

Reporting qualitative research: stepwise guidelines for researchers

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REPORTING QUALITATIVE RESEARCH

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Why?

- **It is kind of a norm, thus, increasingly expected.**
 - CONSORT for Randomized Controlled Trials
 - STARD for Diagnostic Test Studies
 - QUOROM for Meta-analysis of RCTs
 - RAMESES publication standards for Realist Evaluation
- **Standardised reporting provide readers:**
 - an understanding of the phenomenon under study
 - the findings from the data
 - relevant and necessary information to enable them to assess the quality and rigour of the study
 - **Researchers:** a framework to start writing.

What?

- **Existing frameworks**
 - **Consolidated criteria for reporting qualitative research (COREQ): 32 items checklist (Tong et al, 2007)**
 - Standards for Reporting Qualitative Research (SRQR): 21 items checklist (O'Brien et al, 2014)
 - Enhancing transparency in reporting the **synthesis of qualitative research** (ENTREQ): 21 items checklist (Tong et al, 2012)

How?

D1. Research team & reflexivity

a) Personal features

- Interviewer/Facilitator
- Credentials
- Occupation
- Gender
- Experience & training

b) Relationship with participants

- Relationship established
- Participant knowledge of the interviewer
- Interviewer characteristics

Qualitative semi-structured individual interviews were used to collect data for this study. The interviews were conducted by a male (RW) and two female (WI and JF) local researchers from the Indonesian partner institution. All the researchers were university graduates and had experience of qualitative interviewing. None of the researchers involved in the study had any relationship with the study participants. In addition to the local researchers and the participants, the first author (SB), a male researcher from the UK, was also present during the interviews. This researcher was trained in anthropology and public health and his key role was to make observation notes during the interviews. It appears from the data and the debriefing meetings with the interviewers that his presence had no significant influence on the data collection as the researcher did not know the local language and was not aware of the cultural subtleties of the population, so his presence was seen as a 'silent guest'. Moreover, according to the local researchers, the UK researcher looked like them (the local population) as he was from an Asian ethnic background (observation notes). The influence of the local researchers on the research processes could not be assessed as they did not maintain field diaries or document their observations.

D2. Study design

a) Theoretical framework

- Methodological orientation & theory

Theoretical framework

Considering the exploratory nature and objective of this study, the quantitative research methods such as laboratory-based trials, polls, questionnaires and surveys were deemed unsuitable. In contrast, the qualitative interviewing methods based on the social constructionist paradigm that there are multiple, local and specific 'constructed' realities was used to elicit the participants' perspectives on the research topic. The critical medical anthropological theory [19] in conjunction with a social determinants of health model underpin the study. The methodological and theoretical orientations were used to explore and understand how the matrilineal cultural context influences and shapes the nutritional health of mothers in the Minang community and to identify possibilities for addressing maternal nutritional health issues. Given the lack of previous research on these aspects of the community, the data collection methods needed to have the potential to engage potential participants and encourage them to provide their perspectives on the issue being studied. In view of the exploratory objective of the study, semi-structured interview was therefore used as the data-collection method.

b) Participant selection

- Sampling
- Method of approach
- Sample size
- Non-participant

Participants

The study participants were from the Minang ethnic group and spoke both Minang and Indonesian *bhasha* (language). Semi-structured interviews were conducted with pregnant women and/or women who had been pregnant in the last twelve months ($n = 7$), their husbands ($n = 3$), mothers and mothers-in-law ($n = 4$), health-care professionals ($n = 3$) and *Kaders*—volunteer community workers ($n = 2$). A purposive sampling strategy was adopted using the following inclusion criteria: participants were from the Minang community due to their unique social organisation of a matrilineal family structure; pregnant woman or pregnant within the last twelve months; partner of a pregnant woman; mother or mother-in-law of a pregnant woman; and health-care professionals working with pregnant women, such as midwives. The participants were approached by phone and face-to-face through the health-care professionals and a *Kader*. In total, twenty participants were approached, of whom nineteen were interviewed; the one who declined to be interviewed had to go out of town in an emergency. Prior to the interviews, the participants were informed that one of the researchers was from a UK university and that the local researchers worked in Unand (Andalas University). Additionally, the local researchers did not receive any extra money for working on this project except for their research expenses, such as transport cost, meals and drinks, which were paid from the project budget. Apart from the interviews, the study participants had no opportunity to comment on or offer corrections to the transcripts or the findings.

c) Setting

- Setting of data collection
- Presence of non-participant
- Description of sample

Setting

The study was carried out in a block of a suburban area of Padang district in West Sumatra province. The province lies on the west coast of the island of Sumatra and had an estimated population of over five million people in 2014. West Sumatra is sub-divided into twelve regencies and seven cities. It has relatively more cities than other provinces in Indonesia, except for Java province. Padang is the largest and capital city of West Sumatra province and has a population of over a million. The Minang community constitute the great majority of the population. The community is renowned for its long-held matrilineal tradition and known for its people's devotion to Islam. Rice, fish, coconut, vegetables and chili are considered the main food items consumed every day in a Minang household. The best-known cuisine in Minang food culture is *rendang*, a spicy beef stew [20].

Table 1. Demographic information of the study participants.

Participant no.	Sex	Age	Education level	Pregnant/had pregnancy in the last 12 months	No. of Children	Occupation
1	F	46	Bachelor's degree	No	3	Health-care professional (midwife)
2	F	34	Bachelor's degree	No	1	Health-care professional (midwife)
3	F	42	Junior High School	No	2	Kader (voluntary community worker)
4	F	30	Senior High School	Yes	0	Homemaker
5	F	22	Bachelor's degree	Yes	0	Homemaker
6	F	58	Senior High School	No	3	Homemaker
7	F	30	Diploma	Yes	1	Teacher
8	F	26	Junior High School	Yes	0	Homemaker
9	F	27	Senior High School	Yes	0	Homemaker
10	F	48	Senior High School	No	2	Homemaker
11	F	18	Junior High School	Yes	0	Homemaker
12	F	24	Bachelor's degree	Yes	0	Homemaker
13	F	37	Senior High School	No	3	Homemaker
14	F	40	Elementary	No	4	Kader (voluntary community worker)
15	F	31	Elementary	Yes	2	Homemaker
16	M	25	Junior High School	NA	0	Motorbike taxi (<i>ojek</i>) driver
17	M	36	Bachelor's degree	NA	1	Health-care professional (In charge of the health centre)
18	M	38	Bachelor's degree	NA	2	Self-employed
19	M	26	Elementary	NA	0	Shopkeeper

d) Data collection

- Interview guide
- Repeat interviews
- Audio/Visual recording
- Field notes
- Duration
- Data saturation
- Transcripts returned

A generic interview guide was developed in collaboration with the Indonesian research partners prior to the fieldwork in order to ensure that appropriate questions and prompts were used (*see the interview schedule in S1 Appendix*). Given the different characteristics of the participants, variations in the interview guide questions were made during the interviews; for instance, some of the questions were specifically put to the pregnant women and those were modified for their partners or family members. A similar principle applied for the interviews with the health-care professionals.

One of the local research assistants translated the interview guide into the local language and another senior staff member from the faculty verified the translation. The interview guide was not rigid or prescriptive but was a checklist to ensure that all the topics were covered which were intended to be explored in the study [21].

All the interviews were conducted face-to-face and took place in the Community Health Care Centre and participants' homes; each interview lasted between 45 minutes and an hour. The interviews were audio-recorded after obtaining informed consent, then translated and transcribed by the researchers.

D3. Analysis & findings

a) Data analysis

- Number of data coders
- Description of the coding tree
- Derivation of themes
- Software
- Participant checking

Data analysis

The inductive or 'bottom-up' approach [22,23] of thematic analysis was used to analyse the data manually. Theme-led data coding was used in which the pertinent themes were identified from the data without trying to fit them into a predetermined coding or theoretical framework [24]. The local researchers (RW & WI) translated and transcribed the interviews into English. The translation and transcription of the interviews from Indonesian *bhasha* into English was double-checked by two senior staff members from the faculty. The data transcripts were coded by the two researchers (SB & RW) and verified by the third reviewer (HS) to enhance validity. The analysis comprised the following five steps: 1) reading and re-reading each item of the data set; 2) producing initial codes from the data; 3) identifying themes and then sorting the codes into the identified themes; 4) defining and further refining the identified themes; and 5) writing the narrative of the analysis.

b) Reporting

- Quotation presented
- Data & findings consistent
- Clarity of major themes
- Clarity of sub-themes

Minangkabau matrilineality and the role of women

The participants discussed various characteristics of the Minang people but reported four key characteristics, matrilineality, devotion to Islam, out-migration and Minang cuisine, which make their culture distinctive. Matrilineality is an established social system that involves tracing inheritance and property such as houses and land through the female line, giving prominent roles to women in public ceremonies and providing them space to share power with men based on the principle of inter-dependence and mutual responsibility. In day-to-day activities, the role of Minang women may seem traditional, such as house-hold chores and looking after children and elderly relatives, but their sense of equality with men and shared power might not always be consistent. The women actively contribute to the economy; they are farmers, entrepreneurs, industry workers and teachers, but there can be differences in their economic status depending on whether they are from urban or rural areas. For example,

In villages, the economic position of women is strong compared to women living in small towns or sub-urban areas because the major part of food production such as rice and beans is owned by them. (male participant 18)

So what?

Following a standardised reporting framework could improve:

- Transparency of the study
- Clarity and coherence in the presentation
- Quality of reporting

Take away message

Qualitative research is not only time-consuming, rich, complex and expansive but sometimes controversial too, it covers several different methods, ontological and epistemological approaches. Therefore, a “one-size-fits-all” frameworks for reporting can be limiting, so the existing standards can be used as helpful tools for effectively communicating research processes & findings.

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