

ENGAGING INNOVATIVE KNOWLEDGE THROUGH APPLIED  
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**Qualitative  
Research in  
Pharmacy:  
Strategies for  
Implementation**



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# Outline

- Qualitative research overview and purposes
- Strengths and limitations of qualitative research
- Methodological approaches and design considerations in qualitative research
- Coding and analysis of qualitative data, including use of NVivo software
- Publishing the results of qualitative research studies

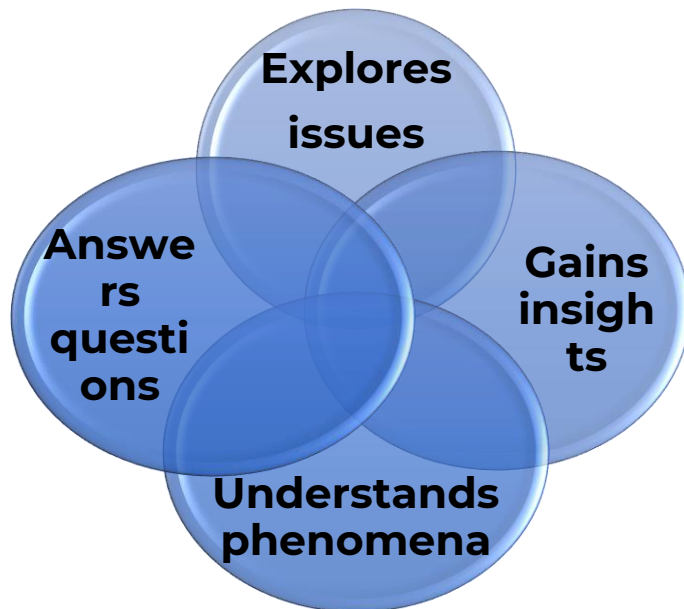
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# Overview of Qualitative Research

## • Qualitative research...



- People's attitudes
- Behaviors
- Value systems
- Concerns
- Motivations
- Culture or lifestyles
- Social or human problems

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# Contrast with Quantitative Approaches

- May be used to generate theory and testable hypotheses
- May be inductive
- May be used to gather rich data
  - How and why
- May be used in conjunction with quantitative approaches
- Like quantitative approaches, qualitative research is ...
  - Scientific
  - Rigorous
  - Challenging
  - Enlightening
  - Publishable
  - Fundable

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# Conducting qualitative research...

- Commit to extensive time in the field
- Engage in the complex, time-consuming process of data analysis – sorting large data and reducing them to a few themes or categories
- Write long passages, because the evidence must substantiate claims and the writer needs to show multiple perspectives
- Participate in a form of social and human science research that does not have firm guidelines or specific procedures and is evolving and changing constantly



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# Characteristics of a “good qualitative study”

- **Qualitative Research**

- ❖ May take place in the natural setting
- ❖ Uses methods that are interactive and humanistic
- ❖ Focuses on context
- ❖ Is more emergent than tightly prefigured
- ❖ Is fundamentally interpretive

- **The qualitative researcher**

- ❖ Views social phenomena holistically
- ❖ Systematically reflects on personal biography and how it shapes the study
- ❖ Uses complex reasoning that is multifaceted and iterative



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# QR: Strengths and Weaknesses (Johnson & Onwuegbuzie, 2004)

Strengths	Weaknesses
Data are based on participants' own categories of meaning	Knowledge produced may not generalize to other people or settings
Useful for studying a limited number of cases in depth	Findings may be unique to those researched
Useful for describing complex phenomena	It is generally more time-consuming to collect and interpret data
Can describe, in rich detail, phenomena as they are situated and embedded in local contexts	Results are more easily influenced by the researcher's personal biases and idiosyncrasies

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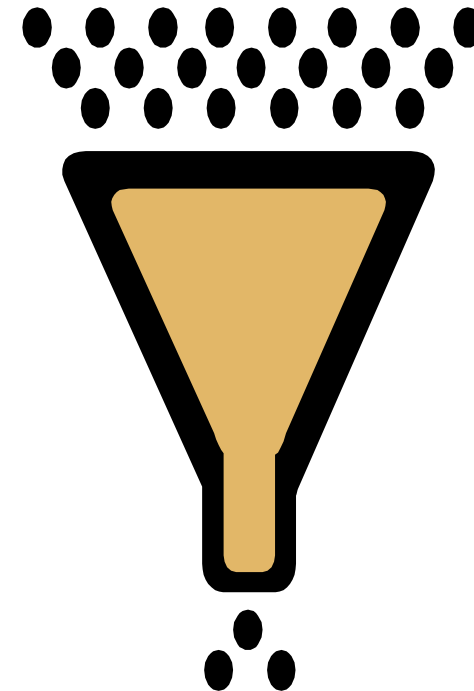
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# Purpose of Study

- Exploratory
- Explanatory
- Descriptive
- Emancipatory

## The conceptual funnel





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# Honing in on the Research Question

- PICO (patient/population; intervention; comparison; outcomes)
- SPIDER (sample; phenomenon of interest; design; evaluation; research type)
- SPICE (setting; perspective; intervention/interest/exposure; comparison; evaluation)
- ECLIPSE (expectation; client group; location; impact; professionals; service)
- FINER (feasible; interesting; novel; ethical; relevant)

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# Qualitative Approaches

- In-depth interviews
  - Structured
  - Semi-structured
- Ethnographic
- Observation
- Case study
- Content analysis
- Focus group discussions
- Delphi and nominative group techniques

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# Content Analysis

- **The scientific analysis of communications messages; a phase of information-processing in which communications content is transformed through objective and systematic application of categorization rules, into data that can be summarized and compared; a research technique for the objective, systematic, and quantitative description of the manifest content of communication (Kassarjian, 1977).**
- **The methodological approach termed “content analysis” versus the analysis of content inherent to purely qualitative research**
- **Documented uses in pharmacy**
  - **Direct-to-consumer prescription drug ads**
  - **Pharmaceutical manufacturer websites**
  - **Prescription and OTC medication labeling**
  - **Pharmacy advertisements in newspapers**
  - **Pharmacist-patient communication (observation data)**
  - **Pharmacy & Therapeutics Committees transcripts (observation data)**
  - **Diabetes apps available on the iPhone**

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# Focus Group Discussions

- A group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research. As a research technique, the focus group employs guided, interactional discussion as a means of generating "the rich details of complex experiences and the reasoning behind [an individual's] actions, beliefs, perceptions and attitudes. This information can be used to identify potential areas of inquiry or to clarify subject matter that, by its nature, eludes other research instruments (Dowell and Single, 1996)

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# Focus Group Discussions

Useful when . . .

- Existing knowledge of a subject is inadequate and elaboration of pertinent issues or the generation of new hypotheses is necessary before a relevant and valid questionnaire can be constructed or an existing one enhanced
- The phenomenon under investigation is complex and concurrent use of additional data collection methods is required to evidence validity
- The subject under investigation is complex and comprises a number of variables. A focus group enables the researcher to concentrate time and resources on the study's most pertinent variables
- The results of a quantitative survey are ambiguous or misleading and statistical associations require clarification, elaboration or "salvaging"

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# Guiding Questions for Focus Groups

- **Have you chosen a topic that will evoke multiple perspectives, and on which informants can bring their individual experiences to bear?**
- **Have you developed a strategy to emphasize to informants that their ideas will be valued and that what they say in the group will stay confidential?**
- **Will you be able to build groups that have diversity among the participants?**
- **How will you plan the sequence of the group from introductions to developing rapport to structuring the group's talk?**

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# Focus Group Methodological Considerations

- Group membership and recruitment
- Number, duration, and scheduling of sessions
- Meeting setting
- Moderator role
  - Guard against groupthink, dominant individuals, straying off topic

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# Some Documented Uses of Focus Groups in Pharmacy

- Quality of life and treatment issues
  - Asthmatics
  - HIV patients
  - Migraineurs
  - Diabetics
  - Dialysis patients
- Value of pharmacy technician certification
- Barriers to effectiveness of P&T Committees
- Quality of work life issues among pharmacists
- Understanding practice change
- Coordination of care in development of a new clinic service



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# In-Depth Interviews

- A one-to-one research technique in which a respondent answers a researcher's questions. The in-depth interview pursues a respondent's subjective interpretation of a subject following a loosely structured or semi-structured interview guide. Respondents are given considerable liberty in their responses and in discussing areas not raised by the researcher. The in-depth interview enables researchers to gather detailed attitudinal and experiential information from respondents, and this information is elicited by supplementing the broad, open-ended, exploratory questions with pertinent, gently probing subquestions.

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# In-Depth Interviews

Useful when ...

- Theory is needed to induce the data rather than precede it
- The “lived experience” requires being elicited
- Feedback from the “target population” is essential
- Expert opinion is not required
- Privacy and other issues are critical

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# Methodological Considerations in In-Depth Interviews

- Sampling
  - Grounded theory (Cutcliffe, 2000)
- Construction of the interview guide
- Role of the interviewer

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# A Few Documented Uses in Pharmacy

- Patients' medication taking behaviors
- Barriers to patients' medication adherence
- Patients' health beliefs
- Patients' evaluations of medicines (dosage form, color, route of administration, cost)
- Patients' knowledge of their health plans
- Patients' preferences for pharmacists' services
- Physicians' and pharmacists' perceptions of participation in a PBRN

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# Comparison of Approaches

Criteria	In-depth interview	Nominal group technique	Focus group
Number of participants	1	6-10	6-10
Goal	individual views/experiences	consensus opinion	divergent views/experiences
Interactional quality	no	partial	yes
Level of group influence	N/A	med	med/high
Level of structure	low	high	low
Depth of experiences	deep	shallow	med
Range of experiences	narrow	med	wide
Level of moderator involvement	low	high	low

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# Delphi Procedures and Other Nominative Group Techniques

- **A systematic procedure for arriving at a reasoned consensus (Helmer, 1977)**
- **Useful when a consensus of opinion is required**
- **Lends a quantitative nature to expert opinion**
- **Ameliorates some biases inherent to focus group procedures**
- **Has been used for . . .**
  - Eliciting standards of practice (pharmaceutical care, MTM)
  - Informing the development of medication use criteria
  - Categorizing the seriousness and likelihood of drug-drug interactions
  - Prioritizing potential adverse drug reactions
  - Informing the creation of many scales/instruments

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# Activity #1

- **Derive a research question, or aim, that might be addressed using a qualitative approach.**
- **Of what significance, or importance, is the research question/aim you are proffering?**
- **Which methodological approach (personal interview, focus group, both, Delphi, mixed methods) would you employ? Why?**
- **Who might comprise your sample?**
- **From which sources might you acquire funding?**
- **Where might be any appropriate venues for publishing your study results?**

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# Additional Methodological Considerations in Qualitative Research

- Additional sampling strategies: Maximal variation, extreme case, homogenous, snowball (Creswell, 2005)
- Interviewer/moderator training
- Creation of appropriate setting/atmosphere
- Reimbursement to participants/other costs
- Use of triangulation
- Selection of journal(s) in which to publish your results



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# Ethical Considerations in QR, Particularly Community-Based Participatory Research

- **Reciprocity:** Giving back to participants for their time and efforts in our projects (How will participants gain from our study?)
- **Withdrawal:** Leaving the scene through slow withdrawal and conveying information about our departure (abandonment)
- **Sensitivity:** Be sensitive to the potential of our research to disturb the site and potentially exploit the vulnerable populations we study (children or marginalized groups)
- **Imbalanced Power Relations:** Presence at a site could marginalize people under study
- **Ownership of accounts:** Respect participants individually, not stereotyping (Hatch, 2002)

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# Seven Stages of an Interview Investigation



Kvale, 1996

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# Coding

- **Open**

- Identify, name, categorize, and describe phenomena
  - The data (inductive)
  - Previous related studies
  - Theory (deductive, new categories may emerge inductively)

- **Axial**

- Relate codes to each other

- **Selective**

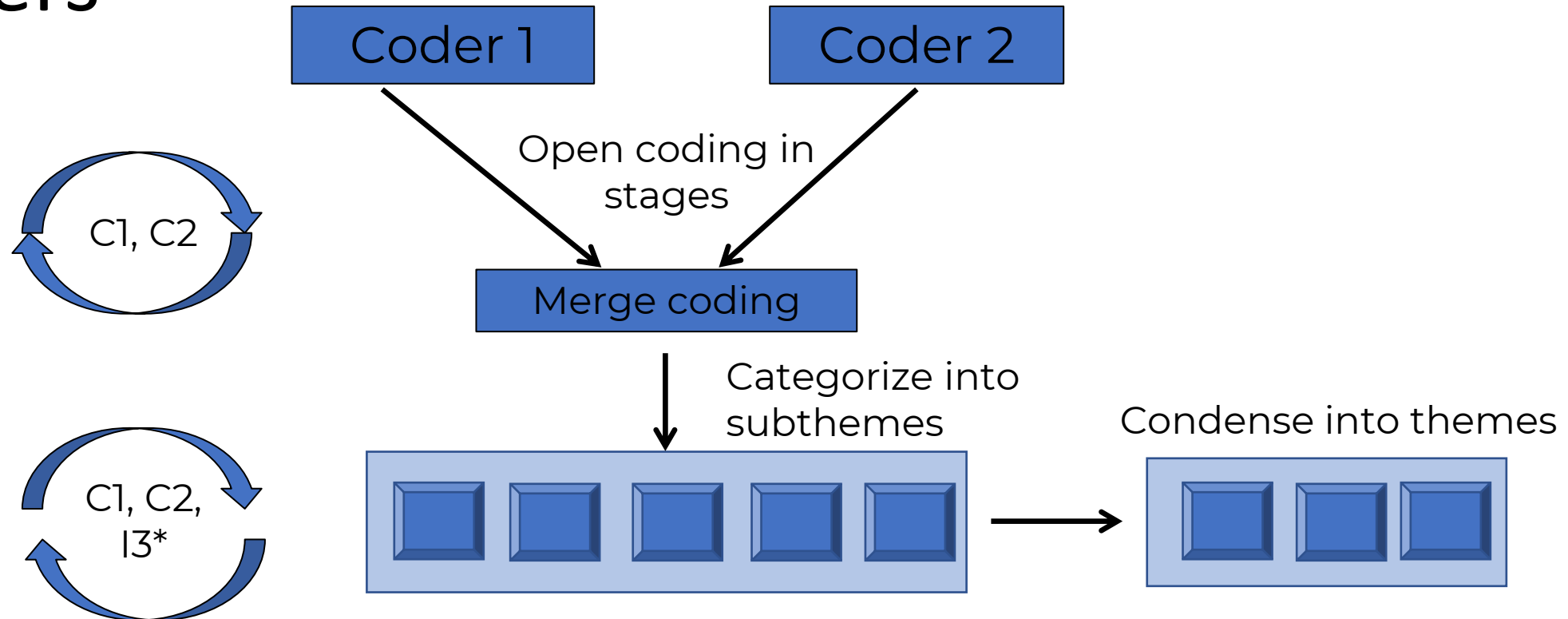
- Choose a core category and relate all other categories to it

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# Example of Open Coding Process with Two Coders



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# Intercoder Agreement

## Quantitative

- Cohen's kappa
  - Inter-rater reliability between two coders
  - $K = (F_o - F_c) / (N - F_c)$ 
    - (Cohen, 1960; 1968)

## Qualitative

- Stepwise replication
  - Coders meet frequently to ensure emerging foci are similar
- Inquiry/dependability audit
  - Post-investigation, external audit using materials collected during the study
    - (Lincoln & Guba, 1985)

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# Writing & Publishing Qualitative Research

- **Two Golden Rules:**

1) Write early and write often

2) Don't get it right, get it written (Delamont et al, 1997)

- The writing you produce depends on the choices you make about how to construct the piece, for whom to write it, and a number of other issues



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# Initial Writing Suggestions—Selecting the Most Appropriate Journal

- Consider your preferred audience and the journal's audience (and reach)
- Impact Factor score versus other considerations
  - SCImago ranking
  - Your university's/department's demands/requirements
  - Your personal goals
  - Needs of your co-authors
- Avoid the temptation to always seek the journal with the highest IF

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# Initial Writing Suggestions—Selecting the Most Appropriate Journal

- **The journal's mission and scope!!!!!!**
  - Find the best fit
  - Your paper can just as well get accepted by a “higher-tier” journal and rejected by a “lower-tier” one
- **Look at recent papers published**
  - Avoid me-too papers
  - Leverage what has recently been published
- **Consider the entirety of your publication armamentarium**
- **Spread your publications out**
- **“Within” versus “outside of the discipline**
- **Cultivate relationships with journals**
- **Open access vs. predatory vs other**



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# The Abstract

- Provides a short description of perspective and purpose of the paper. Does not overemphasize perspective by providing a literature review.
- Gives key results (recall that abstract is what is readily seen in electronic searching), but minimizes experimental details.
- Offers a short description of the interpretation/ conclusion
- Brief - <300 words

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# The Introduction

- Concise, but cogent
- Clearly builds a case for and delineates study objectives/hypotheses
- Provides proper perspective consistent with nature of journal
- Cites original and important work plus recent reviews for mature areas
- States purpose of paper and research strategy adopted to answer the question, but does not give results and/or discussion or a summary of the paper (abstract should do this)
- Does not overstep the design and outcome of the research

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# Learner Activity—Write the 1<sup>st</sup> Sentence or Two for the Following

- A proposed new health-related quality of life measure for diabetes that can be administered easily in clinic
- An exploration into pharmacy technicians' experiences with their pharmacist supervisors on the job, particularly the pharmacists' leadership behaviors.  
*Write health-related quality of life measures for diabetes exist, there are no valid measures that can be easily administered during the process of care.*  
*Much has been said about pharmacist leadership and management styles, yet these have not been explored from the viewpoint of those being supervised directly; ie, pharmacy technicians.*

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# Methods

- Include all important details so that the reader can repeat the work. (Details that were previously published can be omitted, but broad summaries of those studies should be included.)
- Give details of sampling, inclusion/exclusion criteria, measures, operational definitions, theoretical framework for use in instrument development, rationale for using the selected framework, detailed methodological procedures, means by which to evidence validity and reliability.
- Detailed analysis plan (per objective/hypothesis, including thematic analysis and coding)
- Contains only the methods, but in detailed, unambiguous terms
- Write in the past tense, passive voice (avoid use of first person).

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# Trustworthiness and Authenticity

- Prolonged engagement
- Persistent observation
- Triangulation
- Peer debriefing
- “Negative” case analysis
- Referential adequacy
- Member checking
- Reflexivity
- Authenticity (Ontological, Educative, Catalytic, Tactical)
- Thick description
- Audit

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## Be mindful of . . .

- SRQR
- COREQ
- PRISMA
- Equator Network
- (and many other, as it relates to quality, transcending qualitative approaches)
- <https://www.sciencedirect.com/journal/research-in-social-and-administrative-pharmacy/publish/guide-for-authors>

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# Discussion

- Briefly summarize main findings, particularly as they relate to the objectives.
- Posit credible arguments for the nature of significant (or lack of significant) findings.
- **Highlight important contributions to the current body of knowledge.**
- Compare findings with other important works; **ie, contextualize your findings**
- Avoid excessively enthusiastic interpretations (Eschew words such as “novel,” “paradigm-changing,” etc. Allow others to draw such conclusions).

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# Conclusion

- Present global and specific conclusions.
- Indicate uses and extensions, if appropriate.
- Suggest future experiments and indicate those that are underway.
- Do not summarize paper (abstract is for that purpose).
- Avoid judgments about impact.



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# Editorial Feedback and Decision

- You will be notified as soon as an editorial decision has been made.
- You have the opportunity to examine other reviewers' comments—this is a tremendous learning opportunity!
- You may seek guidance on your reviews from the extant literature and a mentor/well-reputed person of interest.
- You may, but please limit contact with the editor concerning the quality of your review.
- Each review gets scored from 0-100.
- RSAP's "Top Reviewers" program

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# Additional Considerations as Investigators/ Authors

- **Literature review and analysis**
  - Appropriate breadth and scope
  - Use of search terms, appropriate databases
  - Types of search engines/literature
  - Models, reviews
  - Do not forget to look specifically at methods
  - Time commitment

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# Literature Review (cont'd)

- **Envisage your resultant papers**
  - Discussion
  - Implications of research for other applications/fields

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# Acquisition of Funding

- Stay attuned to RFPs and opportunities from appropriate sources
- Seek guidance from your Office of Development and/or Office of Sponsored Research
- Seek guidance from your mentor and your chair
- Carefully target your proposals
- Build a great team

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# Writing for Success

- Select the appropriate journal
- Very clearly point out the unique contributions of your work
  - Introduction
  - Discussion
- Broaden the paper's appeal without overgeneralizing your results
- Cite, cite, cite
- Be mindful of journal limits and attention span of readers
- Be a good citizen
- Establish rapport with the editor, board members, and reviewers

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## Some 'Penultimate' Tips

- Write well (or get help doing so)!
- Specify your objectives—use them to guide your entire paper!
- Keep extraneous info out of the Intro; but build a case
- The methods should be more transparent than thin, clear glass
- Contextualize in your Discussion; don't rehash the Results

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## A Few More

- Be careful of the desire to ‘clear your desk’
- There are better times than others to submit
- Take a look at recent journal content
  - Avoid a ‘me-too paper’
  - But look to leverage recent trends and particular papers
- There are so many more papers that can **AND SHOULD** be written in addition to those reporting the results of studies

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## Last But Not Least . . .

- Use theory in myriad ways
- DIG DEEPLY
  - There is more than you can find out through qualitative research than just barriers and facilitators
  - Have substantial conclusions
    - E.g., not “patients with diabetes face many challenges to be adherent with their medication regimen”



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# Editorial Decision

- Accept without revision
  - Rare
  - Exceedingly good paper
  - Exceedingly poor review process
- Conditional acceptance/offer to revise

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# But . . .

- Some degree of failure is inevitable
  - Really think about the words of the editor and criticisms/suggestions of the reviewers
  - Determine likelihood of success elsewhere
    - Improper journal selection
    - Limitations versus fatal flaws
  - Consider strengthening your paper upon resubmission
- But it's okay 😊. Go and have a beer; get back on the horse; don't dwell on it!

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# Audience Participation

- Describe your “process” for handling a revise invitation that will require substantial work, perhaps including additional analyses?
- Discuss how you deal with a paper rejected. Has this changed over time? Does how you handle rejection differ according to the journal in which it comes from? From your estimation of how “good” you thought the work to be? From any external pressures/deadlines?
- Describe a good example for how you’ve seen someone else handle rejection/revision, and an example of how NOT to handle it?

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# Authorship Twelve Step Program

**Hi, my name is Lorna, and I am an author.**

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# Authorship Twelve Step Program

So you've been "rejected", or have to make very major revisions ...

- Step 1: Get mad and then get over it
- Step 2: Wait 1-2 days to gather thoughts
- Step 3: Decipher editor's meaning in letter
- Step 4: Respect reviewer(s) comments
- Step 5: Isolate comments to address
- Step 6: Choose battles carefully

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# Authorship Twelve Step Program

- Step 7: Easy fixes first
- Step 8: Start new experiments or analyses
- Step 9: Respond clearly and concisely (in resubmission letter *and* paper, if needed)
- Step 10: Don't play one reviewer against the other
- Step 11: Thank editor and reviewers for their time
- Step 12: Resubmit in a timely manner

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# The Granada Statements

- A consortium of over 13 intl peer-reviewed journals aimed to advance the rigor and visibility of pharmacy practice research
- Published in 11 journals
- So far ...
  - Met in Granada, Spain (2023)
  - Promoted by FIP
  - Developing a taxonomy for pharmacy practice research
  - Creating a portal for ‘informal transfer’
  - “Lobbying” NLM & Clarivate
- Next conference in Geneva (2024, with PCNE)
- <https://granadastatements.weebly.com/>

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# Some Do's and Don'ts

## • DO:

- Treat a QR endeavor much as you would any other research endeavor
- Plan ahead
- Secure funding
- **Consult the Literature!** It can inform, at the very least, your:
  - Problem/question
  - Any theoretical framework
  - Interview guide
  - Sampling/other methodological issues
  - Reconciliation and contextualization of findings
- Employ a team approach
- Work with people experienced in this area



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# Some Do's and Don'ts

- **Do Not:**

- **Fail to heed the advice from the previous slide 😊**

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# Questions????

I do not have, nor care to end any of my presentations with some pithy or smart-alecky quote, nor with any ostensibly humorous graphics or illustrations in any attempt to try and make myself look smarter or “deeper” than I really am. 😊

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## THANK YOU

