

DATA GENERATION FOR QUALITATIVE HEALTH RESEARCH

IT'S MORE THAN JUST DECIDING BETWEEN INTERVIEWS AND FOCUS GROUPS!

KEY MESSAGES

- There are many considerations and decisions to make when developing a qualitative data generation plan
- Asking WHO, WHAT, WHERE, WHEN, and HOW can help guide this process
- Data generation can evoke emotion, consider the emotional safety of all team members

THIS DECISION-MAKING GUIDANCE IS BASED ON...

“A framework for selecting data generation strategies in qualitative health research studies.”

DOI: 10.1111/jhn.13134

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REFLEXIVITY

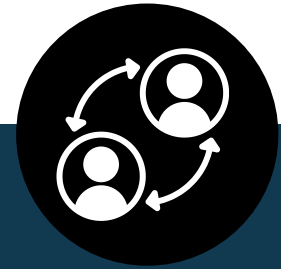
A process by which a researcher recognizes how their status, values, past experiences, or biases may influence their research.

“...generalized practice in which researchers strive to make their influence on the research explicit -- to themselves, and often to their audience.” (Gentles et al., 2014)

Particularly important when the researcher may have multiple roles (e.g., clinician, researcher, caregiver).



Answers to the following six questions will formulate a comprehensive and detailed data generation plan:



Consider:

- Expertise
 - The researcher is the data generation instrument
 - What clinical expertise and relevant experience?
 - How much of this expertise or experience is revealed or shared?
- Engagement
 - Rich experiences = rich data generated
 - Who will conduct the data generation episodes?
 - How will partners, participants, and people with lived experience be engaged?
- Involvement
 - Need to consider limitations and boundaries
 - Is the researcher an observer only? Or are they fully participating?

**WHO IS INVOLVED
IN DATA
GENERATION?**



**WHAT TYPES OF
DATA WILL BE
GENERATED?**

Commonly, data are generated through:

INTERVIEWS

Categorized by structure, number of participants, and mode of delivery



DOCUMENTS

Can be unsolicited (e.g., meeting minutes), or solicited (e.g., diaries).

ELICITATION

Often co-produced (e.g., body mapping, timelines, photos, ecomaps)



OBSERVATIONS

Describe context or understand behaviour that may not be explicit



WHERE WILL DATA BE GENERATED?

Where possible, offer choice!

Build in opportunities for choice to make the process convenient for the participant and reach the goal of feeling mutually safe. To do so, consider:

Mode

- Choosing a mode (e.g., in-person, telephone, virtual) will influence where data is generated

Cost

- There are costs associated with where data may be generated (e.g., room booking, travel, equipment, software)
- Any costs incurred by the participant should be reimbursed

Accessibility

- Remember the health status, abilities, and resources of the participant to minimize burden and exclusion

Safety

- The benefits should outweigh any risks to physical and psychological safety
- Protocols and planned responses may be developed



When data are generated will be informed by the purpose of the study and the type of data to be generated.

Ask:

- How will *when* influence the data generated?
- Is there a time when the phenomenon of interest is most likely to occur?
- What needs to be arranged to access the study setting?
- Should this question be answered longitudinally? Or is one time point sufficient?



WHEN WILL DATA BE GENERATED?



HOW WILL DATA BE MANAGED?

A detailed plan is required to manage the volume of data generated. This includes considerations for the types of data and adherence to ethical guidelines for recording and managing the data generated.



BEFORE

- Develop and pilot tools
- Create organizing structure
- Remember “other” data (e.g., consent forms, notes)

DURING

- Consider need for resources (e.g., audio recorder, notebook, arts materials)

AFTER

- Prepare data for analysis
- Consider need for analytic software
- Consult ethical guidance for data storage and security



HOW WILL EMOTIONAL SAFETY BE CONSIDERED?



Emotionally safe research methods should include considerations for the participant and research team members at all stages of the research.

Plan for emotional safety and responses to distress (e.g., access to counselling, scheduled debriefing, extended time for data analysis) prior to study implementation.



ADDITIONAL RESOURCES:

Orr, ER., Ballantyne, M., Gonzalez, A., & Jack, SM. (2020). Visual elicitation: Methods for enhancing the quality and depth of interview data in applied qualitative health research. *ANS: Advances in Nursing Science*, 43(3), 202-213. <https://doi.org/10.1097/ans.0000000000000321>

Olmos-Vega, FM., Stalmeijer, RE., Varpio, L., & Kahlke, R. (2022). A practical guide to reflexivity in qualitative research. *Medical Teacher*, 45(3). <https://doi.org/10.1080/0142159X.2022.2057287>

Williamson, E., Gregory, A., Abrahams, H., Aghtaie, N., Walker, S.-J., & Hester, M. (2020). Secondary trauma: Emotional safety in sensitive research. *Journal of Academic Ethics*, 18(1), 55-70. <https://doi.org/10.1007/s10805-019-09348-y>