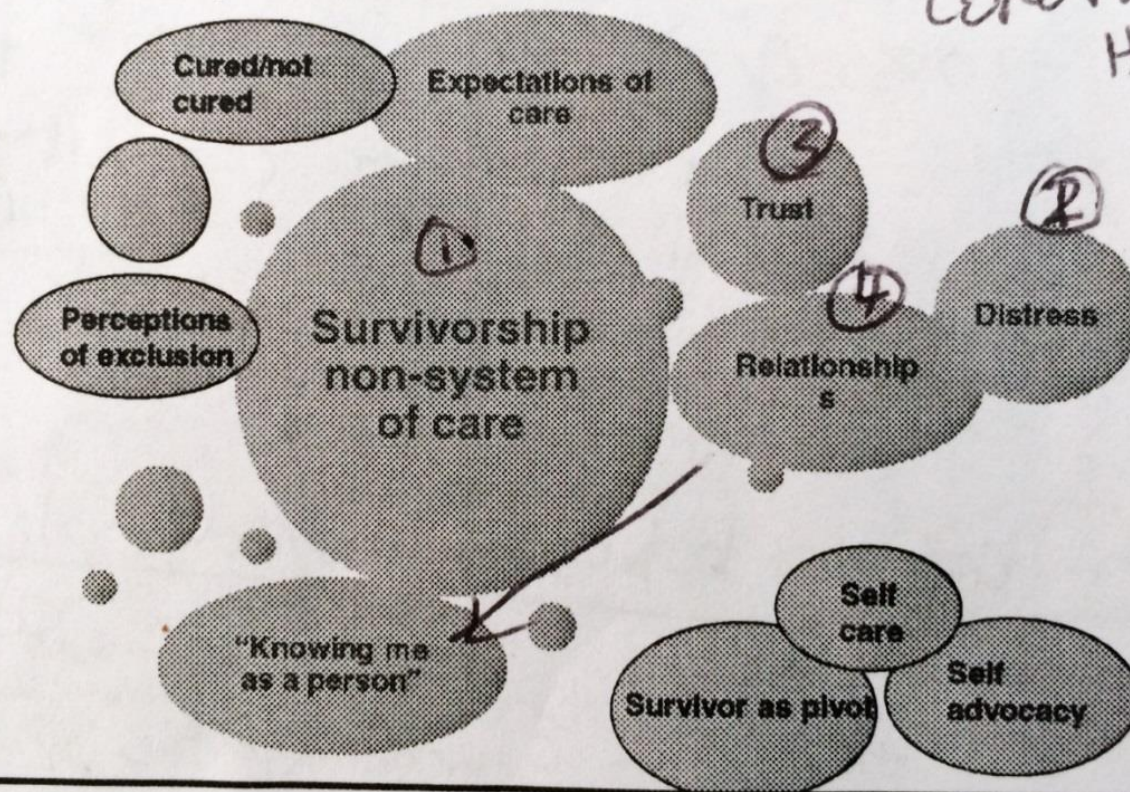
NAVIGATION
Bridging silos

Recommendations
- integrative medicine
- Nurses positioning + support
- Access to cancer expertise

USEFUL RESOURCES

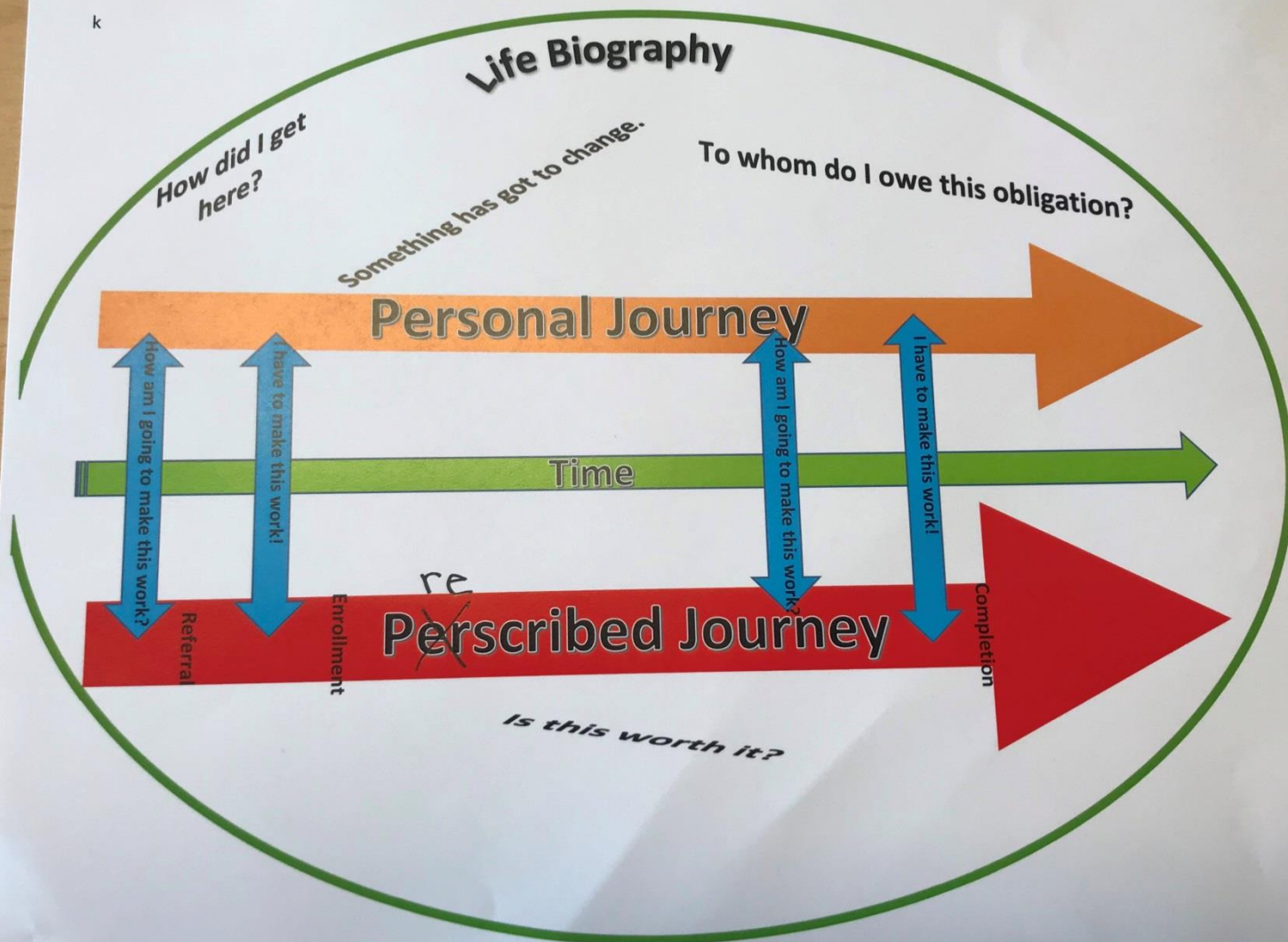
- Connecting w/ other survivors
- Support groups
- virtual networks
- other sources of support

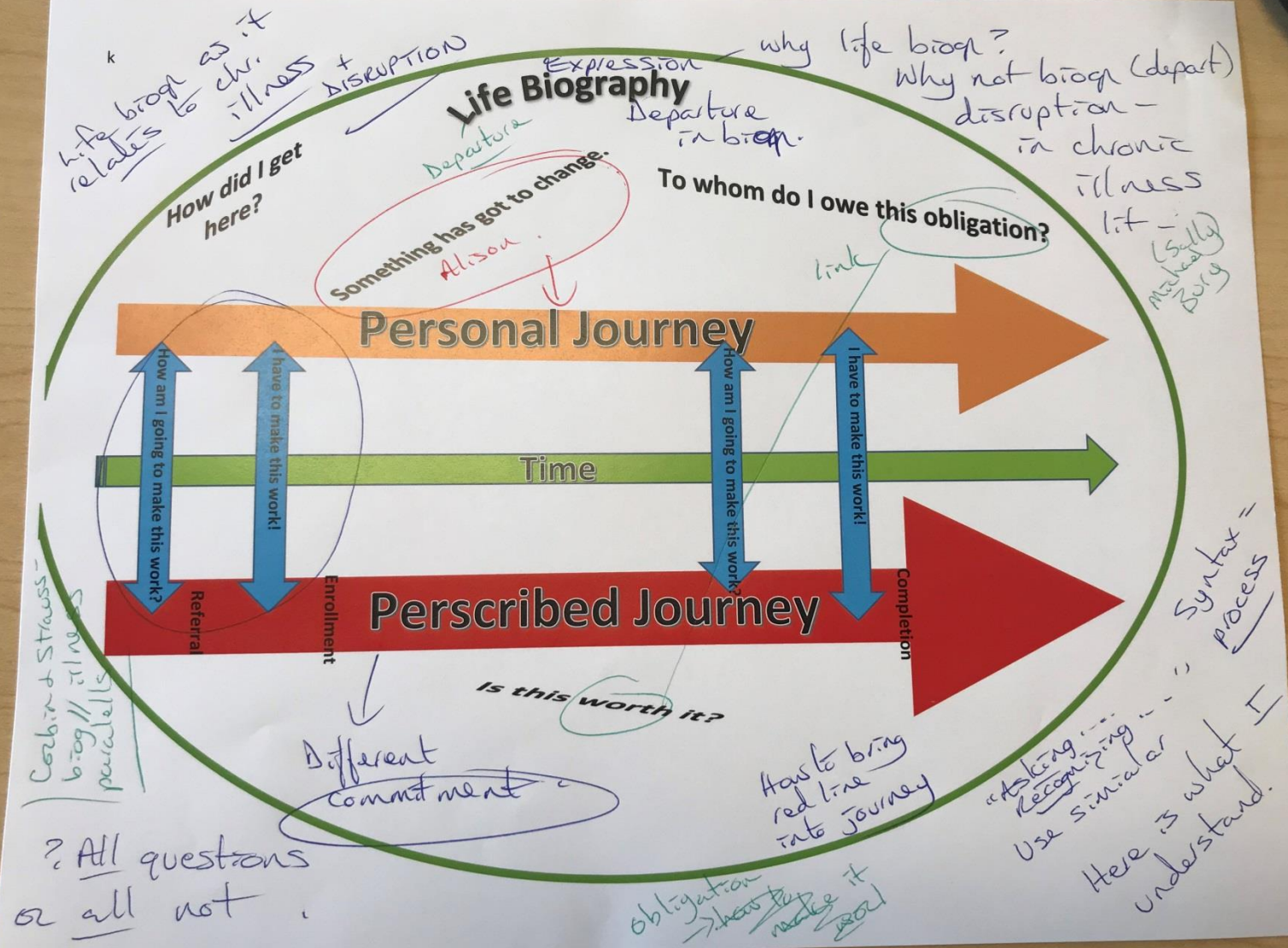
Survivor Interviews: Preliminary Thematic Areas



Distress - carried over from tx system -

k



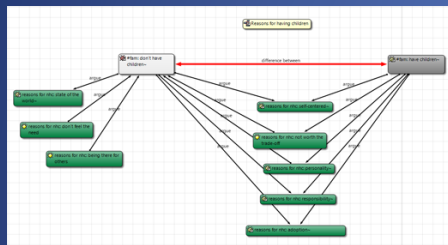
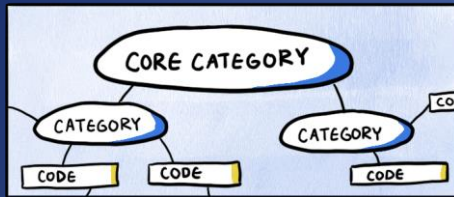


Deepening your Analysis

- Confirming your bases
- Expanding on associations
- Testing relationships
- Capitalizing on outliers
- Engaging the critic



Distractors



A step-By-Step Guide To Qualitative Data Analysis

Organization of the collected data

Transcribe the interviews,translate the data,record the details,label the contents.

Identification of framework

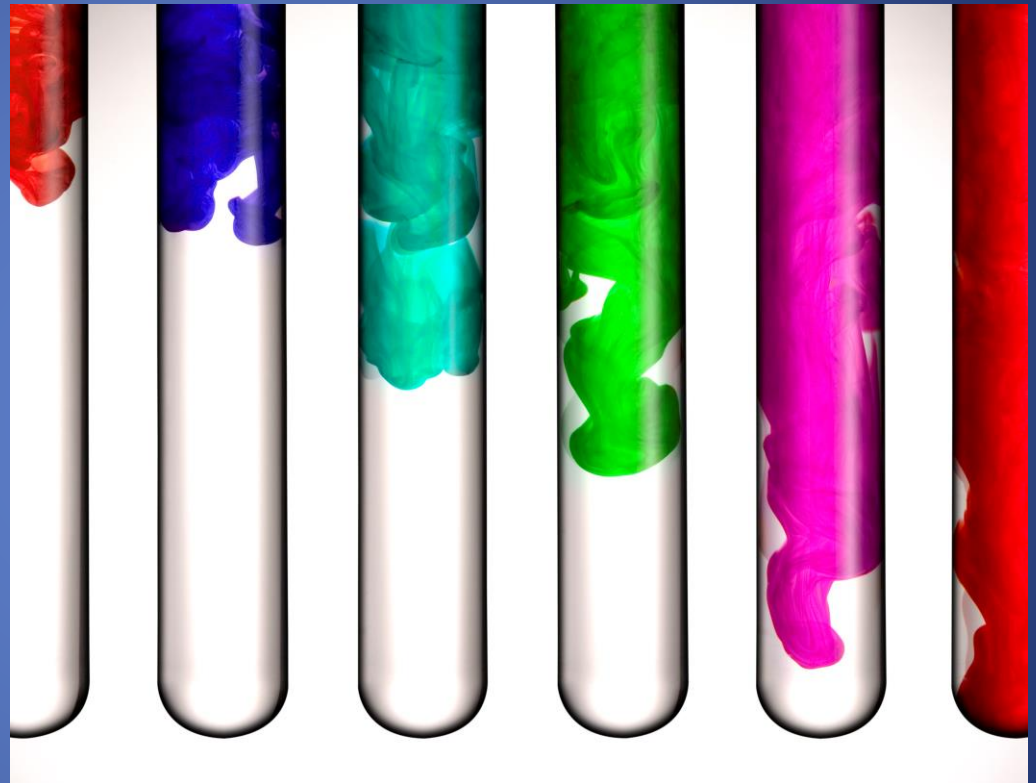
The framework is the coding plan to structure,label,and define data.

Sorting the data into a framework

Descriptive analysis based on the framework

Second order analysis

Identification and consolidation of recurrent themes,patterns present in the data.



Your Storyline

Figuring out What Commonalities Matter?

- What is already self-evident to your audience?
- What kinds of insights might expand on what people in the field already know?
- What is actually relevant to the applied & practice world?



And Explicitly Emphasizing Diversities

- What do they tell us about the phenomenon in the real world?
- What insights can we draw from the diversities we see about the possible diversity of the real world of practice?



Table of Contents

- Major and minor sub-headings
- Syntax and grammatical form
- Overall and internal sequence and structure
- Linkage and transitions

Findings	
Origination: Mask of Sick	
Transformed Identity	
Uniqueness	
Cancer as Systemic	
Deconstruction: The Disintegrating Self	
Unawareness	
Abstractification	
Personification	
Reconstruction: The New Normal.....	
Regaining Control	
Overcoming Vulnerability	
Discussion.....	
Conclusion	

Understanding Lifestyle Management for Younger Women with Spontaneous Coronary Artery Dissection [SCAD]

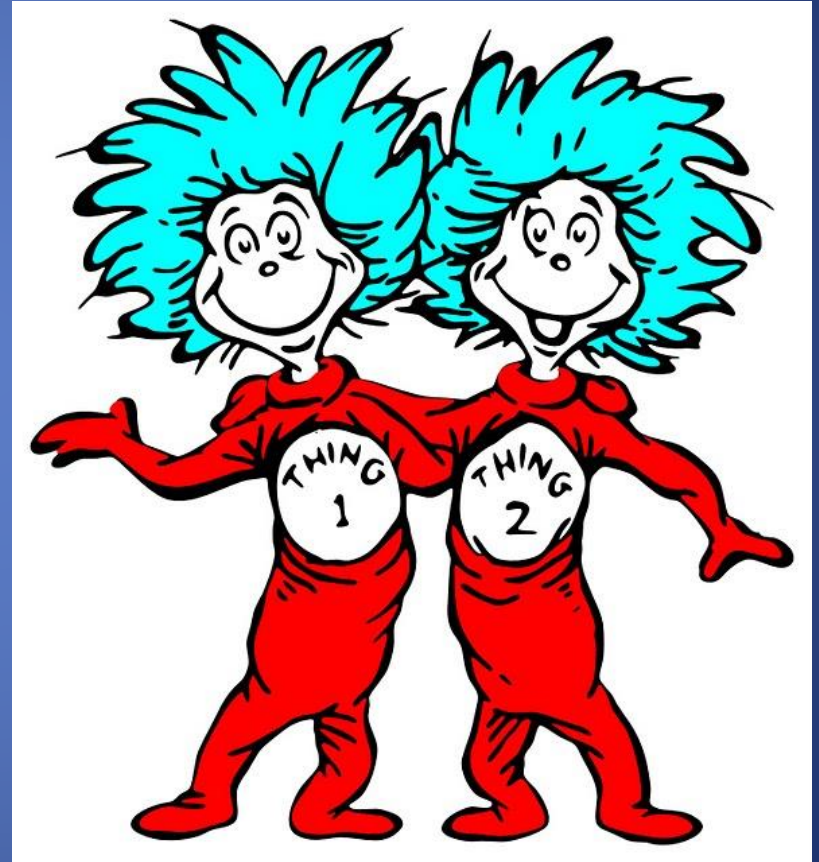
1. Life Prior to SCAD
 - a. Life before SCAD
 - b. Pre-event stressors
2. The Dissection Occurs and Arrival at Hospital
 - a. Mental
 - b. Social
 - c. Physical
3. Admission to Hospital, Hospital Stay and Discharge
 - a. Lack of information
 - b. HCP lacked the knowledge
 - c. Poor communication
4. The Gap Between Diagnosis and Seeing the Specialist
 - a. Mental (why me?)
 - b. Social (life on hold)
 - c. Physical (symptoms experienced)
5. Life After Seeing the Specialist
 - a. Mental (getting some clarity)
 - b. Physical (long wait)
6. Cardiac Rehab and Social Media Support
 - a. Mental (feelings about social media)
 - b. Social (barriers to cardiac rehab)
 - c. Physical (physical impact)

1. Lost in an Unfamiliar Diagnosis
 - a. At the time of SCAD
 - b. Hospitalization and discharge
 - c. Life at home
2. Searching for a Better Understanding
 - a. Searching for a reason
 - b. Comparing to others
 - c. Coping
 - d. Understanding the information context
3. Finding Support
 - a. Impact of specialists
 - b. Cardio-pulmonary rehab
 - c. Social media

Writing up Findings

- Coherent narrative
vs
- Itemized collection of
“things”
(themes, categories,
subcategories)

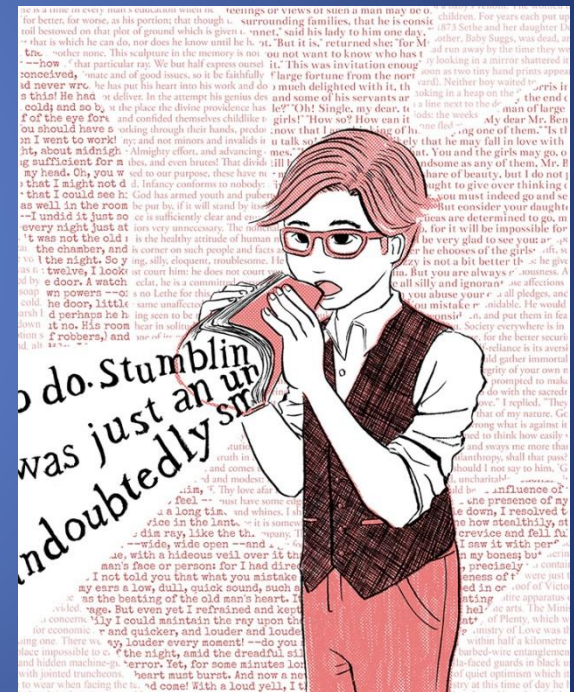
Sandelowski, M. (2007). Words that should be seen but not written. *Research in Nursing & Health*, 30, 129–130.



Finding your Writer's Voice

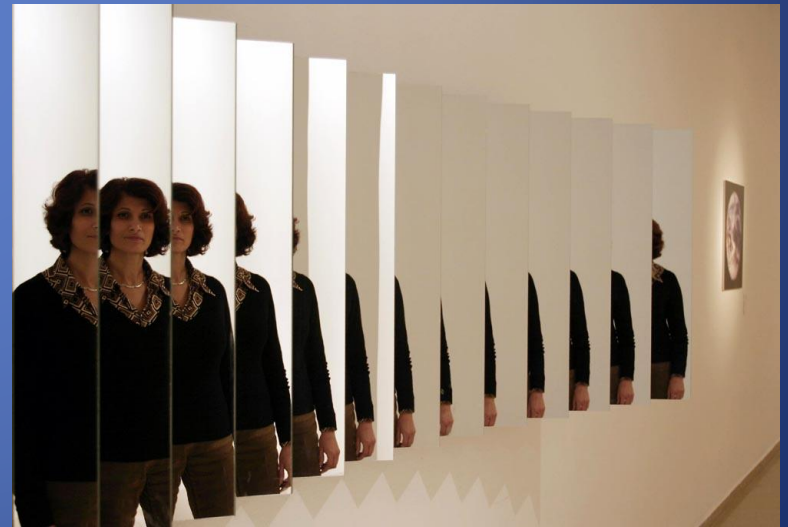
Three distinct writing elements:

- Narrative description of key ideas (themes, patterns, main story lines)
- Illustrative material to bring the narrative to life and demonstrate thematic variation
- Interpretive commentary to explain what you think this means

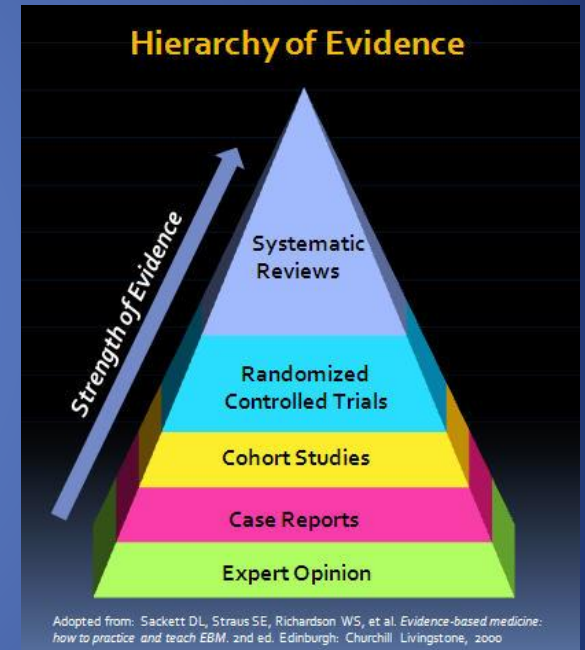


Avoiding Common Analytic Hazards

- Premature closure
- Misinterpreting frequency
- Over-inscription of self



Formulating Findings for the Applied & Practice Context



Interpretive Description invites the researcher to articulate:

- Nature of disciplinary forestructure
- Justification for this particular study at this point in time
- Implications of data collection and analytic approach choices
- Influence of context on conclusions
- Implications of findings on practice insight (including new questions)



Issues of Rigor and Credibility

- Epistemological Integrity
- Representative Credibility
- Analytic Logic
- Interpretive Authority



And in terms of social contract.....

- Moral Defensibility
- Disciplinary Relevance
- Pragmatic Obligation
- Contextual Awareness
- Probable Truth



What Interpretive Description adds to the available methodological options

- Capacity to design studies to meet the knowledge needs of the applied & practice disciplines
- Freedom to depart from methodological rules invented for the intellectual projects of other disciplines



Enjoy your Adventures in Qualitative Inquiry!

