

Conducting High Quality Qualitative Research & Evaluation

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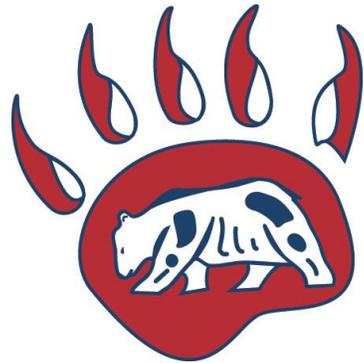
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Objectives

- Describe key concepts/strategies to ensure rigor
 - Follow methodological coherence
 - Practice verification/other strategies
 - Practice cultural humility/reflexivity
 - Integrate engaged/community-based/participatory processes

Photovoice Project: What is the experience of trying to access health and social services for you and your family?



Follow Methodological Coherence

Paradigm ONT/EPIS Theoretical Orientation	Research/ Eval Question	Methodology	Who are your participants?	Number of participants	Data Collection Strategies	Data Analysis Technique	What do your results look like?
		Ethnography					
		Descriptive Qualitative					
		Phenomenology					
		Interpretive Description					
		Grounded Theory					
		Photovoice					
		Mixed Methods					



Methodological Coherence

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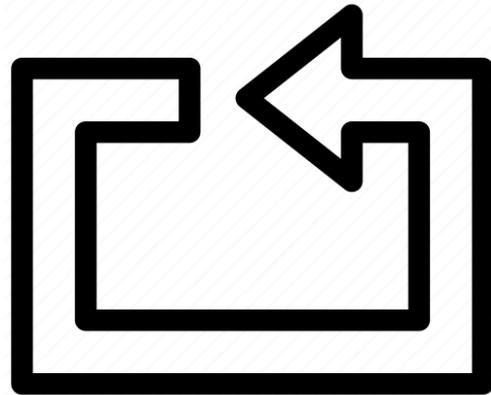


Methodological Coherence: Photovoice Project

Paradigm	Question	Methodology	Participants	#	Data Collection	Data Analysis	Results
Transformative	What is the experience of accessing health and social services for women and their families living in poverty?	Photo-voice	Women living in poverty	10 to 12	<p>Photos taken by women</p> <p>Discussion of photos; audio recorded and transcribed</p>	<p>SHOWed</p> <p>Qual Content Analysis</p>	<p>Rich description of experience, aided by photos</p> <p>Plan of Action</p>

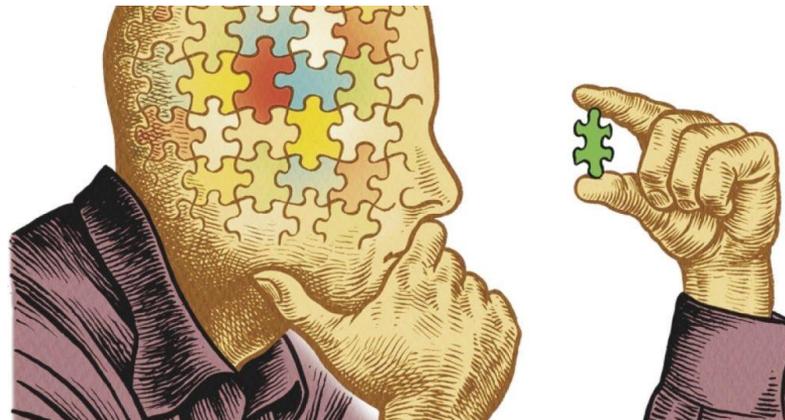
Practice Verification

built-in strategies (occurs during the study) that help the researcher/ evaluator identify when to continue, stop, or modify the research/evaluation in order to ensure rigor



Investigator Responsiveness

- the researchers/evaluators **creativity, sensitivity, flexibility & skill.**
- the lack of responsiveness of the investigator at all stages of the research process is the greatest hidden threat to rigor.



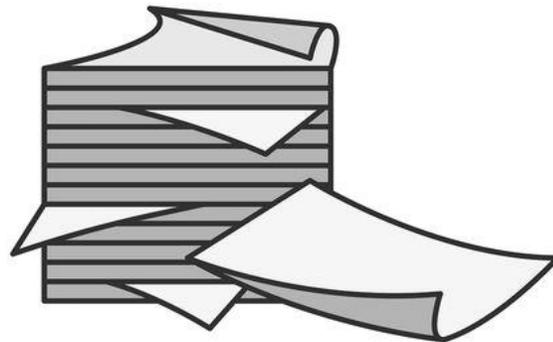
Sampling

sampling must be appropriate, consisting of participants/images/documents who/that best represent or **have knowledge of the research topic.**



Collecting and Analyzing Data Concurrently

- forms a **mutual interaction** between what is known and what one needs to know.



Thinking Theoretically

- requires a macro-micro perspective, **inching forward** without making cognitive leaps

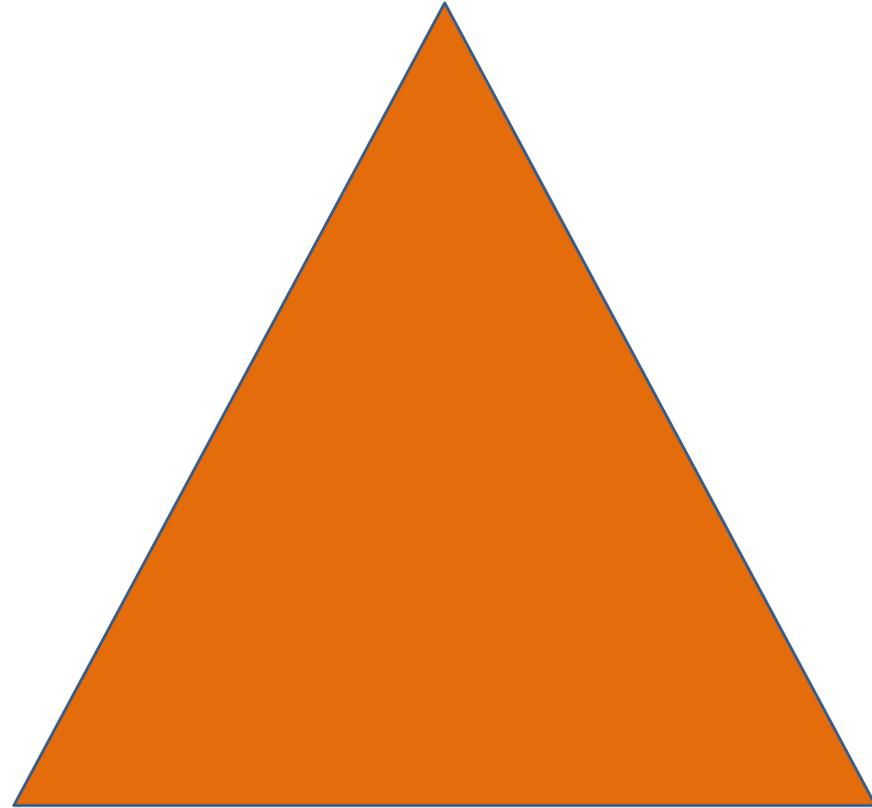


Other Strategies



Triangulation

- Data triangulation
- Investigator triangulation
- Theory triangulation
- Method triangulation



Participant Checks

checks or verifies developing hypotheses, preliminary categories, and interpretations with participants



Journal Writing

a record of the researchers'/evaluators' **personal biases & assumptions** about the research & if and how they may influence the study

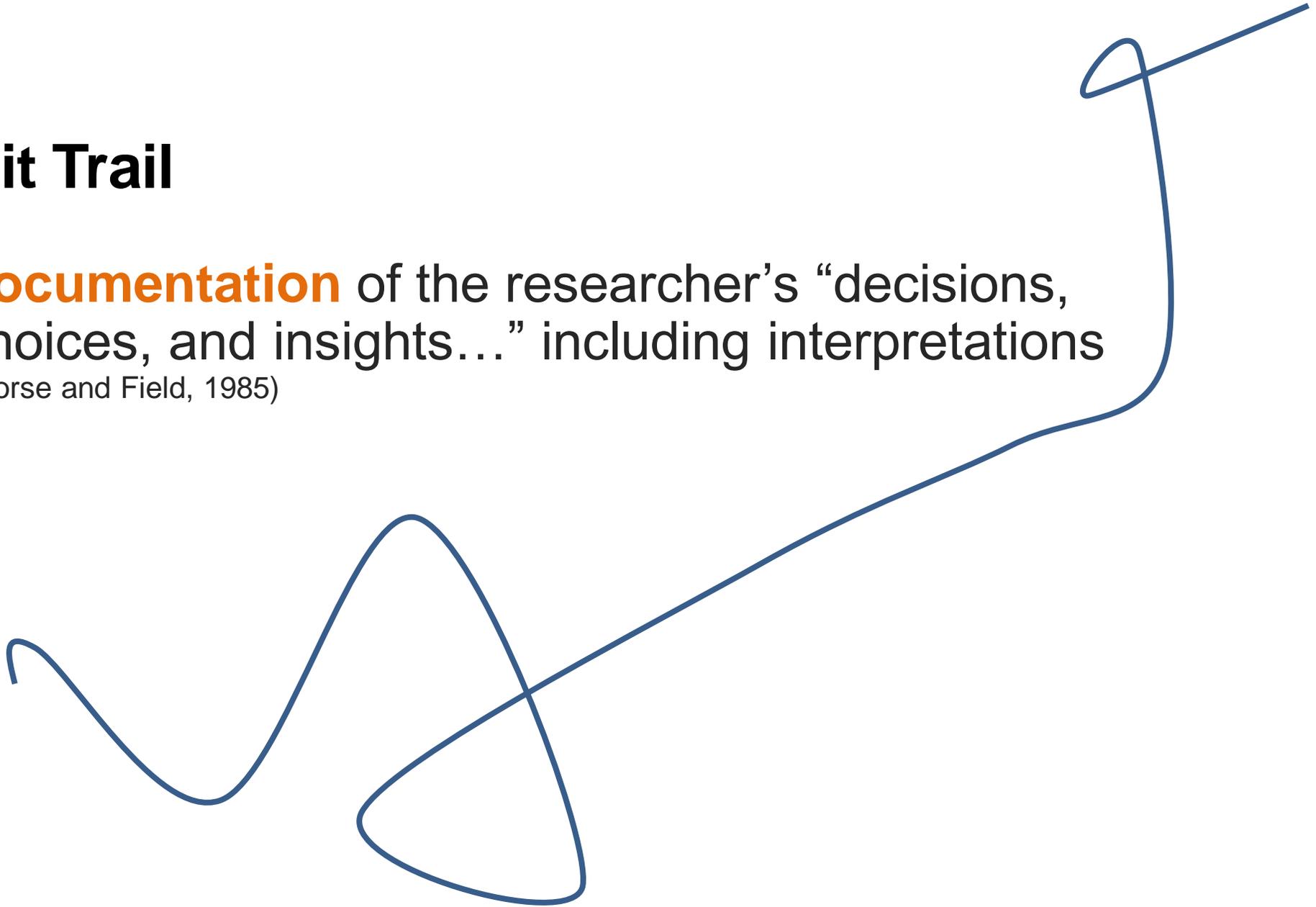
Peer Review

process of engaging a colleague in an extended and extensive **discussion** of one's findings, conclusions, and tentative analyses

Audit Trail

documentation of the researcher's "decisions, choices, and insights..." including interpretations

(Morse and Field, 1985)



Integrate engaged/community-based/ participatory processes

A process that **builds connections and relationship[s]** with an identified community, ensuring their **active and informed participation** in planning and decision making, so that decisions truly **reflect the best interests** and preferred choices of that community (Tinglin & Joyette, p. 28).

IAP2 Spectrum of Public Participation

IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

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Retrieved from:
<https://organizingengagement.org/models/spectrum-of-public-participation/>

Participatory Approach

- **Equitably involves** individuals/groups in **all aspects** of the research/evaluation process.
- Partners **contribute their unique strengths, skills, resources**
- **Interpretation**
- **Integrate the knowledge gained with action**

(Israel, et al., 2008)

Participatory Approach: The Unforeseen

- In community-engaged research, participants lives are the topic of study; they share their lives with us
- Relationships develop and favours are accommodated



Questions to Consider

- But what happens when we develop relationships but cannot hold up the ethic of the relationship formed?
- In community-engaged work, to whom are we accountable?
 - The participants, the partners, employer, funders, yourself?



Practice Cultural Humility/Reflexivity

Cultural Humility

“A lifelong process of **self-reflection** and self-critique whereby the individual not only learns about another’s culture, but starts with an examination of their **own beliefs and cultural identities**” (NIH)

- Requires awareness of historical realities

Reflexivity

- Acknowledging how aspects of our identities histories etc. and how they affect data, analyses, and conclusions.
- This cannot be done by “looking harder or more closely, but of **seeing what frames our seeing**”...(Lather 1993)



Questions to consider

- What **political, economic, education, faith-based, cultural, and social** (etc.) issues underlie *your* research/evaluation topic? And how has this changed over time?
- How do/will certain **aspects of your identity** affect your relationship with participants, data, analyses, and conclusions?
- What does it mean to be “**who you are**” researching/evaluating this program/ issue?

Research/Evaluation Protocol: Entering Cultural Spaces

- **Land Acknowledgement**
- **Prayer**
- **Introduce yourself** - where you come from, which means your family's cultural and geographical background prior to being a settler in North America.
- **Tobacco or Honorarium**

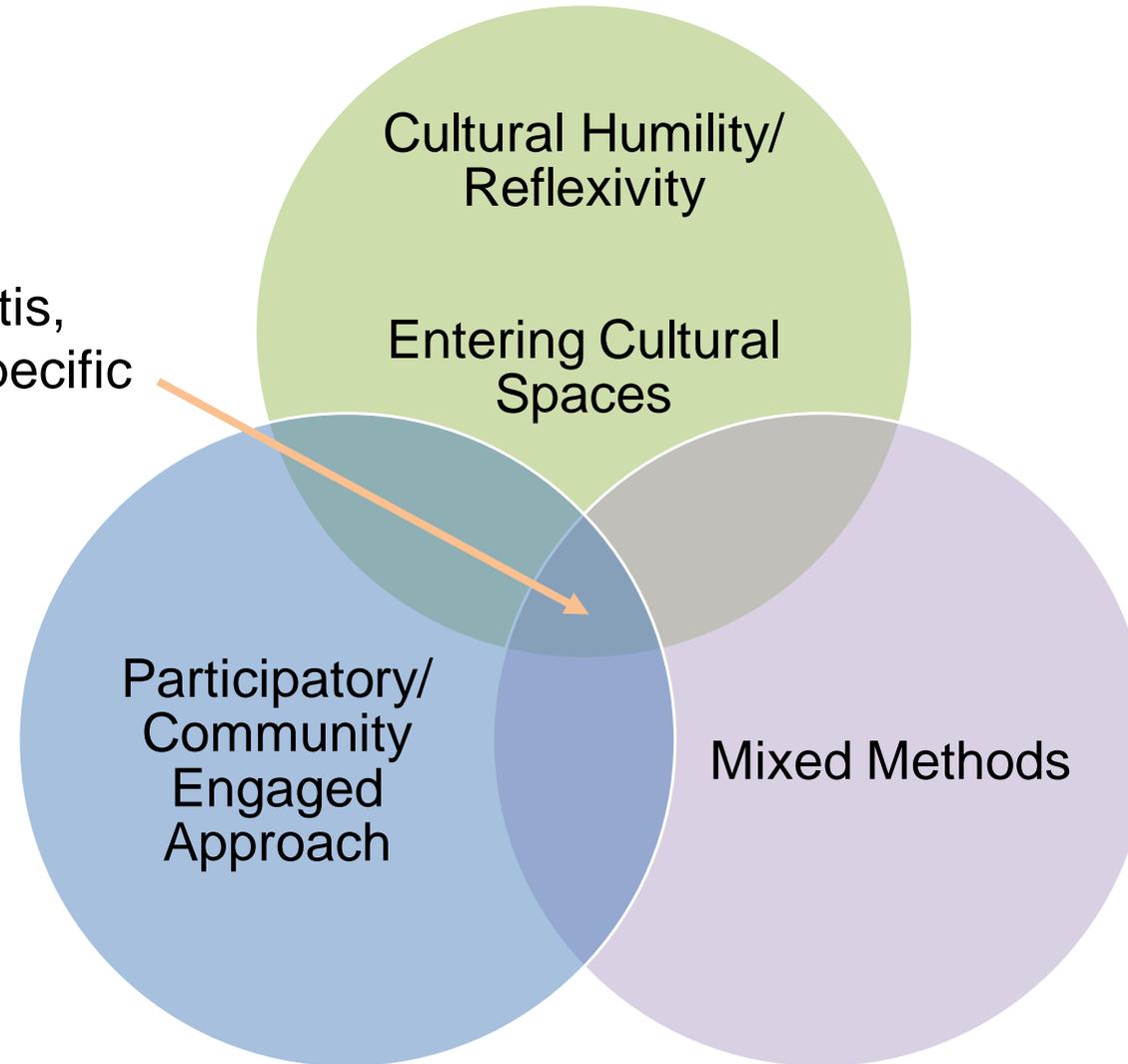


RESPECT TOBACCO

Question to Consider

What are the cultural protocols for the communities you belong to/interface with?

The correlates of current smoking among adult Métis, with focus on culturally-specific factors



The correlates of current smoking among adult Métis: Evidence from the *Aboriginal Peoples Survey* and *Métis Supplement*

Christopher J. Ryan, MSc,¹ Martin J. Cooke, PhD,^{1,2} Scott T. Leatherdale, PhD,¹ Sharon L. Kirkpatrick, PhD,¹ Piotr Wilk, PhD³

ABSTRACT

OBJECTIVE: To examine the correlates of current smoking among Métis aged 18 years and older, with a particular focus on culturally-specific factors. Cultural factors included spirituality, knowledge of an Aboriginal language, membership in a Métis organization and attendance at Métis cultural events. Demographic, geographic, socio-economic and health-related variables were also considered.

METHODS: Data from 6,610 adult Métis aged 18 years and older who responded to the 2006 *Aboriginal Peoples Survey* and *Métis supplement* were used to examine the correlates of current smoking using sequential binary logistic regression modelling.

RESULTS: Overall, 39.9% of adult Métis respondents in the sample were current smokers. Adult Métis who reported a high level of spirituality were less likely to be current smokers. Those who spoke an Aboriginal language, or lived in a house where an Aboriginal language was spoken, were more likely to be current smokers. Being a member of a Métis organization and attending cultural events were not independently associated with current smoking. Métis with higher household income, greater education, higher self-perceived health, and greater physical activity participation were less likely to be current smokers, whereas those who reported heavy alcohol consumption were more likely to be current smokers.

CONCLUSIONS: The results of this study suggest that interventions aimed at reducing smoking among adult Métis might be more successful if they include some connection to spirituality. It is also evident that co-occurring risk behaviours, in addition to demographic and socio-economic factors, are important considerations when developing interventions to reduce smoking among this population.

KEY WORDS: Smoking; tobacco; Indigenous population; adult; Canada

La traduction du résumé se trouve à la fin de l'article.

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Aboriginal Canadians suffer from poorer health than non-Aboriginal Canadians.¹ Among the most notable medical conditions that characterize this diminished health status are cardiovascular and pulmonary diseases.^{1,2} It is well established that smoking, a behaviour more prevalent among Aboriginal Canadians compared to their non-Aboriginal counterparts,³ is an important contributory factor to these diseases.⁴

Prior research has suggested that cultural identity and practices are important to the health of Aboriginal peoples.⁵ Retention of Aboriginal languages, participation in traditional activities, environmental and cultural connections, and spirituality have been identified as components of an Aboriginal-specific health framework.^{5–7} One could therefore hypothesize that these determinants of health might be connected to health behaviours among Aboriginal peoples, including the Métis.

The Métis, a distinct and constitutionally recognized Aboriginal Canadian group with a population of close to 400,000 people,⁸ like other Aboriginal Canadians, are at higher risk of suffering

examined the correlates of smoking among Métis, particularly with a focus on culturally-specific factors.

A significant body of literature exists on the correlates of smoking among the general population. Those with low income and education are more likely to smoke.⁹ In addition, low physical activity levels, heavy drinking, and low body mass index are health-related variables correlated with smoking among the general population.^{10–12} Prior research has also demonstrated that spiritual well-being and religiosity might be protective against smoking among adults in the general population.^{13,14}

Given the importance of cultural identity to health,⁵ the historical and cultural significance of tobacco among Aboriginal peoples,^{15,16} and the potential negative association between spirituality and smoking,^{13,14,17} an examination of how culturally-specific factors are correlated with smoking among

- **Findings:** High level of spirituality were less likely to be current smokers etc.
- **Conclusion:** Findings “might be explained by **social factors not captured in the models**” and “**focus group methodology** could help **contextualize**” the relationships found among study variables in future research.

- **Critique:** “The meaning of these relationships between smoking and other factors is clearly beyond the frame of reference of this epidemiological study. Rather than suggesting a future direction of research (always seen as self-serving from the funders point of view), the interpretation of research findings through **community contextualization should be built into the study protocol** (King, 2015, p. e457).
- “An appropriate form of engagement for this type of research would be to form an Aboriginal **advisory group, inclusive of people relevant to the group whose data are being analyzed**” (King, 2015, p. e457) to offer appropriate levels contextualization to their statistical analyses; something that can only adequately be accomplished by the **expert interpretation of relevant knowledge holders**.
- **Ethics Review Boards**



Question to consider

- Should the knowledge gleaned from the Ryan et al. (2015) study be considered **valid, valuable, or ethical**, given the lack of contextualization and validation from members of the community under investigation?
- What is the role of ethics boards in monitoring this kind of work?

Thank you