

AREA

IPA

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Recap: Qualitative research

The paradigm of qualitative research

- Illuminate thought and relationship
- Appreciate personal meaning
- Understand complex phenomena
- Develop cultural understanding
- Hypothesis generation?

Recap: What does qualitative research involve?

- An understanding of which approach you are following
- Significant amount of time spent gathering data
- Time-consuming and complex data analysis – reducing large sets of data to a few themes or categories
- Long pieces of text/writing incorporating quotes



Recap: What is IPA?

- Qualitative methodological tool
- How an individual makes sense of their life world—
individual viewpoint and experience (Phenomenological)
- Interested in personal perception of an object or event
 - “*Insiders perspective*” (Conrad, 1987)
- Recognises access to a participant’s world is dependent
on the researcher’s own conceptions which are needed to
make sense of that other personal world
 - double interpretation

Recap: What is IPA?

- Phenomenological
- Hermeneutic
- Idiographic



The Interview Schedule

- What information do you want to get from your participants?
- An interview schedule helps to guide your questions to ensure you cover all important areas
- Include:
 - Introduction
 - Permission to record interview/anonymity
 - prompts and hints for follow-up questions
 - Wrap-up at end (thank and summary of research aim)

Categories of Questions

- **Opening:** get acquainted and feel connected
- **Introductory:** Begins discussion of topic
- **Transition:** Moves smoothly and seamlessly into key questions
- **Key:** Obtains insight on areas of central concern in the study
- **Ending:** Helps researchers determine where to place emphasis and brings closure to the discussion
- (Krueger, 1998)

Qualitative Data Analysis

Common features of qualitative analysis

- Several common features regardless of which approach
 - Analysis begins with written transcripts, and creating and organising files of information
 - Process of general reading and “memoing” of information occurs to develop in-depth understanding of the data
 - Develop categories/codes to sort text
 - Describe, classify and interpret – “thematic analysis”
 - Aim to finish with a story evolving around 5 or 6 key categories
 - Can all make use of CAQDAS

Critical ingredients of qualitative analysis

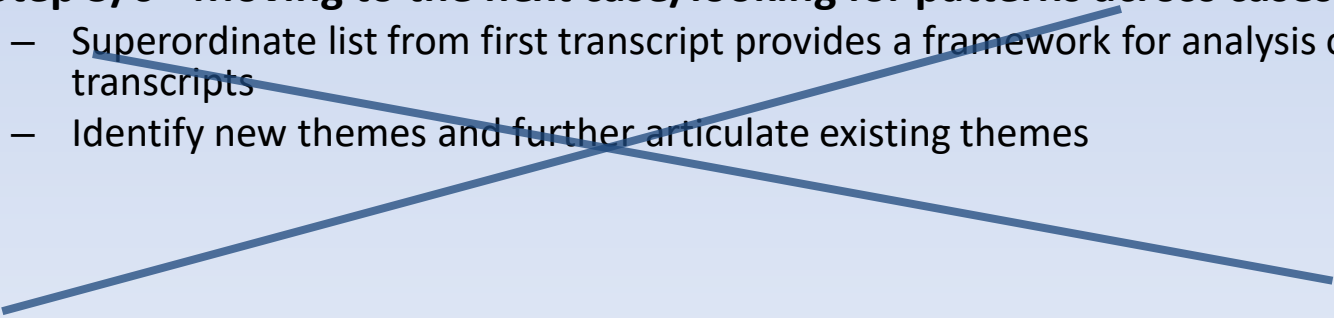
- **Analysis must be systematic**
- **Analysis must be verifiable**
- **Analysis requires time**
- **Analysis is jeopardised by delay**
- **Analysis should entertain alternative explanations**
- **Analysis is improved by feedback**
- **Analysis is a process of comparison**

Give consideration to the following factors:

- **the words**
- **the context**
- **the internal consistency**
- **the frequency of comments**
- **the extensiveness of comments**
- **the intensiveness of comments**
- **the specificity of responses**
- **Consider what was not said**
- **Find the big ideas**

(Krueger, 1988, 1998)

Interpretative Phenomenological Analysis (IPA)

- **Stage 1- Reading and re-reading**
 - Read transcript a number of times to become “intimate” with the account
 - **Stage 2- Initial noting**
 - Use right hand margin to document interesting data/thoughts in the form of key words/phrases
 - **Stage 3- Developing emergent themes**
 - Emerging themes identified in left hand margin in chronological manner
 - Themes checked back with primary source material
 - **Step 4- Searching for connections across emergent themes**
 - connections looked for between themes – superordinate themes identified
 - Table of themes produced and clusters of themes given a name
 - Identifier added to each instance in the table
 - **Step 5/6- Moving to the next case/looking for patterns across cases**
 - Superordinate list from first transcript provides a framework for analysis of other transcripts
 - Identify new themes and further articulate existing themes
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Carrying out your analysis

- Stage 1 – Reading and re-reading
 - Read and re-read to become “intimate” with the account
 - Active engagement with the data
 - Ensure that the participant’s life-world is focus of the analysis

Carrying out your analysis

- Stage 2 – Initial noting
 - Most time-consuming stage of analysis
 - Explore content and use of language in an open way
 - Record anything of interest in right hand side of transcript
 - A free-text analysis – no “rules” at this stage



Example of stage 2

H: The anxiety that you feel now, did you feel that at all when you were waiting for your results?

W: Only that day when I went down for the results, only the results day, I mean it wasn't any of the other time, even you know, after they had taken the first lot of blood, it was sort of (pause) well I think I was 50/50 that you haven't.

But then the day I went down I found that, I sort of shut myself off, I, you know, didn't even, my husband said to me, are you sure about this, you are awful quiet, and I'm not a very quiet person, you know I'm a chit chatty person but I feel that has all changed at the moment, I'm shutting myself off because of the fear, you know, its there now, continually. There's no more 50/50, you have got it and that's it.

felt anxious on results day

Chance didn't have it

Shutting herself off

Reflections on her not being herself?

Again - Shutting herself off – is this avoidance?
And fear of “having the gene”

Carrying out your analysis

- Stage 3 – Developing emergent themes
 - Work primarily with exploratory notes rather than transcript
 - A concise statement of what is important across particular comments – entered into left hand margin
 - Emergent themes are listed in chronological order



Example of stage 3

H: The anxiety that you feel now, did you feel that at all when you were waiting for your results?

W: Only that day when I went down for the results, only the results day, I mean it wasn't any of the other time, even you know, after they had taken the first lot of blood, it was sort of (pause) well I think I was 50/50 that you haven't.

Anxiety

Optimism in early stages

Changing self-perception

Coping = avoidance

Gene carrier = sense of hopelessness/fatalism

felt anxious on results day

Chance didn't have it

Shutting herself off

Reflections on her not being herself?

Again - Shutting herself off – is this avoidance?
And fear of “having the gene”

But then the day I went down I found that, I sort of shut myself off, I, you know, didn't even, my husband said to me, are you sure about this, you are awful quiet, and I'm not a very quiet person, you know I'm a chit chatty person but I feel that has all changed at the moment, I'm shutting myself off because of the fear, you know, its there now, continually. There's no more 50/50, you have got it and that's it.

- Producing a chronological list of themes
 - Striving for perceived personal control
 - Take control of gene
 - Waiting for surgery- no control = distress
 - Harder knowing got gene
 - Day of results = anxious
 - Hoping wouldn't have gene
 - Day of results shut self off = avoidance
 - Positive when waiting for results
 - Social support from husband
 - Family influence on decision to take test
 - Impact of sons/daughters reaction to test result
 - Keeping busy = distraction
 - Trying not to think about it when waiting
 - Can't get away from result



Carrying out your analysis

- Stage 4 – Searching for connections across emergent themes
 - Mapping how the themes fit together
 - Organising themes into meaningful structure
 - A table of themes is produced and clusters of themes are given a name = superordinate themes
 - An identifier is added to each instance and put into a table
 - Each theme is given a page and paragraph number to indicate where they could be found

Example of stage 4

(Participant 2)

- Sources of worry/distress

Upset when reminded of family loss	8.7 'More about missing somebody'
Unwanted intrusive thoughts	8.4 'When your on your own, you just have to deal with it'
Upset when on own	8.3 'more upset when nobody is around
Concerns for family members	6.18 'encourage her to have test'

- perceptions of control

Knowledge as power, doing what can do to minimise risk	2.9 'rather know...can do everything to help me
Engage in breast self examination	5.15 'I check myself'
Adopting a healthy lifestyle	9.1 'eat more fruit'
Surgical options	4.18 'options are...mammograms'

Stage 5: Writing up....

The table of themes is translated into a narrative account illustrated with quotes from participants

Just as in the journal articles you have (or should have!) read.....

Writing up

- Begin with concise summary
- Take each superordinate theme in turn
 - Short statement describing what it means
 - Illustrate how it applies
- Clear and full narrative account
- Get balance right between quotes and interpretation

Use of quotes

- If including short quotation embedded within the text then use '*single speech marks*' like this.
- If the quotation is more than four lines long, it should be set as an extract and the whole quotation indented like this:

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E.G. 1 (One interview)

The impact of past experiences

As the interviews progressed it became clear that John's past experiences affected how he coped with the risk assessment process. Two main sub-sub-themes were thus identified: having a personal experience of cancer, and prior medical experiences.

Personal Experience of Cancer

John stated that: *"Having already had cancer, and survived it, I suppose in a way I was a bit blasé about [how I felt when waiting for my risk results]"* . He went on to further comment:

"I know when I was initially diagnosed XX years ago it was a bit of a shock.....but I've always thought, as long as I know what the problem is, and I know what's going to be done about it, I can cope with it" .

It seems that John was drawing on his previous experience of cancer when it came to coping with the risk assessment process.

E.G.2 Individual Interview

One of the younger participants for example stated that her initial instinct upon learning her carrier status was almost one of desperation in terms of identifying others in the same position as her whom she could talk to.

“I suppose for me I thought “Is there anyone else the same age as me who’s affected by this” and I remember I was in Paddington [train station] and I was looking at people going “well wonder if you’ve got the gene, I wonder if you’ve got that then, I wonder if you’re just walking around and you’ve got it”, and that was my first instinct. So I think for me perhaps it would have been good to have someone of my own age group to talk to....”

E.G.3 Focus Group Interviews

A common identity

- As the discussions progressed it was clear that there was an emerging common identity relating to the understanding that they were all gene carriers, regardless of widescale differences in their own personal histories of cancer or surgery. *“We’re all here whoever we are because we got a gene. That’s what it’s about, it’s because we got a gene.” (Sally, Group 1)* The value of being able to share these experiences was felt to be an important factor in developing a successful support network as exemplified in the following extract:

“You do feel different from the rest of the population and I just think it’s that isolation. So if you had people who were alike who had the same kinds of problems you could think oh yes that happened to me and shouldn’t you try this or you know... Yes you can talk to a friend but you can’t talk to anyone about a gene who hasn’t got it themselves... I do remember the emptiness, I do remember, not being dramatic who can I talk to about genes?” (Sally, Group 1)

Key reference for IPA

Smith, J. A., Flowers, P., & Larkin, M. (2008). Interpretative phenomenological analysis: Theory, method and research. London: Sage. Chapter 5

Additional Reading:

Smith, J. A., Flowers, P., & Larkin, M. (2008). Interpretative phenomenological analysis: Theory, method and research. London: Sage. Chapters 7, 8, 9 and 10 for applications of the IPA method.