

From the horse's mouth:

*an introduction to
qualitative research
methods*

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To start with, a quick quiz. Pls write down:

Q1: In my opinion, the best breed of dog is:

- a) Labrador
- b) Retriever
- c) Frenchie
- d) Sighthound (whippet/greyhound/lurcher)
- e) St Bernard
- f) Chihuahua
- g) Alsatian
- h) Viszla
- i) A crossbreed
- j) Other (please specify)

Q2: If I was choosing a new dog, the most important factor in deciding breed would be (choose up to three):

- a) Size
- b) How much exercise
- c) How cute they are
- d) What breed influencers have
- e) What breed my friends have
- f) What breed my family has always had
- g) How much they shed
- h) Potential vet bills
- i) Other (please specify)

Next.....

- Q3: Your friend is a first time dog owner and looking for advice about what breed to buy.
What would you tell them?

Final one

Q4: What do you think is the perfect dog,
and why?

*(Turn to the person next to you. 2 mins
each to talk!)*

3 types of data:

What are the pros/cons of the numerical questions (1 and 2)?

The open text?

The verbal text?

In veterinary/One Health research, there are many times we need to understand why people are doing what they're doing.

Qualitative research can help to find ways to understand and bridge that gap



Qualitative research is....



Research that explore the qualities of a phenomena (rather than quantities of it)



Useful when you want to know WHY,
HOW

Quantitative Methods



Qualitative Methods





Case study: Perception of risk of rabies infection from dogs in India

- Quant research can tell us:
 - How many (dogs, dog bites, rabies infections), where
 - Risk factors for bites
 - Correlated factors

BUT.... How do people behave around dogs, and interact with them on a daily basis? Are they more concerned about some types of dogs than others (e.g. street dogs? Females/males?). Where do they get information about dogs?

"NOT EVERYTHING THAT
COUNTS
CAN BE
COUNTED,
AND NOT EVERYTHING
THAT CAN BE COUNTED
COUNTS"

– ALBERT EINSTEIN

Qual approaches explore the WHY

- Lived experience
- Motivations
- What happened which led to the behaviours
- Opinions
- Whether attitudes match behaviours



How does it work?

- Find ways of exploring peoples' experiences:
 - Interviews
 - Focus groups
 - Social media
 - Forums
 - Diaries
 - Photo/video-voice
 - Observational/ethnography

Focus groups

- Allow people to “bounce off” one another – can gain more insight into tricky issues
- Need v careful design and moderation
- Activities can be very useful (refer to “Share the Load” guide!)
- How many? How many people per group?

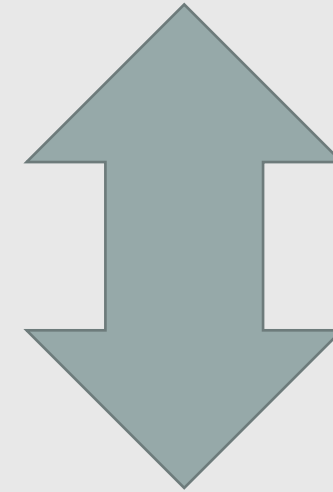




***BUT.... IF YOU
JUST ASK
PEOPLE, HOW
DO YOU KNOW
THEY ARE
TELLING THE
TRUTH?***



- Quantitative methods - there is truth, and we can uncover it through science (**positivist**)



- Qualitative methods - the world as more complicated – we construct the world around us through our experiences, culture etc (**constructivist**)

So – you start with a research question (not a hypothesis)

Question needs to be open and not leading...

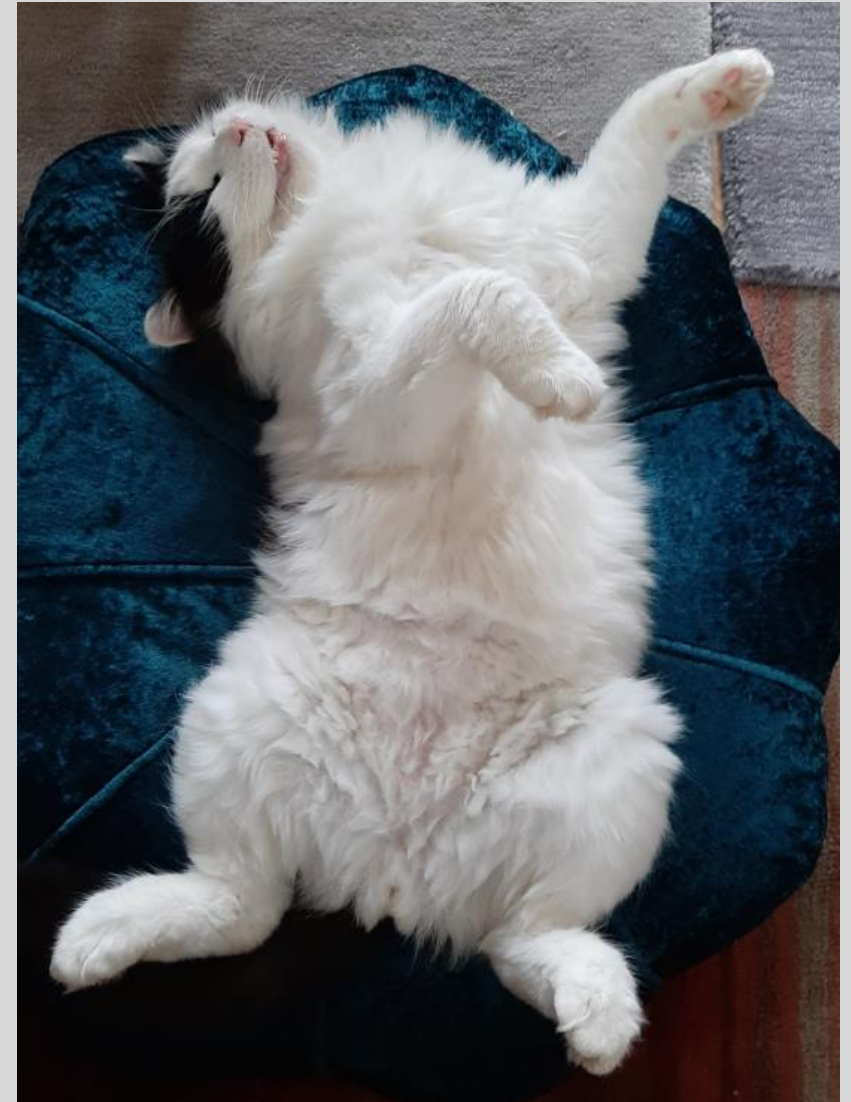
1. Does a vaccination programme lower the levels of rabies cases in street dogs?
2. How do communities perceive the risk of rabies transmission from dogs?
3. Are communities unaware of the risk of rabies from dog bites?
4. What are community attitudes to rabies vaccination programmes?
5. Are communities more concerned about rabies transmission from monkeys or dogs?

Your turn – 3 mins

- You have noticed that in your local practice, an unusually low % of cats are neutered and you want to know why this is.
- You have been given permission to do some research with owners.

What would be a good overall research Q/aim?

What would be some good questions to ask?



And decide on the most appropriate type(s) of data for that question



- How might you collect the data to tell you about why cat neutering is so unpopular in this area?



DATA



SORTED



ARRANGED



PRESENTED
VISUALLY



EXPLAINED
WITH A STORY



You might end up with data like this:

my 6month old boy, Pinkie, is coming up for being done, and he's such a sweetheart, so loving, a real velcro kitty.

I'm getting a little worried that having him done is going to a) make him upset with me so the cuddles stop or b) change his personality so the cuddles stop. I wouldnt not get him done, because i am a responsible owner... but I want what's best for Pinkie as well. What if it changes him? Or what if something goes wrong with the anaesthetic? He's always curled up with me and I just want him to be happy. My vet is always in a rush and I don't really know how to ask them.



Cat-owner relationship:
affection

my 6month old boy, Pinkie, is coming up for being done, and he's such a sweetheart, so loving, a real velcro kitty. I'm getting a little worried that having him done is going to a) make him upset with me so the cuddles stop or b) change his personality so the cuddles stop. I wouldn't not get him done, because i am a responsible owner... but I want what's best for Pinkie as well. What if it changes him? Or what if something goes wrong with the anaesthetic? I just want him to be happy.

Neutering is
part of being
a
“responsible
owner”

Personality and neutering

fear and neutering

My vet is always in a rush and I don't really know how to ask them, they'll think I'm silly.

Wanting advice

DATA



SORTED



ARRANGED



PRESENTED
VISUALLY



EXPLAINED
WITH A STORY



Familiarise
with data

The researcher reads the initial data and notes initial impression of language use, experiences and idea

Generate
initial
codes

The researcher begins to “label” or “code” parts of the data according to their understanding of the concepts in the text

Explore
overriding
themes

The researcher explores the themes according to a more conceptual level of understanding, to begin to find ways of theorising about experiences described in the data

Review
themes

Themes are checked for consistency, revised, and their interconnections explored

Define
themes

The researcher defines and clarifies the themes and codes so that they can be understood by the study’s audience

Write-up

The researcher writes up data and shares results



Overriding categories	Sub-themes
Responsibilities as a cat owner	Making responsible choices
	Maintaining health
Human-cat relationship	Affection and proximity
	Love
External influences	Social norms
	Veterinary advice

DATA



SORTED



ARRANGED

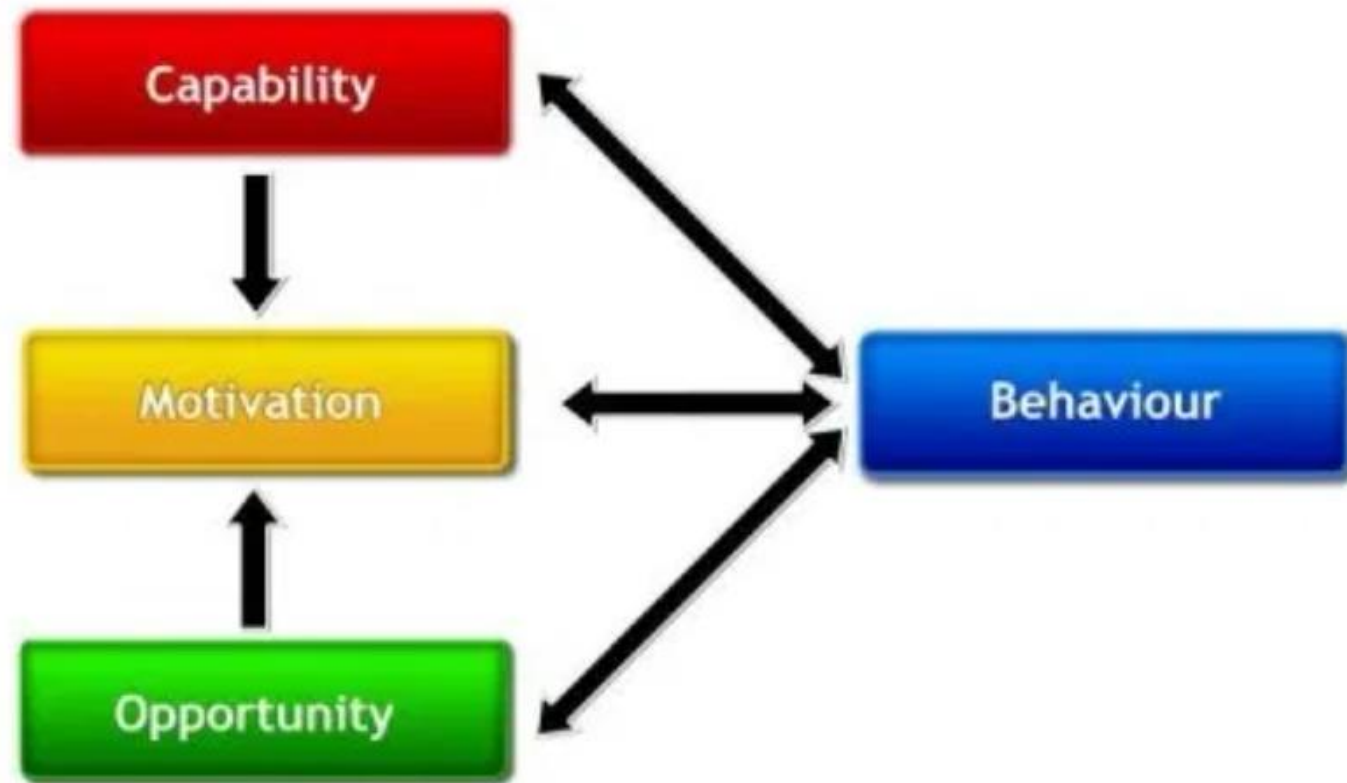


PRESENTED
VISUALLY

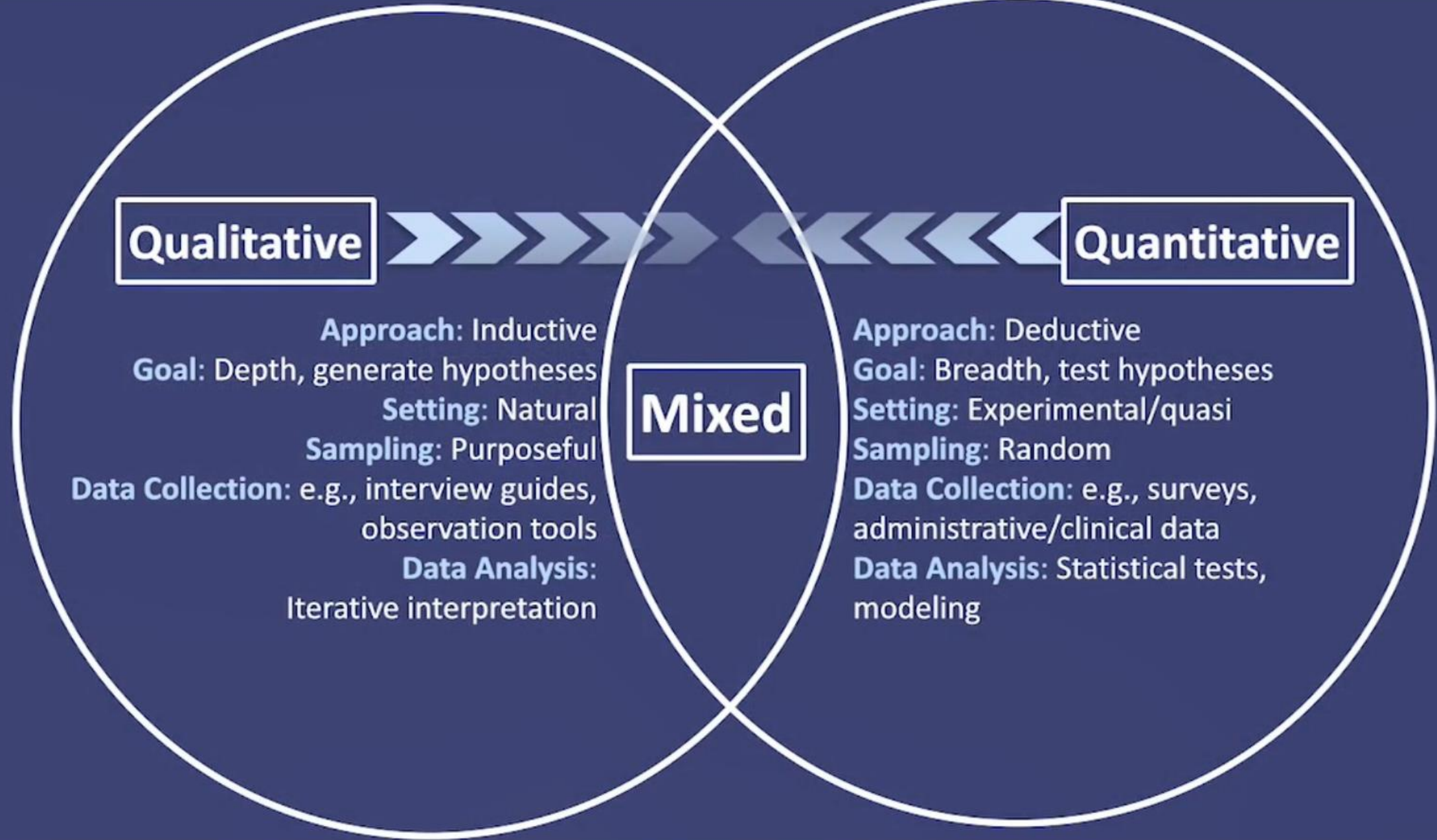


EXPLAINED
WITH A STORY





Michie et al (2011) Implementation Science



***TIME FOR A
BREAK***

***HOPEFULLY WE
HAVEN'T MADE
YOU FEEL LIKE
THIS***



Images throughout (except this
one) Pixabay



What am I looking for?

- Why is the participant presenting the narrative in the way that they have? What have they picked out to tell you first? What is most important to them?
- How are they depicting their own role, and the role of others?
- What sorts of words are they using? Anything particularly interesting in how they describe the horse, the vet, the actions they're taking?

RQ: how do owners perceive colic episodes in their horses?

It's just that feeling you have when you go to the yard and see the horse and you know something's wrong. One of my horses, it was partly that he wouldn't eat his breakfast and he's normally really greedy – but more than that, it's their whole demeanour. You just know when you see them, something's not right.

I know some people like to wait a bit and see how the horse is doing before they call the vet, but – maybe because of having seen bad colics in the past, I don't know. As soon as I think it's colic I'm straight on the phone to the vet. I mean, it might be being overcautious, and maybe they'll think I'm silly and I might have an annoying vets bill – but that's better than the alternative, if the horse went downhill and I hadn't called early. It would be my fault if it went wrong. One thing I will say, I think of any level of colic as an emergency. It's so frustrating when you're on the phone to the receptionist, especially the out of hours reception, and they make you give all your details so slowly. You want to shout at them, “just get the vet, tell them my name, they know who I am and where my horse is, do all this later!” but they won't.

Everyone around starts being all sympathetic around you and you feel kind of panicky, like there's so little you can do until the vet arrives. You want to be with the horse but also you are panicky and the horse probably knows that, so it's hard to know where to put yourself and what to do. I think when the advice was to walk the horse, that was better because at least you could do something – but now we know that's not actually the best thing after all. At least, not for the horse.

When the vet comes they always have the same kind of.... Like, not reticent exactly but they listen to your reasons for calling with a kind of grim nod and then don't say anything and inspect the horse without saying much, while you're on tenterhooks waiting for them to say something to give you a clue. They peel their gloves off and go “right....” and then you have to listen. It's ok if you know, like if they're talking about an impaction or gas or whatever and you sort of know what that means, but I remember with one of my horses they were talking about splenic entrapment and I didn't understand it at all, I think because my brain was in panic mode I couldn't understand what he meant.

Intuition, gut feeling

Colic – emergency – interpretation of risk

Binary decision making – any level of colic

Aware of others opinions

Confidence in decision

Experience – shapes response

Research Objectives and Draft Questions

Objectives:

- To determine which terms used to describe a horse's welfare are perceived most favourably by leisure horse owners, and develop a communications strategy based on these findings
- Research questions:
 - How do owners construct ideas of “wellbeing” in their horses?

To identify what assistance, tools or resources they would like developed to support them in this activity, and the format that this should take.

- Is there anything you think would help you in assessing your horse's physical and/or psychological health?
- Is there anything that would make it easier for you to assess your horse's physical and/or psychological health?
- Are there any resources that would make it easier for you to assess your horse's physical and/or psychological health? Should we suggest things like 'how-to' videos, apps, leaflets etc.?,
- Is there any training you would like that would make it easier for you to assess your horse's physical and/or psychological health?

Excerpt 1

“You could tell by the phone she was really concerned about her. Of course she has only seen her when a really lame horse turns up at after hours, with this infection. She hasn’t seen the horse that I see, who lives out with the other three.

She never ran around much. They don’t run around a lot. All of them will run around if they want to. They just have their mad moments from time to time, like all horses do. But she lives life to the full.

Basically, she gave me no options with her, and that was really quite a shock. I was not expecting that. The infection eventually was sorted out, but I sensed that she wanted to euthanise her. She didn’t actually say that, but it was quite clear from the absence of options she was giving me and explaining why all the navicular options were...

Well, she didn’t really explain. I will come back to that....

But I think the thing I found very frustrating, and I think this for me is a really important message, is I didn’t think Clare understood my horse.

I need to explain what I mean by that. I have no doubt whatsoever about her expertise as a vet. I have no question at all about her understanding of the treatment options. I have no doubt whatsoever about her understanding of anatomy and so on.

But I felt as an owner that, “All she is seeing is this very sick horse, with a big infection in her elbow. She is not seeing the horse that I see living at home.” She isn’t seeing the horse that I was riding two days beforehand. I did eight or nine miles on her. I rode two days beforehand.”

Excerpt 2

“we had Christine at the time, so Christine knew us, knew the pony. She was, obviously, getting worse and Christine's opinion was to keep the pony comfortable. It didn't matter how long she had, so long as she was comfortable in the time that she had, which I agreed with and we were going along those lines. And then, Christine left and then we got a succession of young vets. Which, technically, they were right, but the amount of painkillers she was on... was at too high a dose. Which, technically, they were right, but it was keeping the pony comfortable. And, we did reduce the amount of painkillers, and, so from then, she was back into pain and she didn't live very long. I mean, she wasn't gonna live, it didn't really alter her life span, but she could have probably been kept comfortable in the last fortnight on a higher dose of painkillers. But the vets were right: she was on too high a dose....

...I suppose it was liver failure in the end because they did a blood test and those tests didn't come back, good. So she was you know sort of in liver failure and then the decision was made then to put her to sleep. It was a sudden decision because it wasn't sort of planned. She had the the blood test done. They phoned up in the morning. Well, it was sort of the day before. They phoned up the following morning and said the blood tests weren't good and she was going into liver failure. We were sort of saying, "Well, what do we do? "I think, at the time, we said, "What is best for the pony?" Of course, the best for the pony was that she was put to sleep”

Except 3

“when I decided to put him out for a couple of hours a day and as I said, I thought, “Well, okay, being cruel to be kind. If he goes with laminitis now on grass at least he would have died happy, and at least I’m trying to get some weight on him from the grass.” And he didn’t get laminitis which made me think, “Oh all the years I’ve kept him off grass and kept him on soaked hay, he probably would have been alright on grass,” but then you’re not going to know that. It’s a bit like Russian roulette isn’t it? You know, he’d have half an hour too much of grass and that’s it, they get laminitis.

But um he had- I built it up very slowly with the grass with him. He had like, you know, ten minutes, twenty minutes, literally on the stopwatch, and then it basically at the end I had him out all day long eating grass and then in at night. He liked to be in his stable . He wasn’t eating that well but if he came into the stable at night I could get him to eat. I could get him to eat a hard feed or a turnip or some hay. But he was stick thin.

For the last six months of his life he was skeletal to be honest. But happy. Happy. Really, you know. He’d rush out onto the paddock and I thought, “Any minute now he’s going to collapse.” And he didn’t. Then he did collapse...

...Do you want me to go back to Bob now? With Bob we did have to make that decision, but I was happy making it because Bob couldn’t get up. He did get up to be put to sleep, but he only walked a few steps and we had some straw laid out for him and everything. It was awfully sad, obviously. It was, you know, we cried. But it was the best thing because he was in pain. He was in pain and there was no coming back from this at all, really.”

Any thoughts or questions?

- *What are the biggest questions you have about WHY people behave the way they do?*
- *Have you used qualitative methods before, or seen a particularly useful application of them?*
- *What puts you off about qual?*

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