

The Third International Scientific Nursing Conference
Philadelphia University, Amman, Jordan



Introduction to Qualitative Data Analysis

21st April 2024

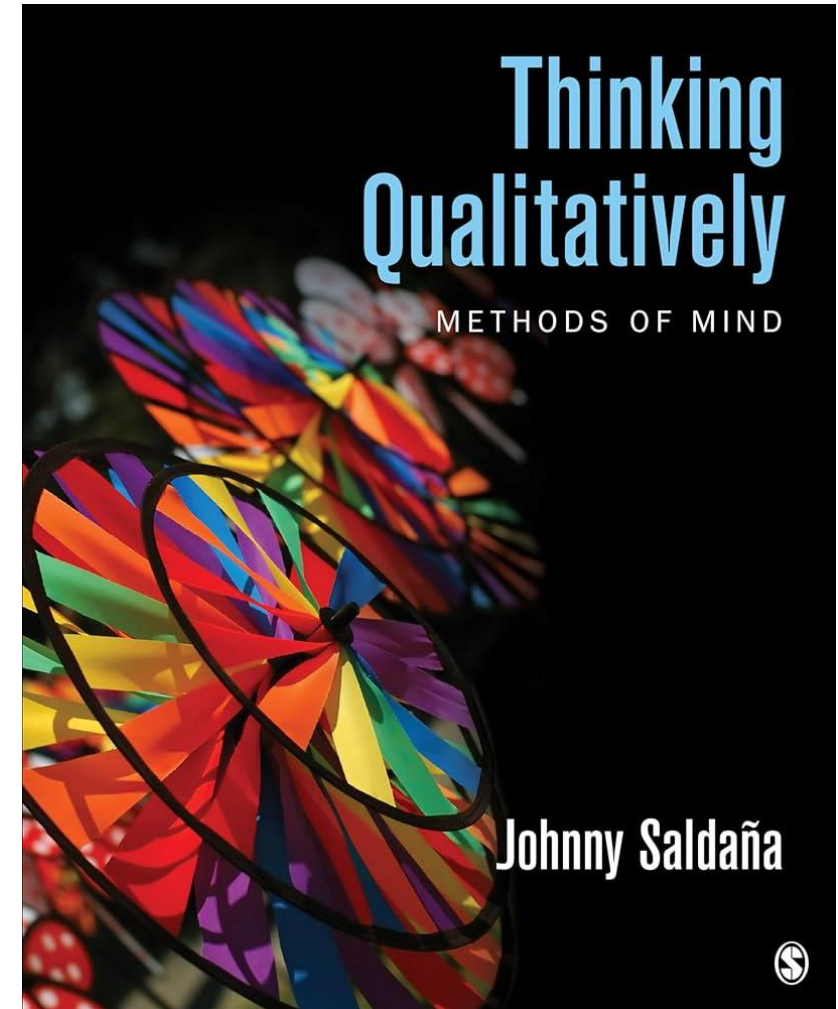
Dr Yakubu Salifu, SFHEA, Lecturer in Palliative Care, Lancaster University, UK
CEO, **Compassionate Palliative Services (COMPASS Ghana)**





Outline of the presentation

- What is Qualitative Data Analysis?
- Forms of qualitative Data
- Purpose of Qualitative Data Analysis
- Methodological coherence
- Example of qualitative data analysis
- Implication for practice





Who I am and what I do

- Nurse registered in Ghana and the UK
- Lecturer in Palliative Care, Lancaster University (and admissions tutor)
- CEO, COMPASS-Ghana
- Co-director of LU [Africa Research Hub](#)
- FHM REC
- Education Committee
- University Senate
- University Race and Equality Charter- Staff Dev
- Palliative Care Research Society, NW rep
- Farmer

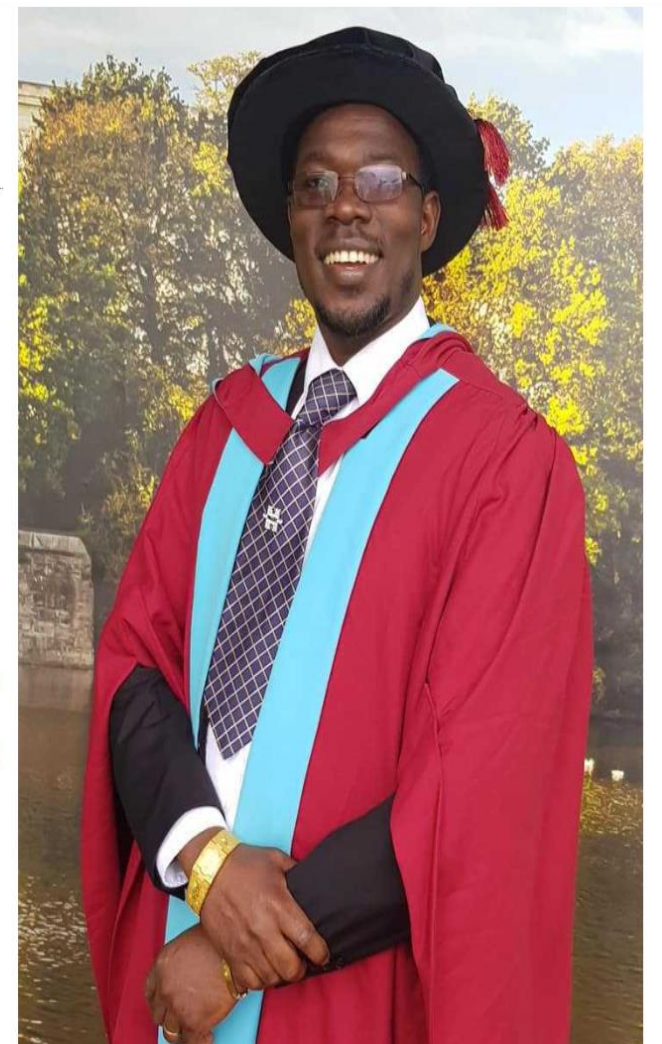
July 22, 2019, by [sleatherland](#)

Graduation blog – Dr Yakubu Salifu

This month we're celebrating the achievements of our new [School of Health Sciences](#) graduates! In our latest blog post, Dr Yakubu Salifu shares an insight into his research...

Dr Yakubu Salifu is Doctor of Philosophy in Nursing (Palliative Care) and his PhD explored the Home-Based Supportive and Palliative Care for Men Living with Advanced Prostate cancer in Ghana. His PhD was supervised by Professor Kathryn Almack and [Dr Glenys Caswell](#).

'This is a novel study providing a substantial contribution to new knowledge. Being a qualitative study, with mixed data sources, one of its greatest strengths is the range of issues uncovered





My PhD- Main Findings



UNITED KINGDOM · CHINA · MALAYSIA

Exploring Home-based Supportive and Palliative Care for men living with
Advanced-stage Prostate Cancer in a resource-limited Sub-Saharan African
Country (Ghana)

Yakubu Salifu

RN (General Nursing), BSc (Hons) Nursing, MPhil (Nursing)

Thesis submitted to the University of Nottingham for the degree of Doctor of
Philosophy

February 2019



The University of Nottingham

Key Findings

- Home-based PC
unsupported by health staff
- **Cultural Response-**
masculinity and Stigma
- Care in **resource-poor**
settings



What counts as knowledge?

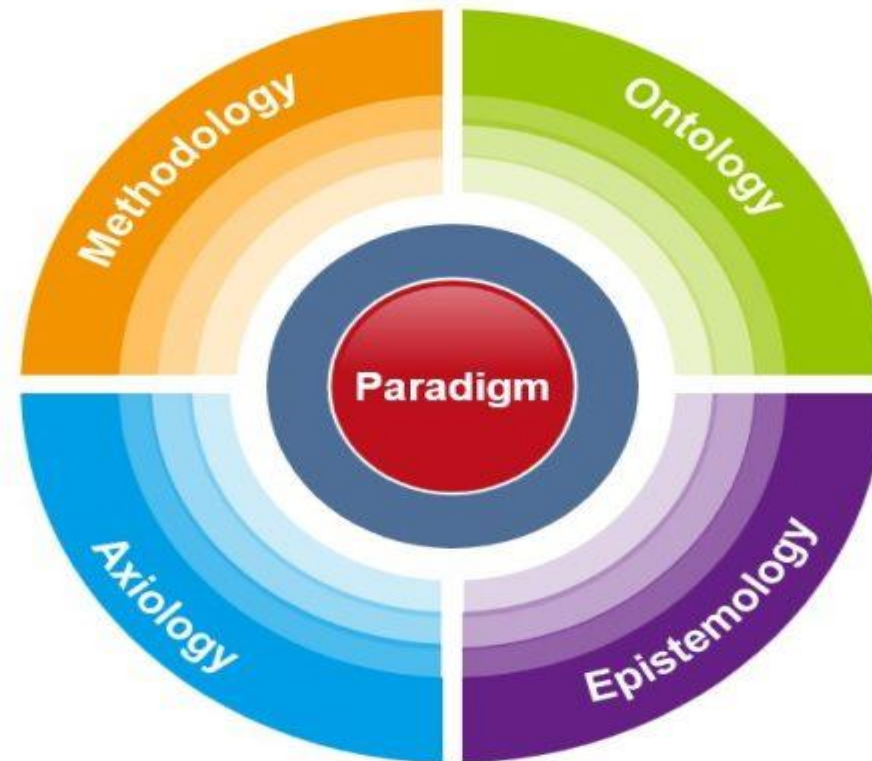
The Research paradigm

Methodology

The strategy and justifications in constructing a specific type of knowledge

Axiology

What we value: the ultimate worth of research



Ontology

The nature of reality and of what really exists

Epistemology

The relationship between the inquirer and what is known



Research Paradigm

+ Research Paradigm



- Defined as the understanding of what one can know about something & how one can gather knowledge about it
- 3 broad paradigms
 1. Positivist
 2. Post-Positivist
 3. Interpretivist



Figure 5.1 The key research paradigms



Qualitative data analysis

What qualitative data analysis methods are you using/ familiar with?

Qualitative data analysis is a **methodological process** used to **interpret and make sense** of non-numerical data, such as text, images, audio, and video. It involves **systematically examining and categorising** qualitative data to identify patterns, themes, and relationships.





Types of Qualitative approaches

- **Grounded theory:** Theoretical explanation using data
- **Phenomenological research:** investigating a **specific phenomenon** through the lens of a **specific group**.
- **Narrative research:** specific experience from an individual's perspective.
- **Ethnography:** using observation to explore cultural beliefs and practices
- **Case study:** examining a bounded case





Sources of Qualitative Data

- Interviews (IDI, Dyads, FG, etc)
- Recorded observation
- Field notes
- Survey questions
- Journals
- Photo-elicitation
- Existing documents





The goal of Qualitative Data Analysis

Qualitative Data Analysis is not an 'island on its own'



Linked to the research question/
aims or objectives



Purpose of Qualitative Data Analysis

- Meaning
- Patterns
- Relationship
- Descriptions
- Understanding
- Theory development
- Chronology of events etc





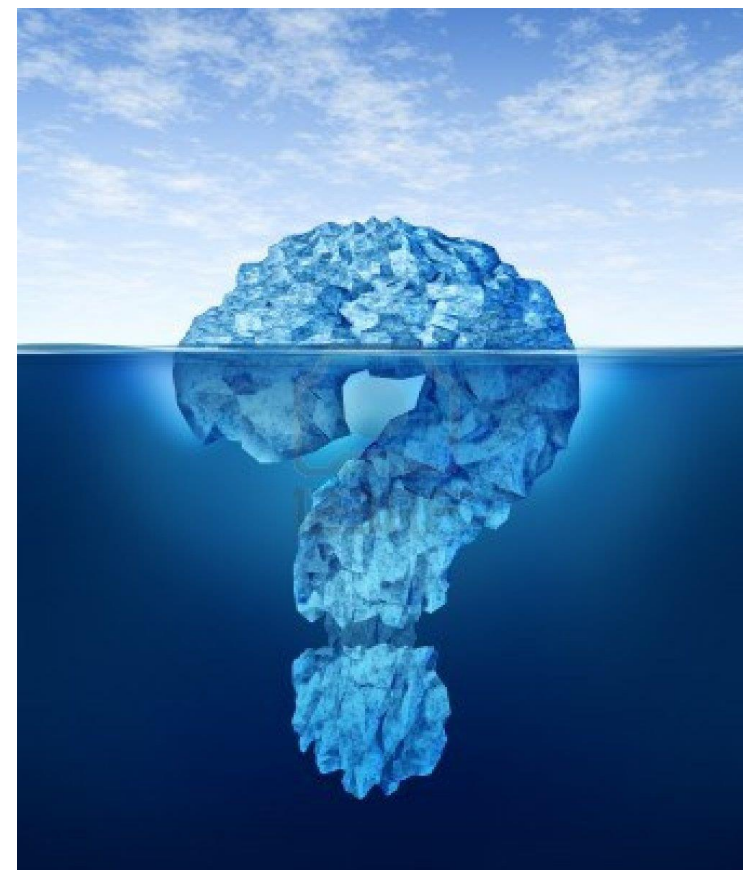
Forms of Analysis

- **Thematic Analysis** (Braun & Clark, 2022)-*themes/patterns*
- **Content Analysis** (Miles & Huberman, 1994)-*themes/patterns*
- **Grounded Theory**-*theoretical frameworks or explanations*
 - Constructivist (Charmaz- multiple realities; LR done before)
 - Classic (Glasser & Strauss- positivist; LR done after data collection)
- **Phenomenological analysis** (Husserlian approach, Heidegger, IPA)*individual lived experiences*
- **Discourse analysis**-*language use and communication patterns*
- **Narrative Analysis**- *narratives or stories*
- **Framework analysis**-*applied research and policy studies using an identified framework.*



Getting the Text right

- Audio/video data needs to be converted to text
- Transcription
- Transcription assisted devices MS Teams,
- Translation

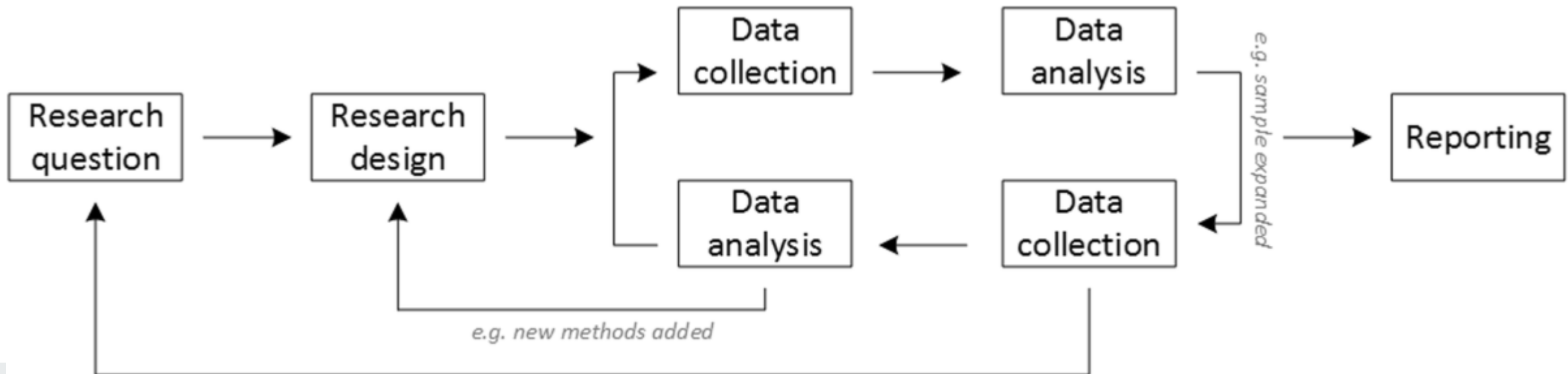




General steps in Qualitative Data Analysis

- Data Preparation >>> Familiarization >>> Coding >>> Theme Development >>> Data Exploration >>> Interpretation >>> Synthesis and Reporting

The analysis is **NOT** a LINEAR process. It's **iterative**



Data Analysis Process/practical steps

- Iterative
- Inductive/ deductive
- Theory-driven or Data-driven

- Role of the researcher
- Type of data: cross-sectional,
longitudinal, serial



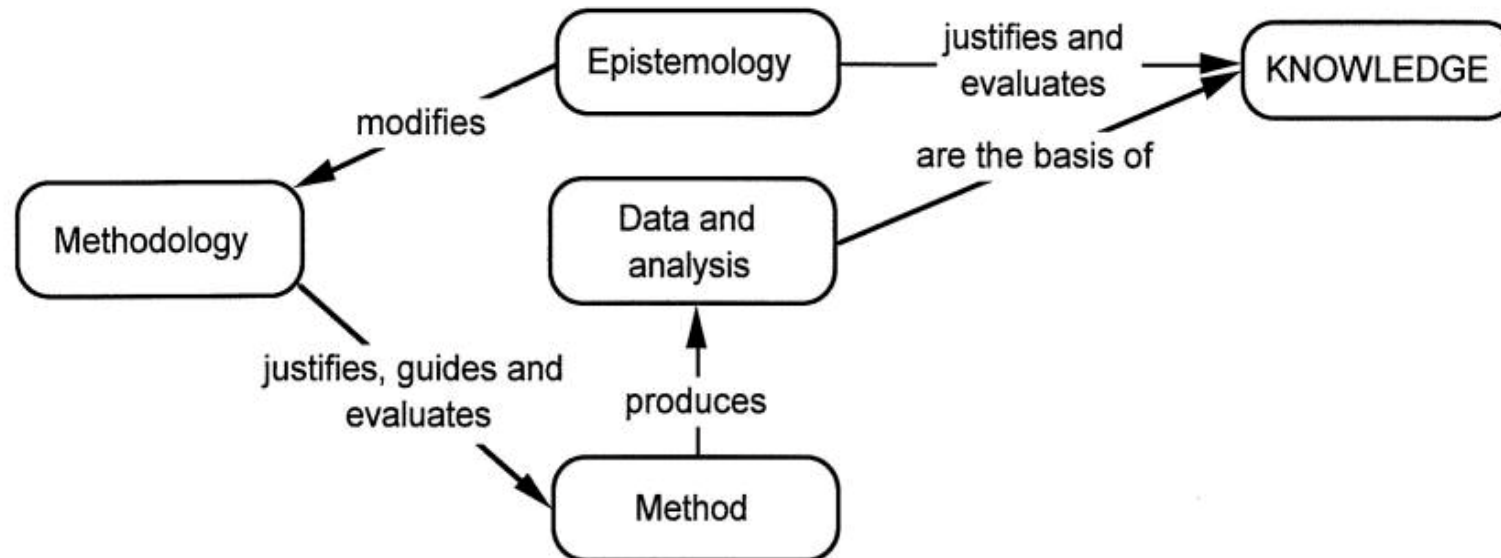
jigsaw puzzle



Maintaining “Methodological Congruence”

Carter, Little / Epistemologies, Methodologies, and Methods 1317

Figure 1
The Simple Relationship Between Epistemology, Methodology, and Method





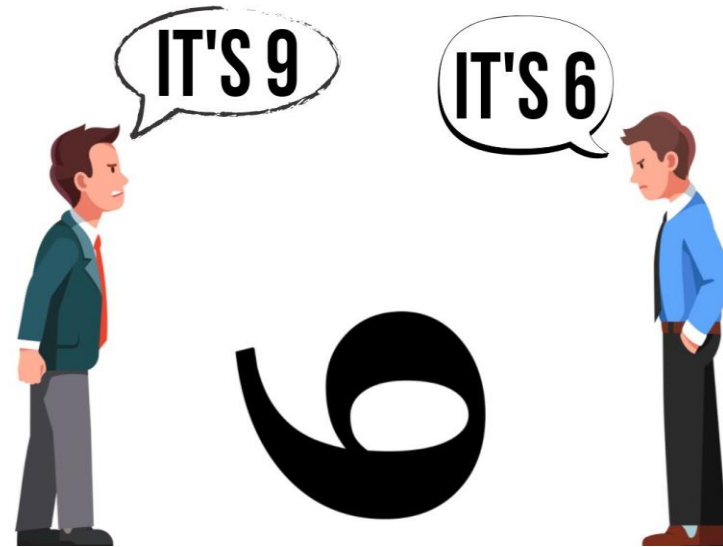
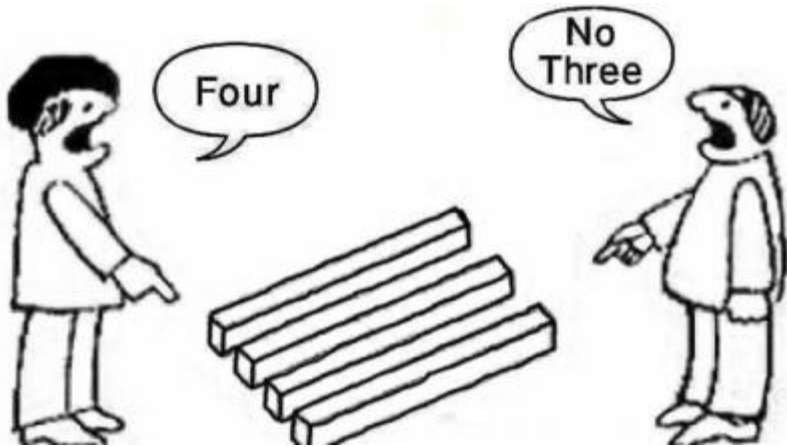
Perspectives matters

International Observatory
on End of Life Care

Lanca
Univer



Compassionate Palliative Services





Analysis-Driven by the researcher





Fruits analogy

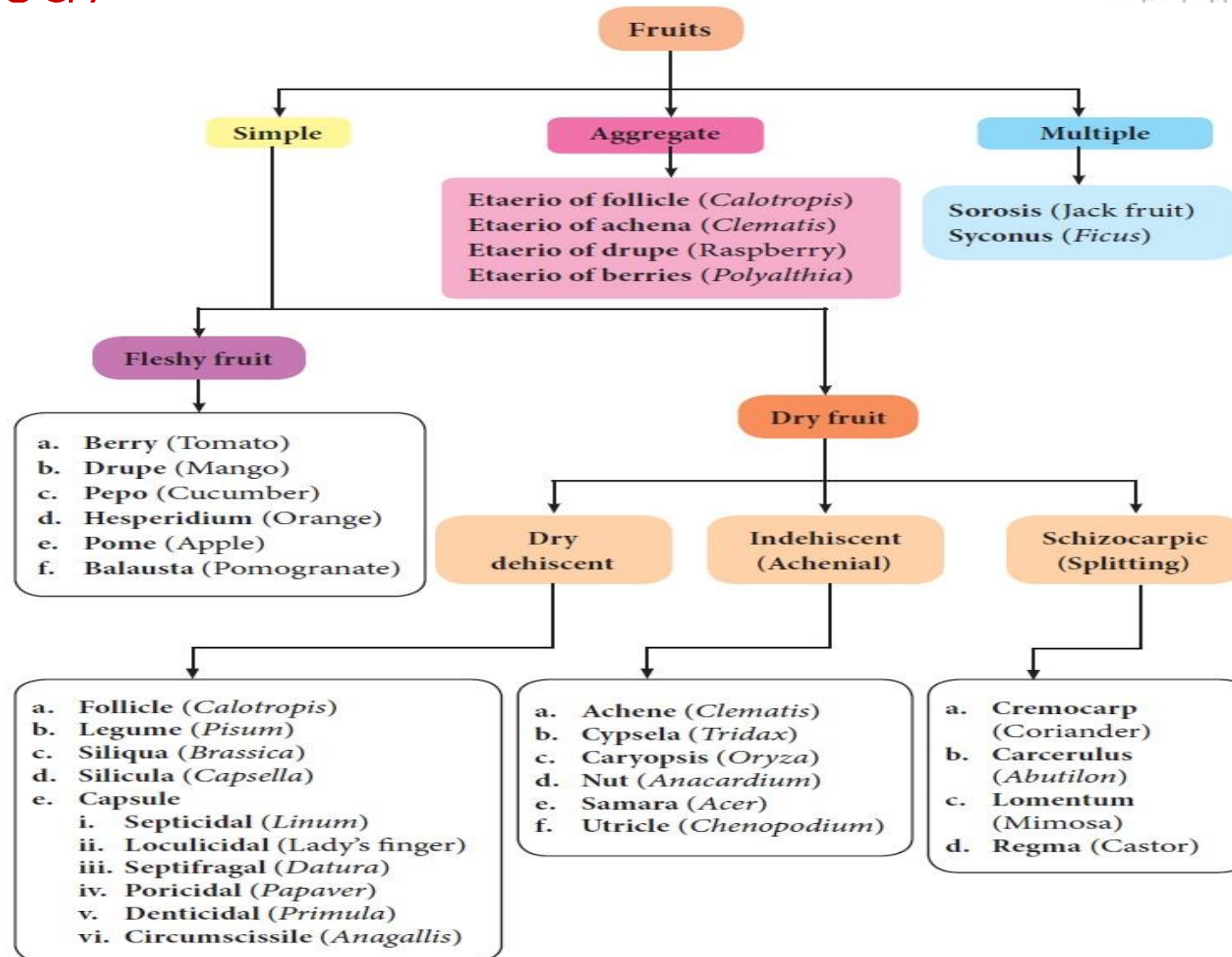


Figure 4.46: Types of fruits



Pitfalls/limitations

- Keep it simple
- Can only dream of perfection
- Practice
- Revise, re do, undo....





Purpose

- **Understanding** patients' and caregivers' experiences of living with and giving/receiving care at home.
- To **explore** what Healthcare professionals (Palliative Care Team) think about the experience of care at home.
- To **explore** how to strengthen health care services to provide needed support based on patients and their care givers' needs.

Paradigm: Social constructivist

Methodology: Qualitative study (Carter, & Little, 2007).

Study design: Multiple perspective serial(repeat) study

through the lenses of **Patients**, **Caregivers**, and **Healthcare professionals (PCT)**.

➤ **Methods:** (multiple, complementary approaches)

Individual interviews (Silverman, 2013; Creswell, 2013)

Dyad interviews (Morgan, et al., 2013; Morris 2001)

Group interviews (Krueger and Casey, 2014)

Data sets: IDI, Dyad, FG, Field notes





Study design: Repeat interview

Method	First leg	Second leg
1. Individual Interviews:		
a) Patients	12	9
b) Family caregivers	12	9
c) Health care professionals	-	3
(Murray et al., 2009; Morgan et al., 2013)		
2. Dyad/joint interviews	11	10
3. Focus group (PCT)	(6,3)	-
Total	37	31

1st : 23 patients: 23 FCs
2nd 19 patients, 19 FCs (
Repeat ~2 months apart)
12 HPs

Rowling, 1999



Thematic Analysis

Thematic Analysis (Braun & Clarke, 2006)

68 Interview data + Field notes

(Nvivo) to manage field notes and interview transcripts but later abandoned, when I realised the Nvivo was rather managing me.

Two Stages

1. Familiarisation with each interview + Field notes



(Descriptive)

Content-driven analysis

2. Themes and subthemes Contextualise



(Analytic)

Thematic Analysis

Whole process back and forth movement



Data collection and Analysis

During the interview, patient was worried about his inability to walk and do personal care himself, sleeplessness, and about this at all. *'I keep wet and that is why others don't weaker and weaker as the a feel sad and I do not know I but due lack of money (income pampers). Anytime he is go hire a taxi to and from the hospital and she saves them a lot of money.'*

Oh yes, now I have my body appearance severely affected about this disease and all that I have there is the good reputation (good things that people know about me) so immediately information is out there that **'I have prostate cancer' it might suggest I lived a very 'unholy' life. And looking at how I have grown very lean and become ugly definitely those people may also think I have AIDs**

Emotional situation. So when I cry, she also cries with me. We cry together most of the time

He experiences pain in the lower abdomen and the joints. According to him when the urethra is blocked and he is in pain **'it is very severe pain and he screams like a woman in labour'**. He **is moved by advertisement on the radio that suggest to have a cure for**



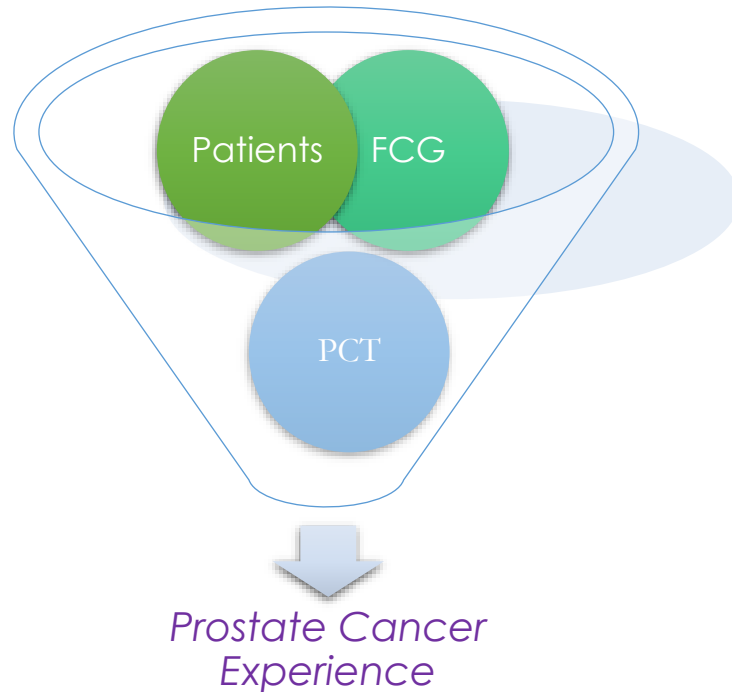
Hand on practice: Qualitative Analysis

Refer to your transcript

1. Code anything based on the research purpose
2. What are the key patterns
3. How do you club the codes
4. What description can you provide?



Data collection and Analysis



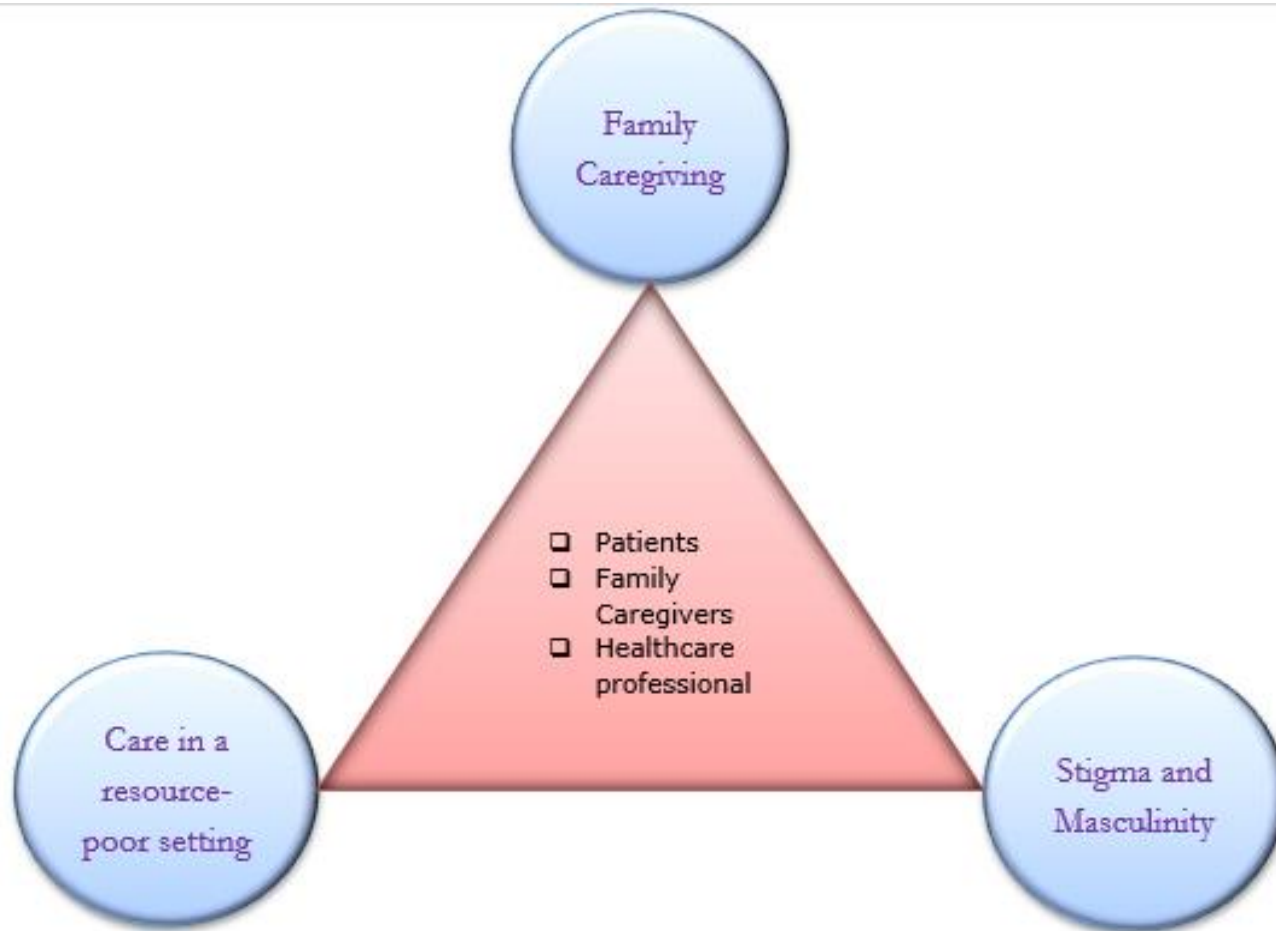
Micro level: Content Analysis Miles & Huberman (1994): Inductive and descriptive

Macro level: Thematic Analysis (Braun & Clarke, 2006): Inductive (bottom up), recursive latent (interpretive)

Iterative: Data collection with provisional analysis to guide subsequent data collection

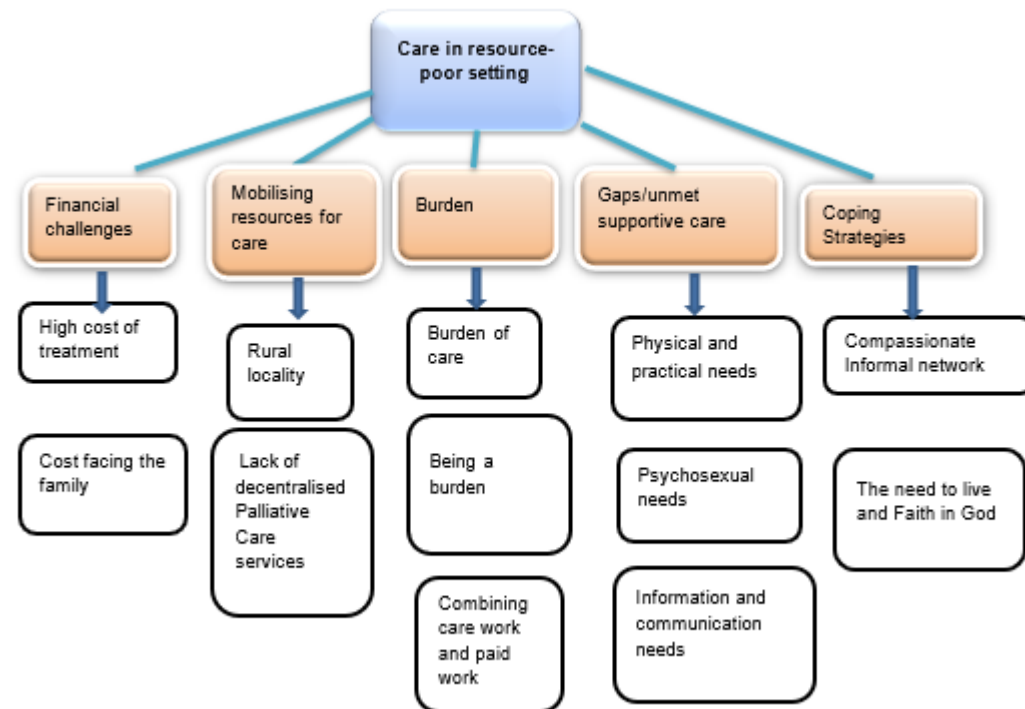


Developed themes



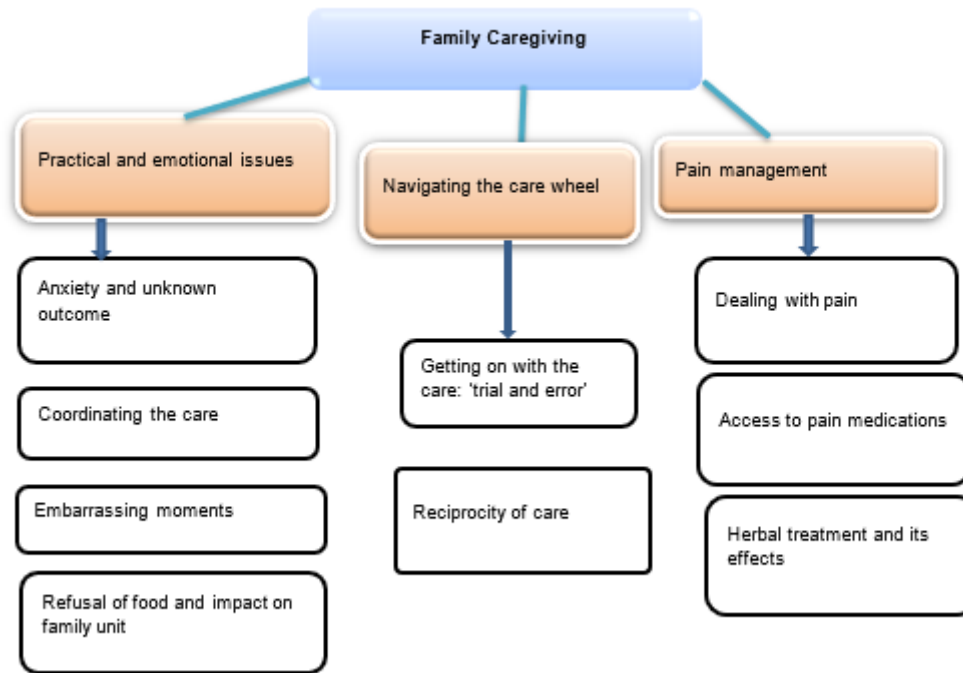
The categories and sub-themes give meaning to the themes.

Theme 1





Theme 2





Theme 3

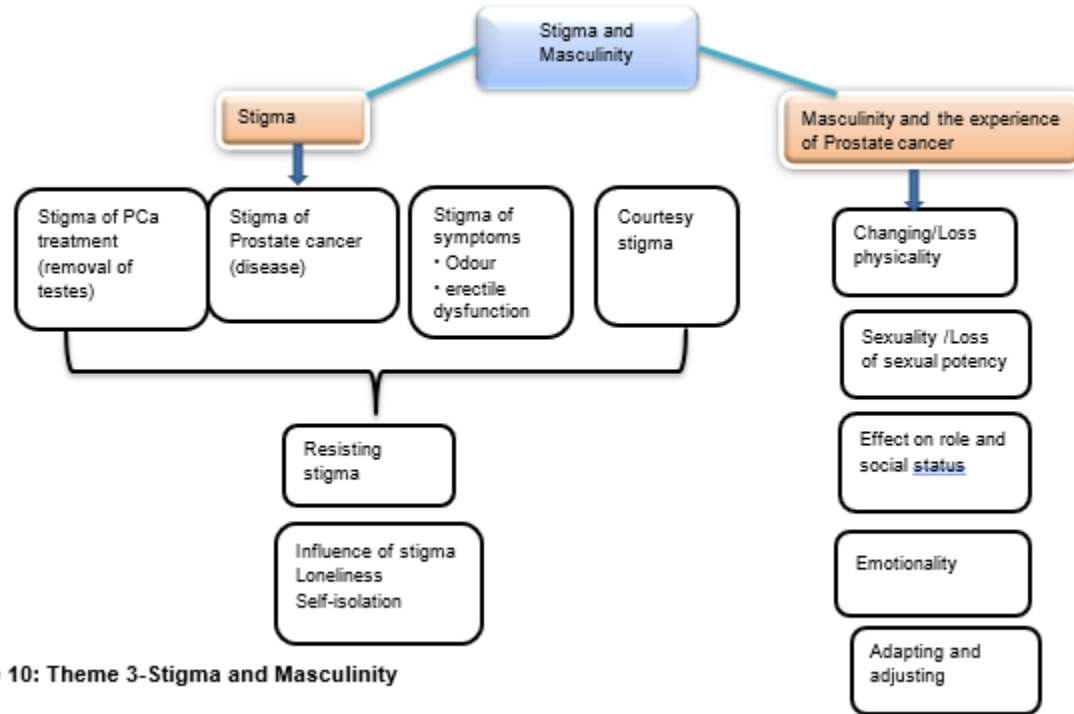


Figure 10: Theme 3-Stigma and Masculinity



Theme 1: Family Caregiving

- **Practical and emotional issues**

*'I know he is dying but I am keeping faith and don't want to worsen his emotional state by telling him the reality. It is really a challenging task'.
[62-year-old spouse]*

- **Navigating the care wheel**

The 'trial and error'

- **Pain management**

- **Disruption of the family life/ future plans**

- **Coping Strategies/Supportive care**

- **Reciprocity: A duty to fulfil**

We want to show him love and support by giving back what he did for us when we were young and fragile (Kwakwa, son of Otoo)



Theme 2: Managing Illness in a resource-poor setting

- **Cost of treatment/financial challenge:** No NHIS coverage

Getting the money for treatment, transport, buying 'pampers' mostly rest on me. Very little support is coming from my family because they do not have it

- **Drug and self-care:** incontinence, frequency/ urgency in urination, side effects of drugs etc.

- **Stress: Burden (Sandwich).**

*Bra [brother], I am tired. I'm tired (emphasis). Ever since he became like this [immobile], I am the only personally lifting him morning and evening. And anytime he wants to [visit the toilet]. I cannot go anywhere, and I cannot work. Even if I decide to go out for a while, my mind is always at home (**karikari, son of Atta**).*



Theme 2 continued

- **Drug and self-care:** side effects of drugs etc.
- Carrying out care: 'General practitioners'

I must be thankful to the doctors for their good work at the hospital and for helping us to live. I can't thank my wife enough. She is my 'doctor' at home ensuring that I get all the care I need..... My children too are very helpful for the up and down movements (Babamu).

- **Continuity of care and gaps** in palliative care provision
- **Unmet care** needs of patients and caregivers
- **Informal social network**

my relatives have been contributing, some come in to help me take care of him



Theme 3: Cultural Response: Stigma and Masculinity

➤ Stigmatising illness

- Curse
- Promiscuous disease
- Loneliness and isolation: incontinence, frequency/ urgency in urination

*I keep wetting myself and I cannot control it. It makes my room smell and that is why others don't come closer'. This saddens me because I am becoming weaker and weaker as the day goes by. I am most of the time indoors and feel lonely. I feels ad and I do not know how this will end (**Boat**).*





Theme 3 continued

➤ Masculinity

- **Identity change:** physical, role change (changes to their body and body image) . Function and strength
- **Sexuality :** ‘Light off’ / ‘not man enough’ / ‘from frying pan to fire’

One of the main problems I was worried about was my inability to have sex. When I reported to the hospital that I have ‘Light off’, there was nothing much they [doctors] did about it. Then they said this is usual with prostate cancer. I mean how? For some time, I thought I was going mad. Yes I did [patient, 55 years old]

- **Social status and role.** Non-somatic effect of cancer
- **Emotional effect**

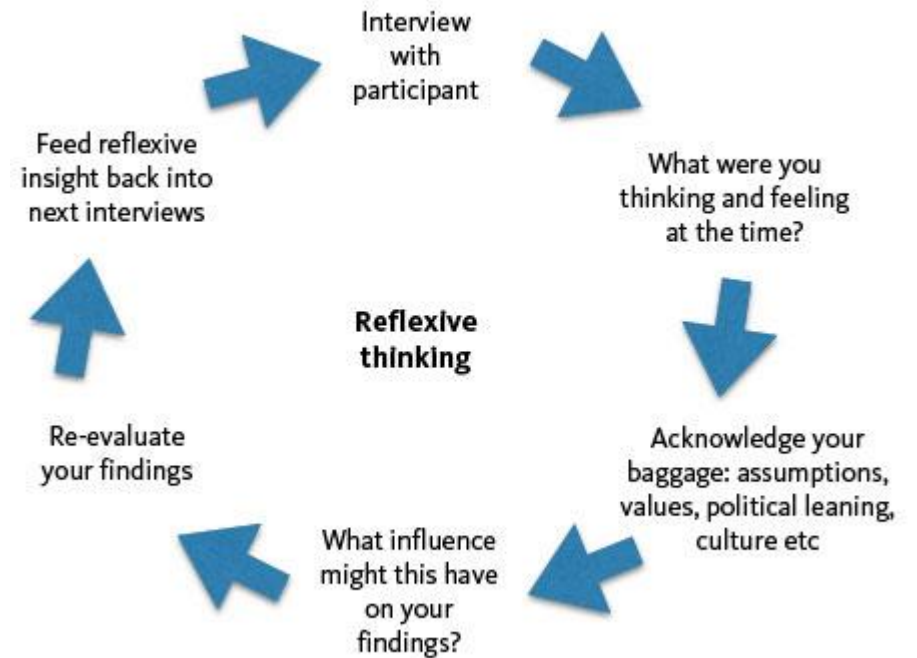


Reflexivity

- Background
- Interest
- Beliefs
- Identity

Field notes: to record my thoughts, feelings and interpretations

- Clinician/researcher role





Publishing Qualitative research



Original Article

‘My wife is my doctor at home’: A qualitative study exploring the challenges of home-based palliative care in a resource-poor setting

Yakubu Salifu¹ , Kathryn Almack² and Glenys Caswell³

Abstract

Background: Family caregiving is common globally, but when a family member needs palliative and end-of-life care, this requires knowledge and expertise in dealing with symptoms, medication, and treatment side effects. Caring for a family member with advanced prostate cancer in the home presents practical and emotional challenges, especially in resource-poor contexts, where there are increasing palliative cases without adequate palliative care institutions.

Aim: The study explored palliative and end-of-life care experiences of family caregivers and patients living at home in a resource-poor context in Ghana.

Design: This is a qualitative study using thematic analysis of face-to-face interviews at two-time points.

Participants: Men living with advanced prostate cancer ($n = 23$), family caregivers ($n = 23$), healthcare professionals ($n = 12$).

Findings: Men with advanced prostate cancer face complex issues, including lack of access to professional care and a lack of resources for homecare. Family caregivers do not have easy access to professional support; they often have limited knowledge of disease progression. Patients have inadequate access to medication and other practical resources for homecare. Caregivers may be overburdened and perform the role of the patient’s ‘doctor’ at home—assessing patient’s symptoms, administering drugs, and providing hands-on care.

Conclusion: Home-based care is promoted as an ideal and cost-effective model of care, particularly in Westernised palliative care models. However, in resource-poor contexts, there are significant challenges associated with the implementation of this model. This study revealed the scale of challenges family caregivers, who lack basic training on aspects of caring, face in providing home care unsupported by healthcare professionals.

Keywords

Family caregiver, Ghana, homecare, qualitative research, long-term care, palliative care, advanced prostate cancer

Palliative Medicine

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- Family caregivers are linchpin
- Caregiving unsupported by health care professionals
- Need for informal support system




Research informing practice

Not man enough

‘No balls’

‘Erectile
dysfunction’

‘From head to tail’

 Palliative Care & Social Practice

Original Research

‘Out of the frying pan into the fire’: a qualitative study of the impact on masculinity for men living with advanced prostate cancer

Yakubu Salifu , Kathryn Almack  and Glenys Caswell

Abstract

Background: Studies have highlighted how advanced prostate cancer causes biographical disruption and presents challenges to masculine identities for men. This article draws on a wider study that focused on the experiences of men living with advanced prostate cancer and their caregivers. Although men’s experience of advanced illness is not overlooked in the literature, only a small body of work has taken an in-depth look at men’s experiences with advanced prostate cancer and their caregivers in a non-Westernised cultural and social context.

Objective: To explore how advanced prostate cancer impacts on men’s masculine identity from the perspective of patients and their caregivers.

Methods: A qualitative study of men living with advanced prostate cancer ($n=23$) and family caregivers ($n=23$) in Ghana. We used the Consolidated Criteria for Reporting Qualitative Studies (COREQ) as the reporting guideline.

Results: The findings from this study highlight profound challenges for most men to their masculine identities, from both the treatment and the symptoms of advanced prostate cancer within a non-Westernised, patriarchal society. Four main themes were developed. These were the impact on masculinity in terms of: [1] physical changes, [2] sexual ability, [3] socio-economic roles and [4] expressing emotions. Changes in physical appearance, feeling belittled, having no active sexual life and the inability to continue acting as provider and protector of the family made some men describe their situation as one of moving out of the ‘frying pan into the fire’.

Conclusion: This study revealed the impact of advanced prostate cancer on masculine identity. These narratives add a new dimension to what is already known about the impacts on men’s masculine identities when dealing with advanced prostate cancer. This knowledge can help improve the care provided to men with advanced prostate cancer with emphasis on the cultures, beliefs and aspirations of these men and their caregivers.

Keywords: advanced prostate cancer, African/Black men, culture, intersectionality, masculinity, men’s health, physical appearance, sexual life, social construction

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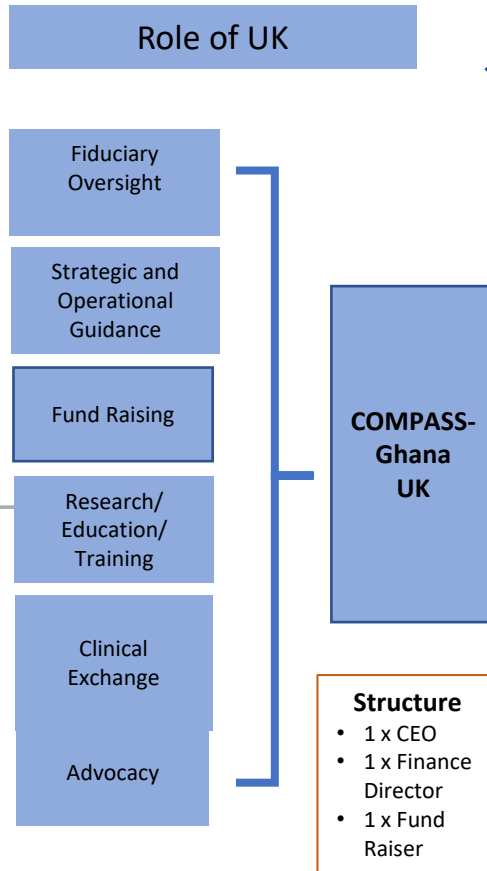
Salifu, Almack, & Caswell (2023)



Aims and Mission



The Model UK and GH



- Agreement on the Strategic Plan
- Budget Agreement set against Deliverables
- Memorandum of Understanding and Partnership Agreement, Between UK and Ghana
- Individual Project Submission(s) linked to Reporting, Outcomes and Methodology
- Funding released as per partnership agreement
- In Country Quarterly Reporting and Audit into UK
- Promotional advocacy and case studies from GH

COMPASS-Ghana NGO

- Structure**
- 1 x COO
 - 1 x Clinical Director
 - 1 x Finance Controller
 - 1 x Data Analyst
 - 1 x IT
 - 1 x Driver

Role of Ghana NGO

- In Country Overview of All programmes
- Individual Partnership Agreements Approval of individual project Submissions and Budget Request
- Support and advice to Programmes
- Collection and Audit of Performance Data
- Community Education and Media
- Advancement of Pain relief
- In Country Fund Raising
- Advocacy

- Individual Programme Reporting into COMPASS-GH (NGO)**
- Quarterly Performance
 - Financial Reporting,
 - Objectives
 - Outputs
 - Impact

Partnerships Programmes in Ghana

- KATH Community
- Love & Peace Community
- KBTH Palliative Unit
- The Ridge Palliative Unit
- Matthew 25 Palliative Unit
- Access to Pain Relief
- Ghana College of Midwives Education and Training
- Ghana Palliative Association Advocacy

Registered Charity in England and Wales: 1199633. July 2022

Registered Non-Profit Organisation (NPO) in Ghana: CG062152017 – TIN: 0008233462

NPOS/ASHO/LN0817/23 November 2023

Our Team



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FRSA FRCN



Ashley Elliot



+ Peter Baxendell



William Schiller



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Mr Isaac Gideon Akonde
MioD



Ms Dzigbodi Kpikpitse



Dr Delanyo DOVLO



Dr. THOMAS WINSUM ANABAH



Roland Walker
News Anchor at TV3
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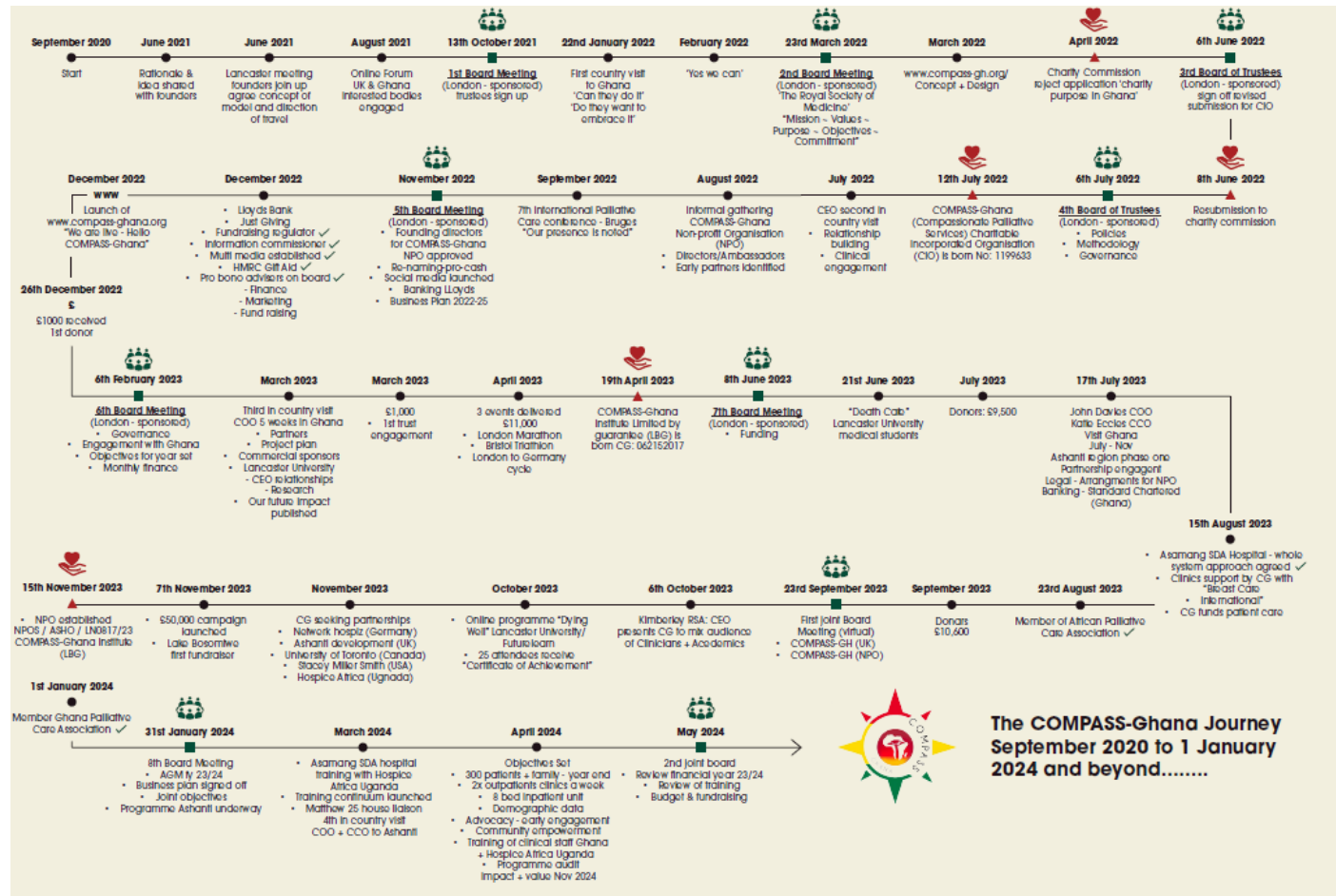
Princess Diana Wedaga Ayongo
Model & Finalist Ghana's
most Beautiful Upper
East Region



Portia Solomon
News Anchor TV3 Ghana,
Ghana Journalists
Association winner 2022



Thinking qualitatively.....thinking policy and practice





Our Special Appeal

International Observatory
on End of Life Care



Compassionate Palliative Services

Ramadan 2024 Special appeal for donation



Dr. Yakubu Salifu, CEO, [COMPASS-Ghana](#)

As Ramadan approaches, COMPASS-Ghana invites you to join us in our mission to provide quality end-of-life care for all, irrespective of resources. In our diverse communities, we honour the Five Pillars of Islam—faith, prayer, fasting, charity, and pilgrimage—and recognize their alignment with palliative care principles, offering dignity and compassion. We believe everyone deserves to spend their final days with comfort and dignity. In Ghana's resource-constrained regions, the absence of palliative care devastates families and communities, leading to emotional, financial, and physical burdens. Our Ramadan 2024 appeal aims to alleviate this suffering and instil hope.

	UK	Ghana	Mobile Money
Name	COMPASS-GHANA	COMPASS-GHANA INSTITUTE LBG	
Bank	Lloyds Bank	Standard Chartered (Ghana)	Vodafone Cash: +233 (0) 20 1578 282
Branch	Lewisham	East Legon	
Account Number	43884362	0100170098300	MTN Mobile Money: +233 (0) 5305 3993 1
Sort Code	30 - 90 - 89	02 - 01 - 01	Pay via QR Code:
Swift Code	LOYDGB21256	SCBLGHAC	
IBAN	GB88LOYD30908943884362	NA	
Gift Aid (UK)	Gift Aid		



Thank you for your time

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Full-time, part-time and blended learning PhD programmes



"The PhD will enable me to research effective methods of delivering pharmaceutical care to palliative care patients in remote and rural areas!"

"The international element of this PhD is really important as we absorb and build on best practice around the world"

Former students
of the programme

PhD in Palliative Care

Combining innovative distance learning approaches and an annual week-long academy held at Lancaster University, UK. This programme enables students to study at their own pace over 4-7 years, based in their home country and alongside their existing commitments. Come and study with our world-renowned team of experts.

Contact us for an informal discussion: www.lancaster.ac.uk/fhm/study/phd-study/courses/palliative-care-phd/



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