

Integrating Quantitative & Qualitative Data

Some Reflections on Mixed Methods

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Traditional Perspective on Mixed Methods

- The old adage is that the questions should drive the choice of methods ...
 - ... but there are some questions that lend themselves to either quantitative or qualitative or a mixed methods approach; and
 - ... we also usually ask more than one research question in a particular study

Traditional Perspective on Mixed Methods

e.g., "How does gender affect the level of satisfaction with different home care arrangements?"

- You could ask men and women about their level of satisfaction through a series of open-ended questions which would be analyzed thematically
 - *DEPTH*
- You could have these same men and women rate their level of satisfaction with different home care arrangements on a Likert scale – from least satisfied to most satisfied and analyse statistically
 - *POWER*

The National Rural and Remote Women's Health Study

We employed two main modes of data collection:

- Focus Groups.

- A total of 34 focus groups were conducted across Canada with an open-ended interview guide that had *an explicit focus on the relationship between restructuring and the social determinants of women's health in rural, remote and northern Canada.*

- Web-based Survey.

- A web-based survey following the orientation of the focus group guides but with closed-ended questions was set up to enable women to provide responses to our questions and identify their key concerns without having to leave their communities. A total of 346 women responded.

The National Rural and Remote Women's Health Study

- The DEPTH of the qualitative findings:
 - We divided up the impact of the physical, social & built environments"

Physical

HEALTH PROMOTING

Ability to Get Outdoors/Getting Back to the Land

We've got nice outdoor environment and safe environment that it leads to us to doing physical things outside.

HEALTH INHIBITING

Poor Water Quality

Resp 1: When I lived on the farm you couldn't drink the water. It was too harsh. It was just rusted out and it was just disgusting.

Resp 2: Yeah. Depends on where you are.

The National Rural and Remote Women's Health Study

- The DEPTH of the qualitative findings:

Social

HEALTH PROMOTING

Sense of Community

We made a conscious choice to live here in a small town because of, well social environment was a big thing. ... There's a sense of sort of a team or kind of survival cause it's small-town Saskatchewan too, that everybody works together and we find that really is a benefit here.

HEALTH INHIBITING

Isolation

As I age and my disease progresses I will be unable to drive and that will effectively lock me in my home in a very remote rural location.

The National Rural and Remote Women's Health Study

- The DEPTH of the qualitative findings:

Built

HEALTH PROMOTING

Owning a Home

There's not a problem in rural Newfoundland for housing. ... A lot of people even though they don't make much money actually own their own homes.

HEALTH INHIBITING

Poor Employment Options

resp: Employment? It's bad. ...

int: So where are most people working then?

resp: Nowhere.

The National Rural and Remote Women's Health Study

- A thematic/content/cluster analysis of the qualitative findings also led us to identify key items to probe in regards to the physical, social & built environments

The Things That Help Women/Girls Stay Healthy Or Help Them Be Healthier

PHYSICAL ENVIRONMENT	
<i>Ability to get outdoors</i>	59.8%
<i>Fresh Air/ Lack of Pollution</i>	54.8%
<i>Beauty of Nature and Wilderness/ Peaceful Environment</i>	50.5%
Fresh Food/Grow Own Food	34.5%
Cleaner Water/ Better Water Quality	33.1%
Access to Walking Trails	30.6%
BUILT ENVIRONMENT	
Own Home	22.8%
Good Education Options	19.2%
Access to Recreational Centres	17.4%
Good Employment Options	17.4%
Good Income Levels	16.7%
Positive Working Environment	15.7%
Easy Access to the Internet and Other Educational Resources	13.9%
Good Transportation Options	8.9%
SOCIAL ENVIRONMENT	
<i>Sense of Community</i>	47.7%
<i>Safer Place for Families</i>	44.1%
Caring Support from Neighbours, Friends, Colleagues at Work	40.6%
Slower Pace of Life/More Free Time	36.7%
Other	6.8%

The Things That Threaten or Undermine Women's Health

PHYSICAL ENVIRONMENT	
Limitations Depending on Weather	28.7%
Poor air quality / Pollution	15.3%
Poor Water Quality	12.3%
Poor Access to Walking Trails	6.0%
Inability to Get Outdoors	3.0%
BUILT ENVIRONMENT	
<i>Poor Employment Options</i>	67.2%
<i>Inadequate Income levels</i>	48.5%
<i>Poor Transportation Options</i>	47.4%
<i>Poor Educational Options/Access to Education Programs</i>	38.4%
High Costs of Food	29.1%
Substandard Housing	22.0%
Little Access to Recreational Centres	22.0%
Stressful Work Environment	13.1%
Little Access to the Internet and other educational resources	10.8%
SOCIAL ENVIRONMENT	
<i>Isolation</i>	39.6%
More substance Abuse	32.1%
Stereotypical Attitudes of Community Members	32.1%
Increased Stress	20.1%
More Violence	17.5%
Lack of Anonymity	17.2%
Lack of sense of community	
Lack of Caring support from neighbours, friends, colleagues at work	7.1%

The National Rural and Remote Women's Health Study

- The POWER of the quantitative findings:
 - Physical
 - More often health promoting
 - Built
 - More often health inhibiting
 - Social
 - A bit of both

HHR in the Context of Aging Societies

- “With respect to the aging of the Canadian population, what do you see as the critical questions linking labour policy and ensuring the adequate supply of qualified health workers?”
 - **DEMAND – Who needs the care**
 - Aging of the population
 - *Are they healthier?* (quantitative)
 - *Are they more susceptible to medicalization?* (qualitative)

HHR in the Context of Aging Societies

- “With respect to the aging of the Canadian population, what do you see as the critical questions linking labour policy and ensuring the adequate supply of qualified health workers?”
 - **SUPPLY – Who provides the care**
 - State of existing providers
 - Are they aging themselves (quantitative)
 - Do they have different practice patterns (qualitative)
 - New providers
 - New recruits (domestic & international) & new roles

HHR in the Context of Aging Societies

- “To study these questions, are there adequate sources of data now and what additional data are required?”
 - HHR planning is an incredibly complex phenomenon – influenced by a wide variety of exogenous/contextual factors that are difficult to quantify
 - There has been a tendency to rely on quantitative, (largely economic) models
 - powerful and precise but perhaps not as sensitive to social/cultural contextual factors

HHR in the Context of Aging Societies

- “To study these questions, are there adequate sources of data now and what additional data are required?”
 - What we need is to more fully explore these influential social/cultural contextual factors
 - Perhaps initially in exploratory qualitative research
 - To indentify the factors that we need to more fully incorporate into more precise and powerful HHR modelling