

Video 6 - Non-experimental studies

Steve Simon

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Learning objectives

- 1.To distinguish different types of quantitative non-experimental approaches
- 2.To discuss strengths and weaknesses of qualitative research

2

Required reading

1.Chapters 7

Optional reading

- 1.Simon SD. Census Bureau (U.S.). to appear in The Encyclopedia of Big Data. Schintler LA, McNeely CL (eds.). Available on the Canvas website (please do not share beyond this class).
- 2.Simon SD. Census Bureau (U.S.). to appear in The Encyclopedia of Big Data. Schintler LA, McNeely CL (eds.). Available on the Canvas website (please do not share beyond this class).
- 3.Gail MH. Statistics in Action. Journal of the

3

What is secondary data analysis?

- Primary: data that you both collect and analyze.
- Secondary: you analyze someone else's data
 - "Secondary analysis of existing data" (Cheng 2014)
- Private versus government sources
- Ancillary studies

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What can you analyze for an already analyzed data set?

- Secondary data analysis is like eating left-over food.
- “Think different”
 - Variables that are analyzed
 - Relationships that are explored
 - Different subsets of cases
 - Different analysis techniques

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Combining data sets

- Third “V” in volume, velocity, and variety
- Not the same as systematic overview, think “mash-up”
- Examples
 - Black box warnings and prescription use
 - Staffing levels and patient complaints
 - Pediatric asthma visits and housing survey

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Disadvantages of secondary analysis

- Missing data
 - Variables not collected
 - Specific details not collected
- Wrong data
 - Wrong time
 - Wrong measures
- Stale data
- Unable to fix obvious errors

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Advantages of secondary analysis

- Time
- Money
- Support

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Two types of secondary data sets

- Individual
 - More analysis options
 - Privacy concerns
- Aggregate
 - Mixture of apples and oranges
 - Problems with the ecologic fallacy

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Getting started with secondary data analysis

- Start with an existing database
- Get familiar with the data
 - What variables are there?
 - What variables are not there?
 - How are the variables coded?
 - Identify potential pairs for associational studies
- Make sure you are answering an interesting question

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Alternative strategy for secondary analysis

- Start with a research hypothesis
 - List the inclusion/exclusion criteria
 - List the relevant variables
- Search databases to see if they are a good fit.
 - Do they have the right patients?
 - Where is your control group?
 - Do they have the right variables?
 - Find out if there are special qualifications for working with the database

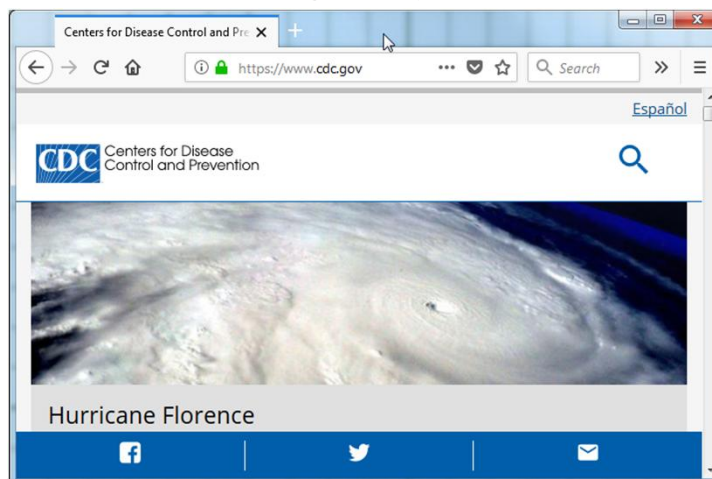
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Get help from the literature

- How has database been used previously?
- What has already been answered?
- What was their analysis plan?
- Understand the limitations.

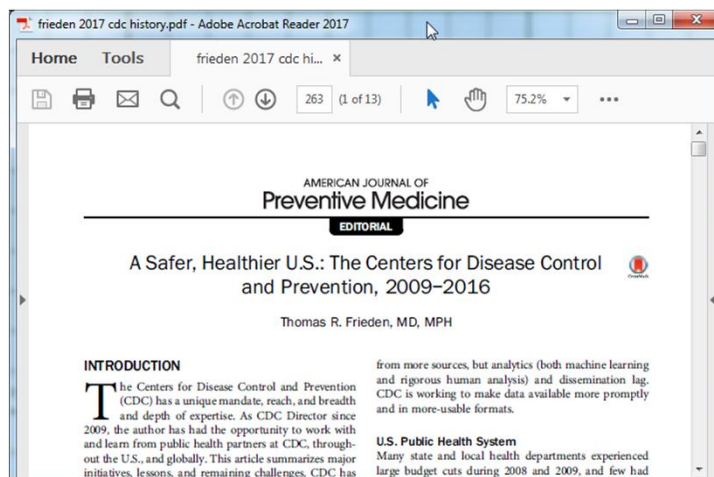
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“The Nation’s Health Protection Agency”



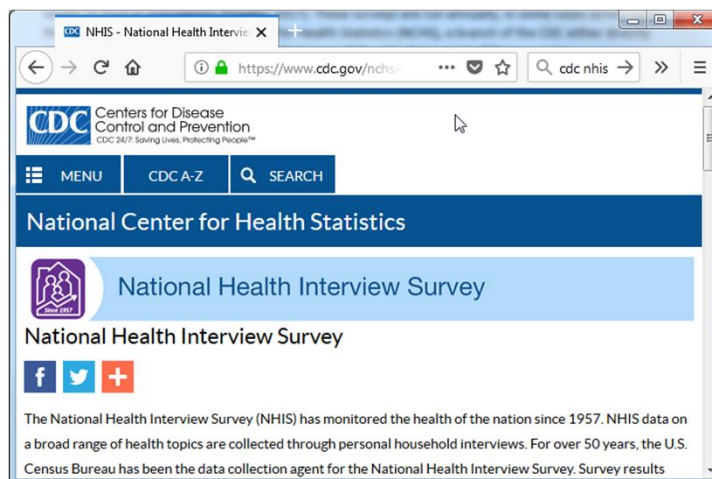
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Nationwide cross sectional surveys



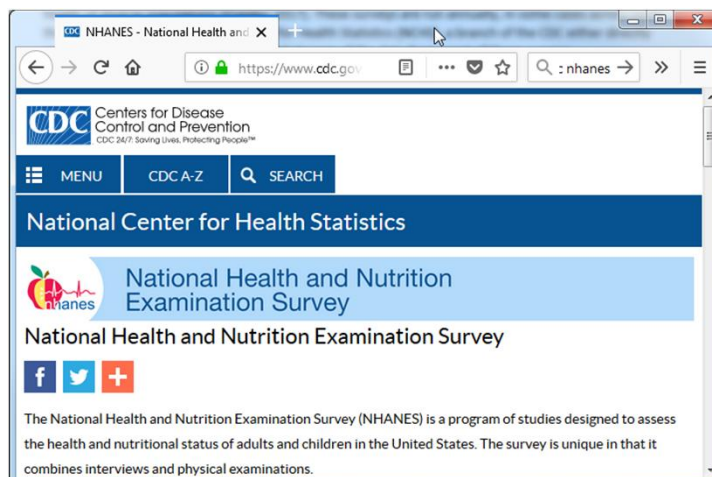
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National Health Interview Survey



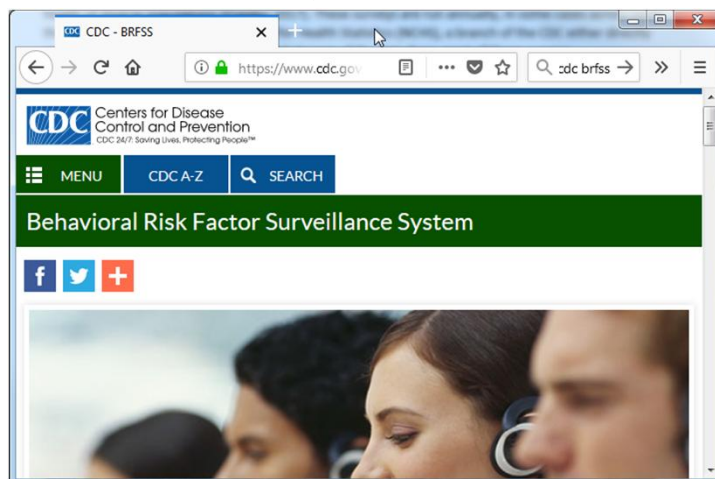
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National Health and Nutrition Examination Survey



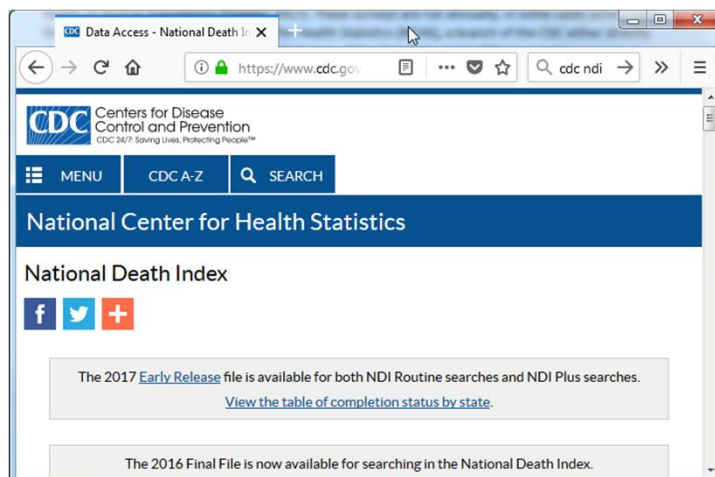
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Behavioral Risk Factor Surveillance System



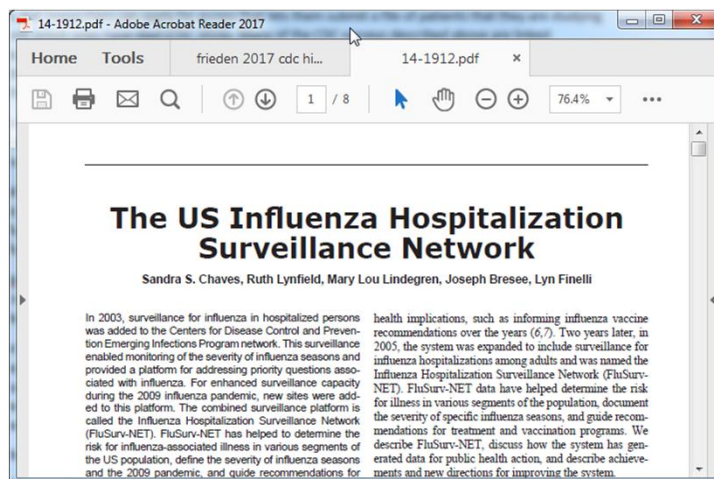
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National Death Index



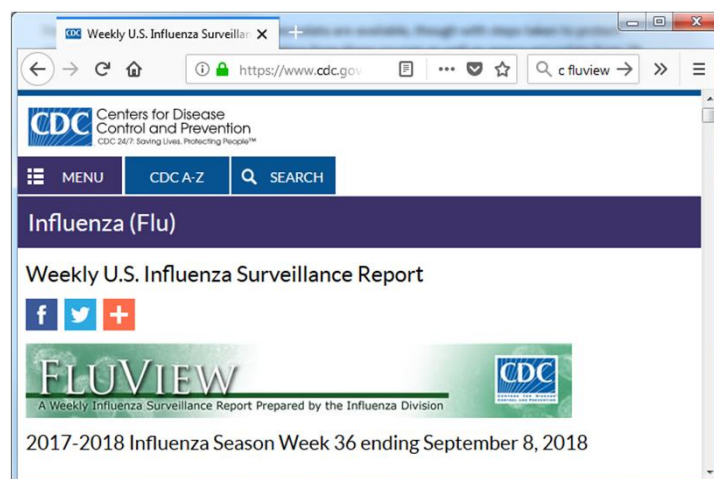
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Influenza Hospitalization Surveillance Network



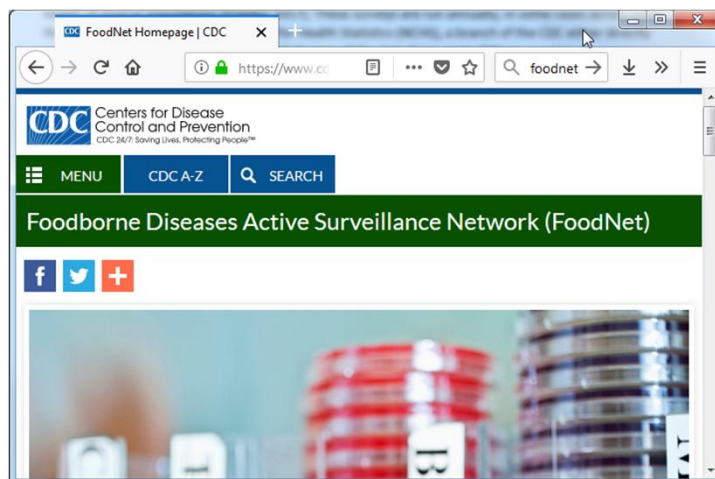
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FluView



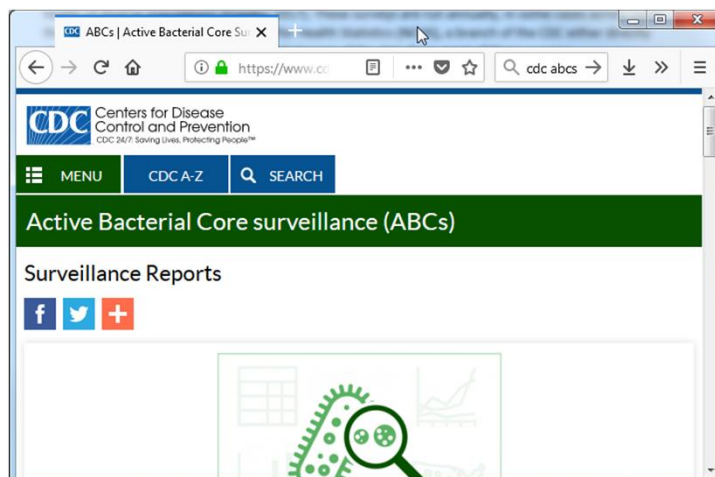
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Foodborne Diseases Active Surveillance Network



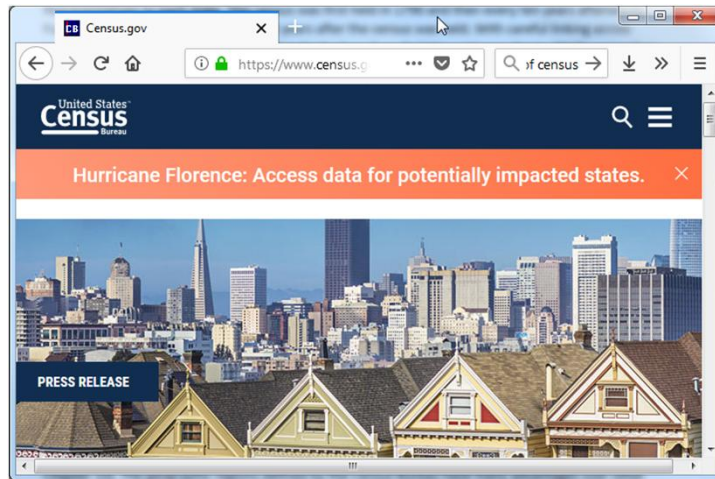
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Active Bacterial Core Surveillance



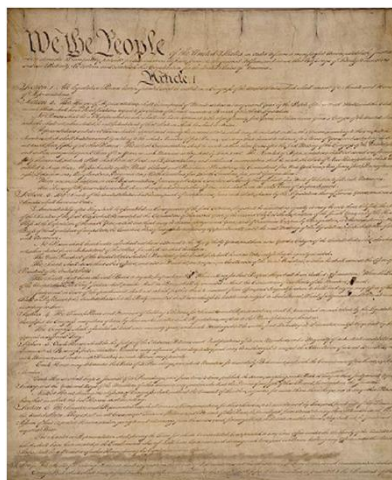
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United States Bureau of the Census



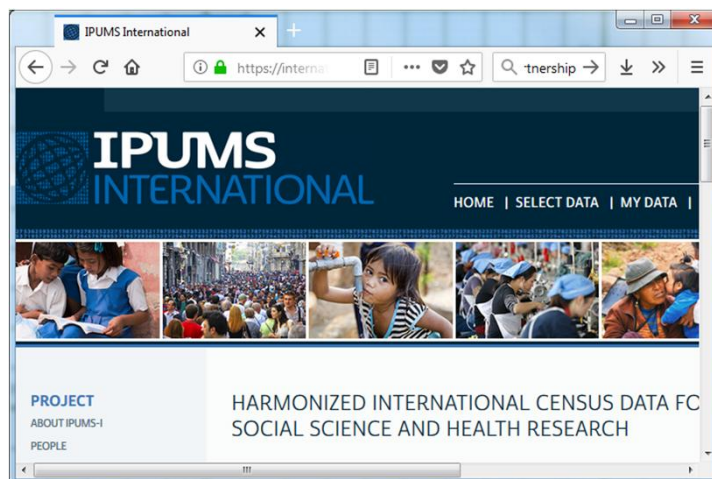
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Article I, Section II of the U.S. Constitution



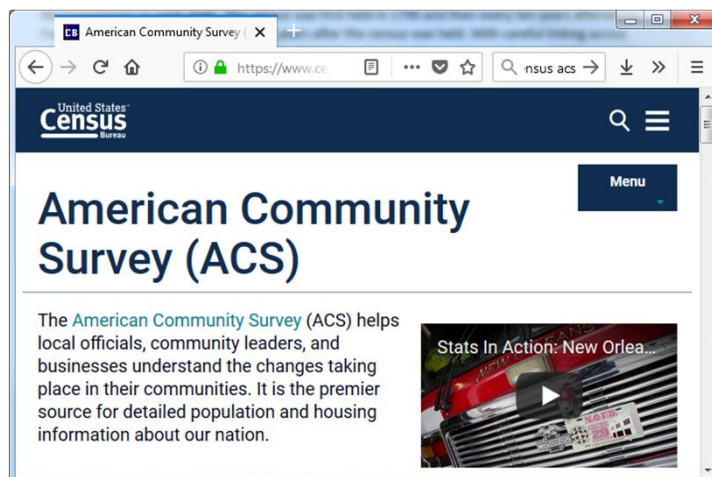
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Integrated Public Use Microdata Series International Partnership



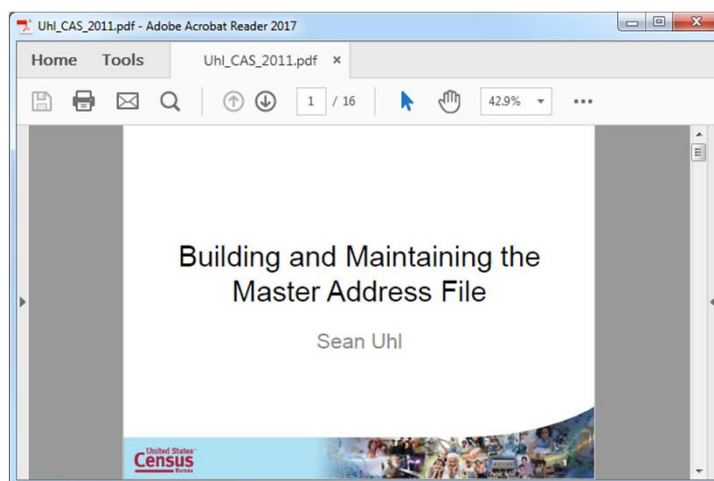
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American Community Survey



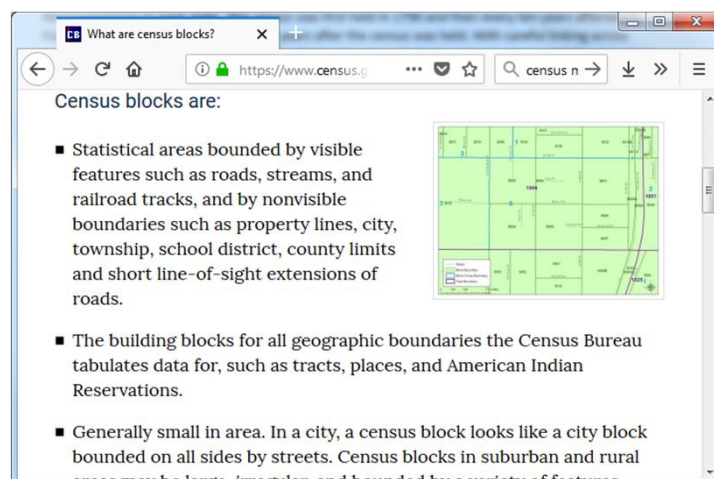
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Master Address File



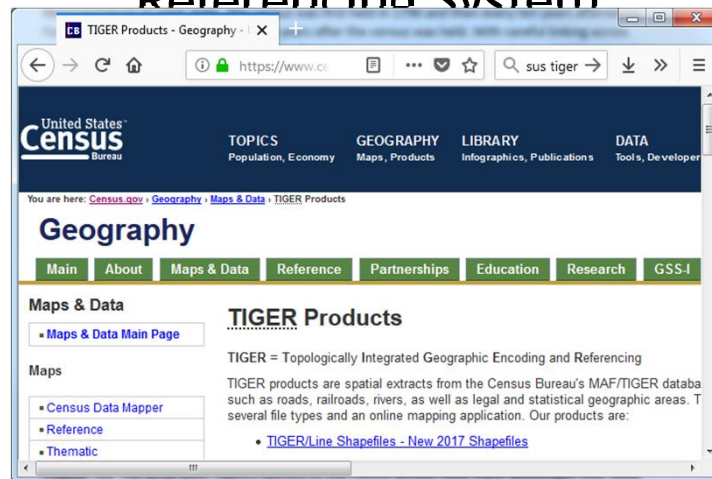
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Census blocks



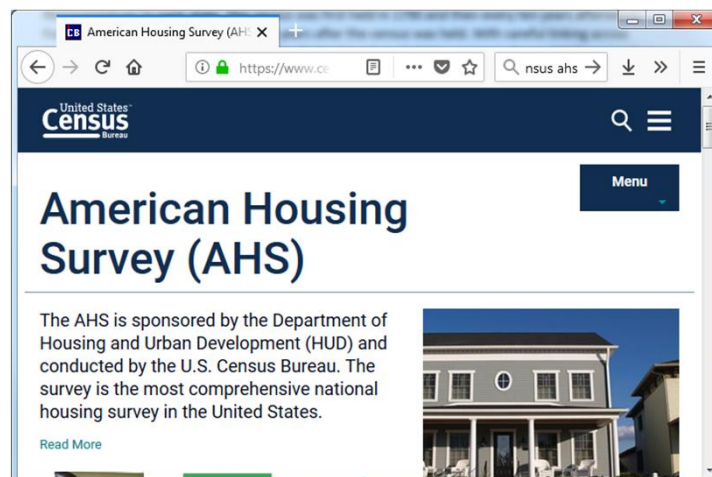
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Topologically Integrated Geographic Encoding and Referencing System



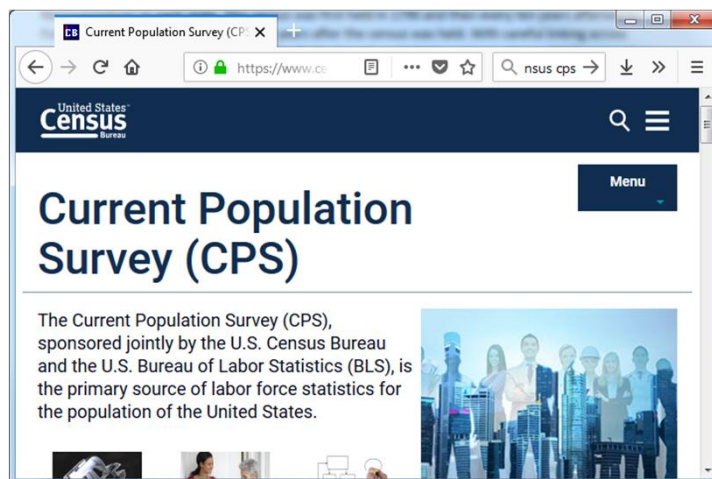
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American Housing Survey



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Current Population Survey



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Consumer Expenditure Survey



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National Crime Victimization Survey



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Summary

CDC

- NHIS, NHANES, BRFSS, NDI, FluSurv-NET, FluView, FoodNet

Census

- ACS, MAF, Census blocks, TIGER files, AHS, CPS, CES, NCVS

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Research Approaches

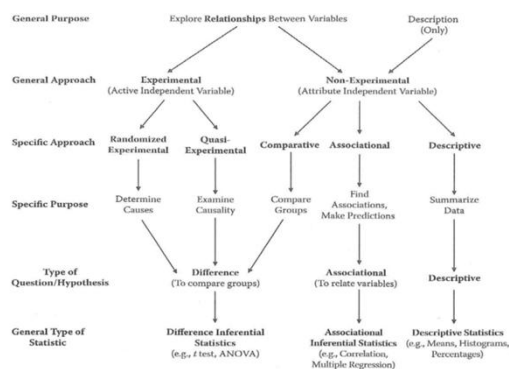


FIGURE 4.1 Schematic diagram showing how the general type of statistic and hypothesis/question used in a study corresponds to the purposes and the approach.

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Why not randomize everything?

– Can't randomize because...

- Impossible
- Impractical
- Unethical
- Strong patient preference
- Retrospective studies

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Departures from Gliner et al

- “Observational” instead of “non-experimental”
- Categorize by sample selection
 - Cohort
 - Cross-sectional
 - Case-control
 - Historical control

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Cohort designs (1 of 3)

- Cohort defined by exposure
- Compared to unexposed controls
- Prospective or retrospective

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Cohort designs (2 of 3)

- Disadvantages
 - Difficult for rare diseases, long latency
 - Selection bias, confounding
- Advantages
 - Can examine multiple outcomes
 - Easy to explain
 - Well defined comparison group
 - Adaptable to longitudinal analysis

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Cohort designs (3 of 3)

- Advantages
 - Can examine multiple outcomes
 - Easy to explain
 - Well defined comparison group
 - Adaptable to longitudinal analysis

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Case control designs (1 of 4)

- Cases defined by outcome
- Comparison to controls without the outcome
- Always retrospective

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Case control designs (2 of 4)

- Disadvantages
 - Counter-intuitive appearance
 - Difficulty in identifying good controls
 - Confounding

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Case control designs (3 of 4)

- Advantages
 - Can examine multiple risk factors
 - Efficient for rare diseases
 - Great starting point for mysterious outcomes

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Case control designs (4 of 4)

- Selecting controls
 - Hospital/clinic based
 - Community
 - Relative/friends
 - Within the same cohort

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Cross-sectional designs (1 of 3)

- Single group
 - No selection by exposure
 - No selection by outcome
- Can be prospective or retrospective

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Cross-sectional designs (2 of 3)

- Disadvantages
 - Confusion about temporal ordering
 - Selection bias, confounding

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Cross-sectional designs (3 of 3)

- Advantages
 - Examine multiple risk factors, multiple outcomes
 - Realistic setting

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Historical control designs (1 of 2)

- Controls separated by time
 - Similar to the single group, pre-post measurement
- Sometimes separated by space
 - Similar to the two group, post measurement only
- Often separated by both space and time

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Historical control designs (2 of 2)

- Disadvantages
 - Confounding
- Advantages
 - Cheap and easy
- Settings with 100% morbidity or mortality

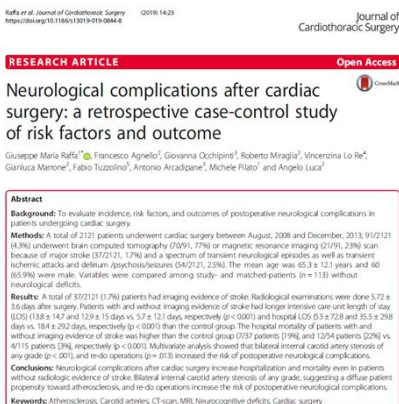
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Confusion between designs (1 of 6)

- Retrospective cohort vs case-control design
- Prospective cohort vs cross-sectional design
- Historical control and the quasi-experimental design

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Confusion between designs (2 of 6)



Abstract of research paper

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Confusion between designs (3 of 6)

Abstract

Background: To evaluate incidence, risk factors, and outcomes of postoperative neurological complications in patients undergoing cardiac surgery.

Methods: A total of 2121 patients underwent cardiac surgery between August, 2008 and December, 2013; 91/2121 (4.3%) underwent brain computed tomography (70/91, 77%) or magnetic resonance imaging (21/91, 23%) scan because of major stroke (37/2121, 1.7%) and a spectrum of transient neurological episodes as well as transient ischemic attacks and delirium/psychosis/seizures (54/2121, 2.5%). The mean age was 65.3 ± 12.1 years and 60 (65.9%) were male. Variables were compared among study- and matched-patients (n = 113) without neurological deficits.

Results: A total of 37/2121 (1.7%) patients had imaging evidence of stroke. Radiological examinations were done 5.72 ± 3.6 days after surgery. Patients with and without imaging evidence of stroke had longer intensive care unit length of stay (LOS) (13.8 ± 14.7 and 12.9 ± 15 days vs. 5.7 ± 12.1 days, respectively (p < 0.001) and hospital LOS (53 ± 72.8 and 35.5 ± 29.8 days vs. 18.4 ± 29.2 days, respectively (p < 0.001) than the control group. The hospital mortality of patients with and without imaging evidence of stroke was higher than the control group (7/37 patients [19%], and 12/54 patients [22%] vs. 4/115 patients [3%], respectively (p < 0.001). Multivariate analysis showed that bilateral internal carotid artery stenosis of any grade (p < 0.01), and re-do operations (p = .013) increased the risk of postoperative neurological complications.

Conclusions: Neurological complications after cardiac surgery increase hospitalization and mortality even in patients without radiologic evidence of stroke. Bilateral internal carotid artery stenosis of any grade, suggesting a diffuse patient propensity toward atherosclerosis, and re-do operations increase the risk of postoperative neurological complications.

Abstract of research paper

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Confusion between designs (4 of 6)

Abstract

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Abstract of research paper

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Confusion between designs (5 of 6)

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Abstract of research paper

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Confusion between designs (6 of 6)

Abstract

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Abstract of research paper

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Causation and observational designs

- Observational designs CAN establish a causal relationship
 - Just requires more work
 - Control for confounding
 - Bring in external evidence
- Hill's nine criteria (strength, consistency, specificity, temporality, biological gradient, plausibility, experiment, analogy)

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Hill's criteria (1 of 9)

– Strength

- Large effects can only be overturned by large confounders.
- Weak effects can still be real

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Hill's criteria (2 of 9)

– Consistency

- Replication across DIFFERENT study types

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Hill's criteria (3 of 9)

– Specificity

- Multiple cures or common bias?
- Deliberate inclusion of negative outcomes
- Exceptions: aspirin, smoking

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Hill's criteria (4 of 9)

– Temporality

- A has to precede B to be a cause
- Advantage of prospective studies
- Difficult for long latency diseases

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Hill's criteria (5 of 9)

- Biological gradient
 - Dose response relationship
 - Rule out some, but not all confounders
 - Hormesis and other patterns

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Hill's criteria (6 of 9)

- Plausibility
 - Biological mechanism
 - Dependent on current state of knowledge

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Hill's criteria (7 of 9)

- Coherence
 - Follows natural history
 - Consistent with biology

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Hill's criteria (8 of 9)

- Experiment

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Hill's criteria (9 of 9)

- Analogy
 - Similar to coherence?

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Analysis of Qualitative Data

- Qualitative – 5 main approaches
 - Phenomenology
 - Grounded theory
 - Ethnography
 - Case study
 - Narrative
- Relies on a constructivist philosophy
 - Rejection of the single reality of positivism
 - Research protocol adapts as new information emerges

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Qualitative research: phenomenology (1 of 3)

- Phenomenon: “an observable fact or event” (Merriam-Webster)
 - What meaning do people place on this fact or event?
 - How do people construct their own reality around certain events

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Qualitative research: phenomenology (2 of 3)

Hindawi
Rehabilitation Research and Practice
Volume 2019, Article ID 1726964, 14 pages
<https://doi.org/10.1155/2019/1726964>

Research Article

Gateway to Recovery: A Comparative Analysis of Stroke Patients' Experiences of Change and Learning in Norway and Denmark

Hanne Pallesen ¹, Lena Aadal ¹, Siri Moe ², and Cathrine Arntzen ^{3,4}

Image of Pallesen 2019 article

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Qualitative research: phenomenology (3 of 3)

Objectives. The recovery process is reported by stroke survivors to be a change process fraught with crises and hazard. Interaction with health professionals and others may play a central role in establishing renewed control over life. *Research Questions.* (1) How do patients handle and overcome experienced changes after stroke? (2) How do they experience the support to handle these changes during the first year after stroke? (3) How do the similarities and differences transpire in Danish and Norwegian contexts? *Methodology.* A qualitative method was chosen. Six patients from Denmark and five patients from Norway (aged 25-66) were followed up until one year after stroke, by way of individual interviews. The data were analyzed (using NVivo 11) by means of phenomenological analysis. *Findings.* The participants described four main issues in the recovery process that impacted the experienced changes: (i) strategies and personal factors that promote motivation, (ii) the involvement of family, social network, and peers, (iii) professionals' support, and (iv) social structures that limit the recovery process. There was a diversity of professional support and some interesting variations in findings about factors that affected recovery and the ability to manage a new life situation between Central Denmark and Northern Norway. Both Norwegian and Danish participants experienced positive changes and progress on the bodily level, as well as in terms of activity and participation. Furthermore, they learned how to overcome limitations, especially in bodily functions and daily activities at home. Unfortunately, progress or support related to psychosocial rehabilitation was almost absent in the Norwegian data.

Image of Pallesen 2019 abstract

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Qualitative research: grounded theory (1 of 3)

- Generate theory from data collected from participants
 - Inferences firmly “grounded” in the data
 - Prior theoretical expectations avoided
 - Sampling proceeds parallel to data collection & analysis
 - Research maintains skepticism, seeks disconfirming examples

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Qualitative research: grounded theory (2 of 3)



ORIGINAL RESEARCH
published: 25 January 2019
doi: 10.3389/fpsyg.2019.00056



“It Can’t Be Like Last Time” – Choices Made in Early Pregnancy by Women Who Have Previously Experienced a Traumatic Birth

Mari Greenfield*, Julie Jomeen and Lesley Glover

Image of Greenfield 2018 article

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Qualitative research: grounded theory (3 of 3)

OPEN ACCESS

Edited by: Sharon Delah, Massachusetts General Hospital, United States

Reviewed by: Katrijn Maess, Maastricht University, Netherlands; Jo Lyn Blazynski, University of Ottawa, Canada

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Specialty section: This article was submitted to Psychopathology, a section of the journal Frontiers in Psychology

Received: 01 March 2019
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Citation: Greenfield M, Jomeen J and Glover L (2019) “It Can’t Be Like Last Time” – Choices Made in Early Pregnancy by Women Who Have Previously Experienced a Traumatic Birth. *Front. Psychol.* 10:56. doi: 10.3389/fpsyg.2019.00056

Background: A significant number of women experience childbirth as traumatic. These experiences are often characterized by a loss of control coupled with a perceived lack of support and inadequate communication with health care providers. Little is known about the choices women make in subsequent pregnancy(s) and birth(s), or why they make these choices. This study aimed to understand these choices and explore the reasons behind them.

Methods: A longitudinal grounded theory methods study involving nine women was conducted. Over half of the participants had a formal diagnosis of post-traumatic stress disorder (PTSD) and/or PND related to the previous birth. Interviews were carried out at three timepoints perinatally. These findings are from the first interviews at 12–20 weeks.

Results: From the first days of pregnancy, this cohort of women were focused on concerns that this birth would be a repeated traumatic experience. The women were deliberately searching out and analyzing information about their choices in this pregnancy and birth, and making plans which had two aims; firstly to avoid a repeat of their previous birth experience and secondly to avoid a loss of control to other people during the birth. The women considered a range of birth choices, from elective caesareans to freebirth. Some women felt well supported by those around them, including care providers, partners, friends, and family. Others did not feel supported and were anticipating conflict in trying to assert their birth choices. Many early relationships with healthcare professionals were characterized by fear and mistrust.

Discussion: If women who have previously experienced a traumatic birth become pregnant again, they have a strong desire to avoid a repeat experience and to feel in control of their birth choices. Access to robust information appears to help reduce uncertainty and arm women in their discussions with professionals. Similarly making plans and seeking to have them agreed with care providers at an early stage is used as a way to reduce the risk of having a further traumatic experience. Implications for practice include supporting women in formulating and confirming pregnancy and birth plans at an early stage to reduce uncertainty and foster a sense of control.

Keywords: traumatic birth, birth trauma, choice, control, pregnancy, support, maternity

Image of Greenfield 2018 abstract

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Qualitative research: ethnography (1 of 3)

- Study of individuals who share the same culture
 - Methods developed in Sociology/Anthropology
 - Strong emphasis on observation

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Qualitative research: ethnography (2 of 3)

Original Article

Veiled Truths: Iranian Women and Risky Sexual Behavior in the Context of Substance Use

Effat Merghati Khoei ¹, Mansoureh Jamshidmanesh ^{2*}, Mohammad Hassan Emamian ³, Fatemeh Sheikhan ⁴,
Kate Dolan ⁵, Kathleen T. Brady ⁶

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2- School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran

3- Center for Health Related Social and Behavioral Sciences Research, Shahrour University of Medical Sciences, Shahrour, Iran

4- Department of Midwifery, Khalkhal Branch, Islamic Azad University, Khalkhal, Iran

5- National Drug and Alcohol Research Centre, University of NSW, Sydney, Australia

6- Department of Psychiatry and Behavioral Sciences, The Medical University of South Carolina (MUSC), South Carolina, USA

J Reprod Infertil. 2018;19(4):237-246

Image of Khoei 2018 article

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Qualitative research: ethnography (3 of 3)

Abstract

Background: Substance use disorders and risky sexual behavior coexist for some women. Explanatory models of women's sexuality in the context of substance use are under study. This study aimed to explore how women's sexual behavior can become risky in the context of substance use.

Methods: In this ethnographic inquiry, 25 women with substance use disorders (SUDs) were included at two Drop-In-Centers (DICs) in South Tehran. Observation, semi-structured interviews and field notes were used to collect data. Qualitative content analysis was used to attain the explanatory model of women's sexual behaviors in the context of substance use.

Results: Three major themes emerged from the data analysis regarding their lives in the context of substance use; 1) life in the context of drug abuse, 2) negative self-perception, and 3) strive to survive. Subthemes were identified as loss of contact with family, social stigma, self-forgetfulness, worthlessness, low self-efficacy, and unsafe sexual context.

Conclusion: Findings suggest that women with SUDs are highly interwoven with women's sexual health, facilitating a shift towards risky behaviors. Integration of safe sexual skills building programs with substance use treatment is needed.

Keywords: Drug abuse, Ethnography, Iranian women, Qualitative inquiry, Sexual risk behaviors.

Image of Khoei 2018 abstract

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Qualitative research: the case study (1 of 3)

- In depth examination of a case or series of cases
 - Not the same as a case report
 - Viewed from a variety of lenses
- Narrow definition
- Emphasis on unusualness


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Qualitative research: the case study (2 of 3)

Investigating the influence of contextual factors in the coordination of chronic mental illness care in a district health system

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Image of Phehlukwayo 2018 article

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Qualitative research: the case study (3 of 3)

Abstract

Background: The global shift from institution-based to community-based care for chronic mental illness (CMI) care resulted in the de-institutionalization of clients with CMI. However, health systems which have been originally designed for acute hospital-based care do not seem to be appropriately transformed to manage CMI care at a community level.

Aim: The aim of this study was to investigate how contextual factors influenced care coordination for chronic mental illness care within the eThekweni District.

Methods: This study employed a qualitative multiple case study design with instrumental approach. Maximum variation sampling was used to select five Community Health Centres (CHCs) and 48 health providers who worked with mentally ill clients in the sample CHCs. Framework analysis was used to analyze the results.

Results: Inequitably resourced catchment areas, unclear referral systems, high staff turnover, freezing of posts, chronic staff shortage and adverse working conditions contributed to care fragmentation, poor client care and client loss in the system. On the other hand, limited community support systems constituted barriers for client reintegration into society and relapses.

Conclusion: The study concluded that the eThekweni District health facility settings were not adequately equipped to respond to care coordination demands for chronic mental illness care.

Keywords: De-institutionalization, health facility settings, community support services, chronic mental illness.

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Qualitative research: narrative (1 of 3)

- Narrative is a written account of an event
 - Story developed from a variety of perspectives
 - Use interviews, documents, artifacts

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Qualitative research: narrative (2 of 3)



Inhibited autonomy for promoting physical health:
qualitative analysis of narratives from persons
living with severe mental illness

Miharu Nakanishi, Shintaro Tanaka, George Kurokawa, Shuntaro Ando, Syudo Yamasaki, Masato Fukuda,
Kiyohisa Takahashi, Takuya Kojima and Atsushi Nishida

Image of Nakanishi 2019 article

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Qualitative research: narrative (3 of 3)

Background

Autonomy is a key factor in the reduction of inequitable physical healthcare among people with severe mental illness compared with the general population.

Aims

To clarify the critical mechanism underlying autonomy in physical health promotion based on the perspectives of people with severe mental illness.

Method

We employed a conventional content analysis of narrative data from the Healthy Active Lives in Japan (HeAL Japan) workshop meetings.

Results

'Inhibited autonomy' was extracted as a central component and shaped by the users' experiences, both in a healthcare setting and in real life. This component emerged based on the lack of an empowerment mechanism in psychiatric services.

Conclusions

A barrier to the encouragement of autonomy in physical health promotion was found in current psychiatric services. An effective strategy should be explored to foster an empowerment mechanism in psychiatric and mental health services.

Declaration of interest

None.

Keywords

Healthy lifestyle; health promotion; mental health service; personal autonomy; schizophrenia.

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Image of Nakanishi 2018 abstract

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Problems with traditional research

- “Researchers are like mosquitoes; they suck your blood and leave” from Cochran 2008.
- Harms of research
 - Stigmatization
 - Condescension
 - Reinforcement of stereotypes
 - Cultural insensitivity
 - Failure to respect community standards
 - Abandonment when the research is done
 - Deception about true research purpose

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What is Community Based Participatory Research (CBPR)?

- Designed in collaboration with the people being researched
- Also known as Participatory Action Research (PAR)
- Not restricted to any research methodology

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Disadvantages of CBPR

- Designed in collaboration with the people being researched
- Also known as Participatory Action Research (PAR)
- Not restricted to any particular research methodology

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Advantages of CBPR

- Advantages to you, the researcher
 - Precisely targeted intervention
 - Improved participation rate
 - Greater generalizability
- Advantages to the community
 - Sustainability
 - Greater community capacity

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Getting started with CBPR

- Pick a problem
 - Simple
 - Important
 - Needed
- Ideal settings
 - Health disparities
 - Complex interventions
- Identify resources
- Keep an open mind
- Be willing to compromise

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Emphasize your strengths

- Things you know that they don't
 - Existing research evidence
 - Ability to diagnose
 - Natural course and history of disease
 - How to measure
 - Research standards

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Understand the strengths of the community members

- Things that they know that you don't
 - Specific needs of their community
 - Where to find research volunteers
 - What they will and will not tolerate
 - How to tweak an intervention
 - Pragmatic advice

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Assignment

1. See the discussion questions. Also, you should be working on your literature review. It is due on Friday, March 8 at midnight.

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Discussion questions

(Extra credit) Find an article on research methodology relating to secondary data analysis, observational studies, or community based participatory research and provide a three to four sentence summary. Include a link to the text or attach a PDF file if your article is behind a pay wall.

1. Review one of the recommended readings for this week and provide a brief summary (three to four sentences).
2. Review the following studies, all of which were

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