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Correa-Valez, I., Sundararajan, V., Brown, K. & Gifford, S.M. (2007). Hospital utilization among people born in reugee-source countries: An analysis of hospital admissions, Victoria, 1998-2004. *Medical Journal of Australia*, 186(11), 511-580.

Best Practices in Diagrammatic Elicitation: A Novel Approach to Data Collection

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Diagrams are often used by researchers in the later stages of their research projects, in the analysis or in presenting final results. Diagrams are valued for their ability to easily summarize complex information and facilitate deep understanding in comparison to verbal or written text. Although often overlooked, diagrams used in the data collection phase can offer these same benefits to both the researcher and the participant. Particularly important to health care researchers, they can also assist in the collection of data on complex and sensitive topics. Diagrammatic elicitation is a data collection method that has research participants create an original diagram and/or edit a researcher-prepared diagram. This presentation draws from a multidisciplinary systematic review of 12 traditional health care and non-health care indexes, Google searches and consultations with experts in the field, as well as from practical experience from the use of both types of diagrammatic elicitation techniques in key informant interviews with over 60 clinicians and senior health administrative leaders. This presentation will discuss the application of this novel data collection method and the implications on data analysis. Best practices and key methodological challenges for both diagrammatic elicitation techniques will be outlined and illustrated with examples. This presentation should be helpful as an introduction to diagrammatic elicitation and be of assistance to health care researchers in considering ways diagrammatic elicitation could be incorporated into their qualitative research designs.

Family Members' and Critical Illness: "Working to Get Through"

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When a relative is critically ill, the workload of family members is augmented. They set to work to manage the situation as best they can in order to provide support to their loved one. What constitutes this work? Two investigations of nursing support for family members of critically ill adult patients, which included 30 participants from three northern Alberta, Canada, tertiary care centers, revealed that to fulfill their needs in response to the situation, these family members engage in physical, emotional, and behavioral work activities. Their needs and the ensuing work to meet them are influenced most by the intensity of their relationship to the ill relative and by their personal resources. Family members engage in Patient-related, Nurse/Physician-related, and Self-care-related WORK to access information, reassurance, respect, and opportunities for partnering in care provision. The grounded theory of family work proposed, entitled "Working to get through," pushes critical care health professionals' boundaries and challenges the paternalistic perceptions of family member experiences with critical illness that focus on stress and burden. Appreciating the nature and intent of the work of these family members and the needs that motivate this work, can help health professionals more effectively support family members in meeting their needs. These findings not only delineate the process of "Working to get through" but, as well, extend our understanding of the breadth and depth of family members' experiences with critical illness.