

Qualitative research in RBF: *the promise and the reality*

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The promise

- Renewed emphasis on the potential and promise of qualitative approaches and methodology in Health Policy and Systems Research (HPSR)
- Health system as a:
 - Complex adaptive system → how do systems behave?
 - Core social institution → how do actors within the health system behave?
- Qualitative research seen as having **explanatory power** - answers the 'why' questions
- Provides **the 'whole' picture** by looking at meaning within specific context (narrow e.g. the clinic → broad, e.g. historical)
- Provides **depth** and **richness** through methods that are flexible, iterative, and open-ended

The reality

Qualitative research is often difficult to execute as envisaged:

- *Pragmatic/logistic*: time and resource constraints, adequate capacity, gaining access to 'the field', managing textual data
- *Methodological*: interviewing and observation techniques 'subjective', highly dependent on rapport created, skills of researcher; blurred lines between observer/participant; operationalising social constructs always involves choices and losses
- *Political*: requires a paradigm shift; reluctance to challenge status quo; sensitivity around issues raised

Outline

- Approach and methodology of the review
- Summary of findings
- Opportunities to strengthen qualitative approaches in RBF
- Discussion

APPROACH AND METHODOLOGY

Why qualitative research in RBF?

- RBF programs: complex health systems interventions
- Qualitative research to enhance understanding of how RBF interventions are implemented, and what effects they have on the health system, in particular on health workers
- What constitutes 'good qualitative research'? Where does it add value to evaluation? How to evaluate this?
- Quality in qualitative: outputs versus process

Purpose of review

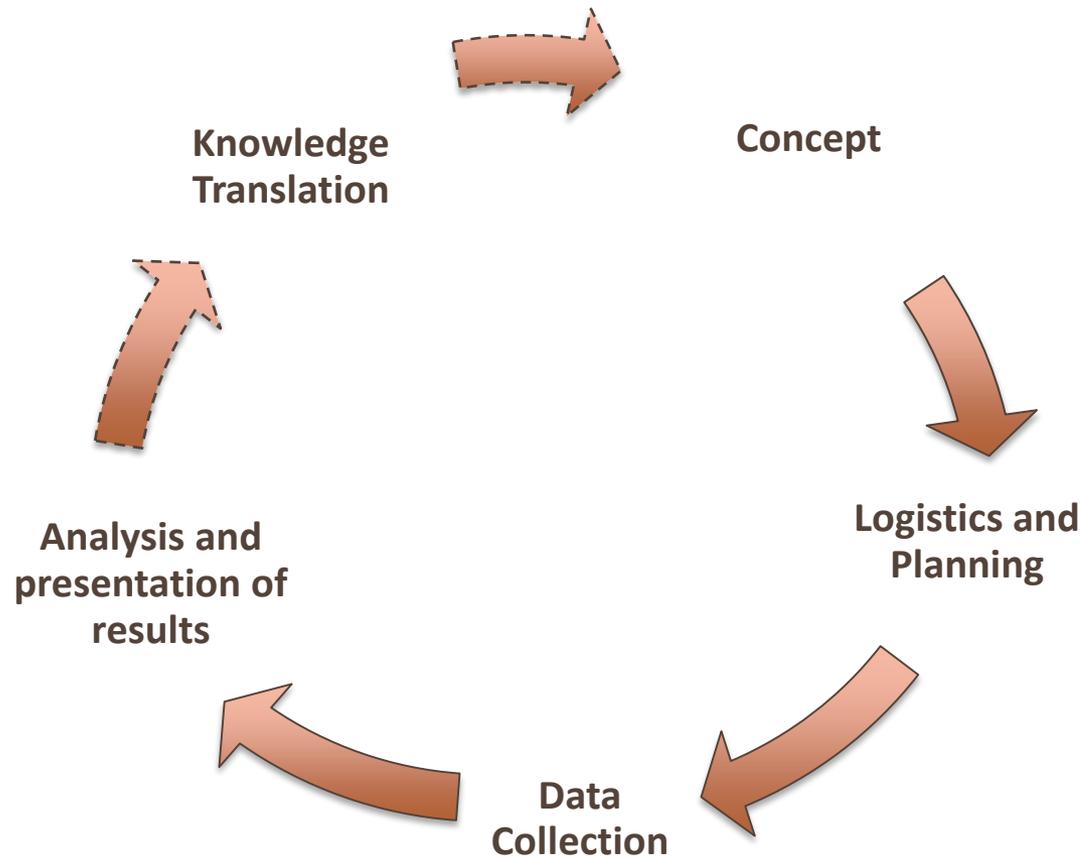
- Assess research approach and design, methodological rigor, reporting, and steps towards analysis
- Explore opportunities to improve the quality of qualitative elements in RBF studies
- Offer recommendations to the HRITF team to strengthen the quality of qualitative projects

Approach and Methods

- Selection of 17 RBF studies & design of reviewing tool
- Review of documentation associated with qualitative research (QR)
 - Overview: where, what, why?
 - Logistic and investigational aspects of methodology: how were studies conducted?
- Closer focus on six projects (Learning for Implementation)
 - More in-depth investigation
 - Semi-structured telephone interviews
- Recommendations: Identifying opportunities for strengthening the place and added value of qualitative research in RBF studies

Qualitative enquiry in RBF

Cycle of research enquiry:



Limitations

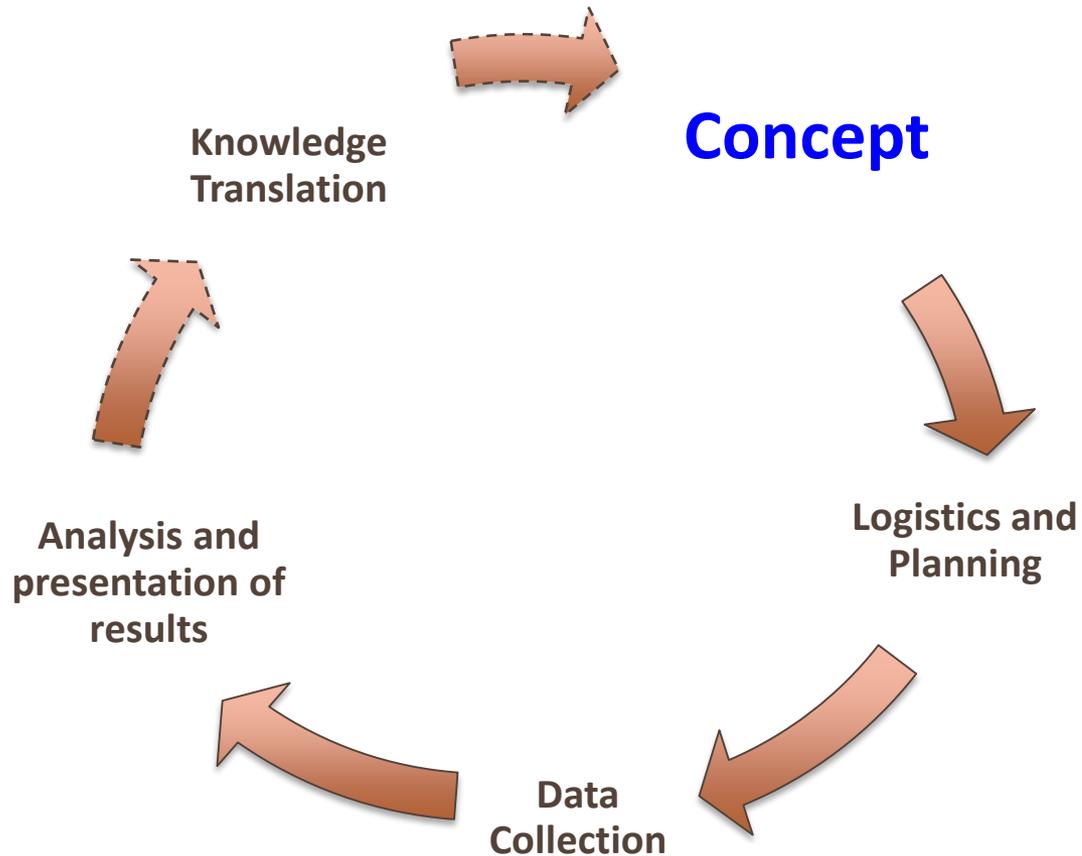
- Nature and availability of research documents reviewed varied for projects
- To date, interviews conducted with only one senior member within teams, engaged to varying degrees in fieldwork → missing perspective from fieldworkers, data collectors
- Difficult to gain critical reflection on the assumptions, conceptualization and conduct of research

SUMMARY OF FINDINGS

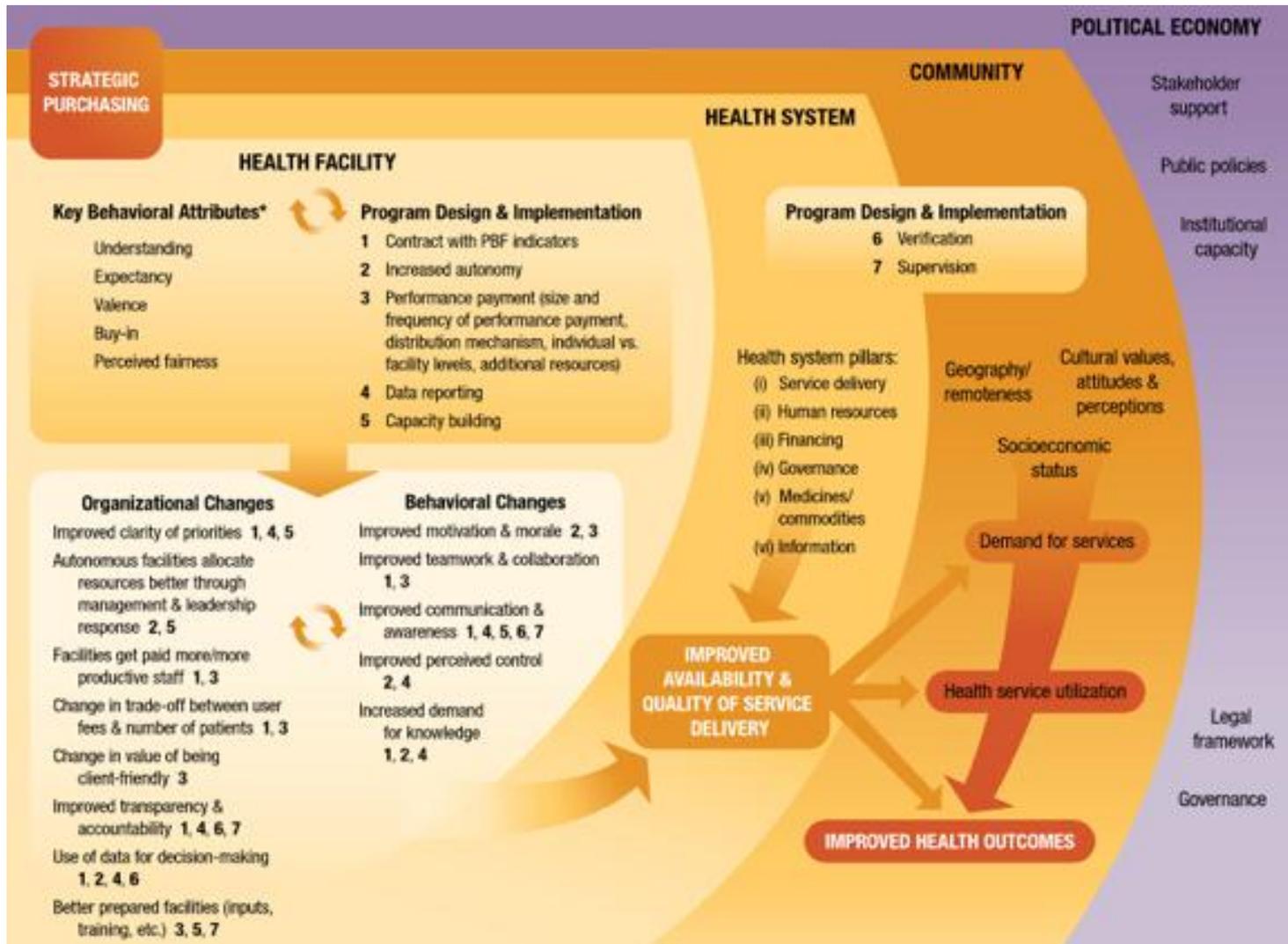
Descriptive Overview

- **Countries:**
 - majority conducted in African countries (n=14); others in Tajikistan, Kyrgyzstan, Haiti
- **Scope :**
 - Small- to mid-sized studies, supporting impact evaluation
 - Most studies aim to explore and document experiences (HCWs, patients & decision makers) in relation to RBF implementation.
- **Team structure:**
 - Senior consultants with technical expertise, supported by one or more local investigators (senior) and field researchers; overall responsibility for data quality, analysis and reporting with consultants

Research Cycle 1: Conceptualization

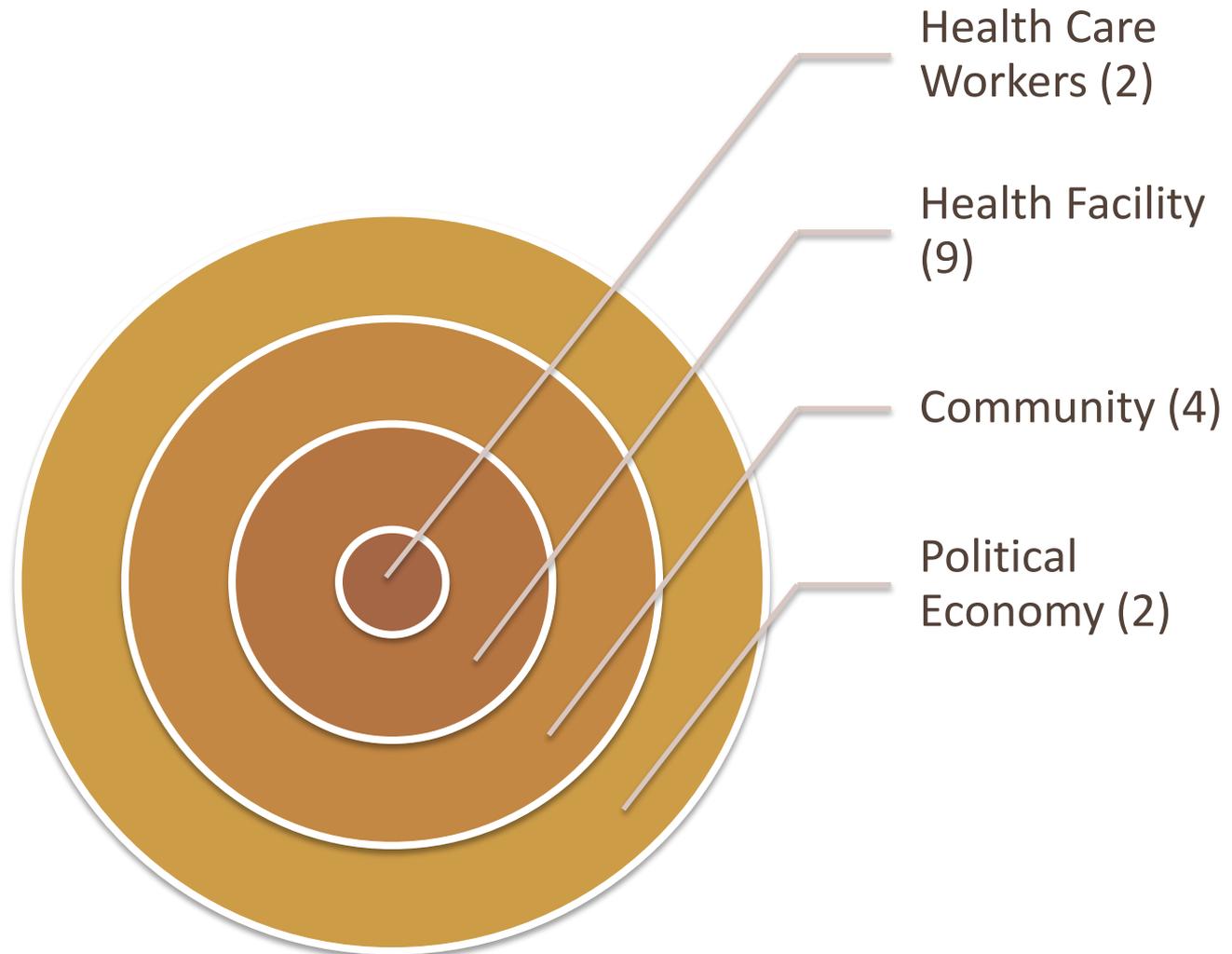


RBF Conceptual Framework



Source: World Bank (2013) Using Results-Based Financing to Achieve Maternal & Child Health: Progress Report.

At what level of the framework were the qualitative research components pitched?



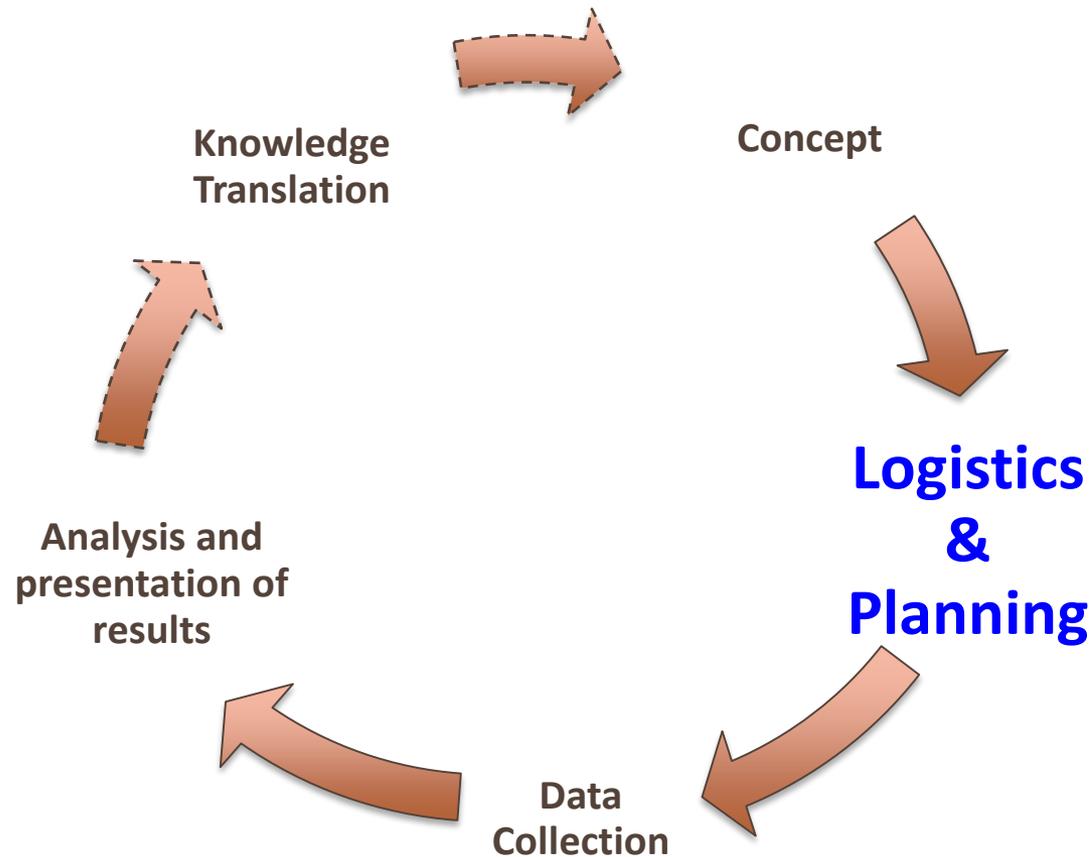
Overall Research Design

- Timing of qualitative elements
 - Few projects assess the context pre-implementation of RBF scheme
 - Most projects designed to evaluate process/impact mid-way through the implementation of the scheme.
 - Few address specific gaps or variation in the performance of clinics participating in RBF schemes (Nigeria, Zimbabwe)
- Type of study
 - All cross –sectional
 - Generally use mixed methods; a few are described as ‘case studies’

Operationalisation of constructs

- RBF conceptual framework drives specific hypotheses around how program will affect health facilities and motivation/performance of staff within them
- Framework reflected in data instruments, however...
 - Some constructs may lack local meaning, applicability e.g. 'autonomy' poorly understood by study participants in one study (DRC)
 - Need for adapting constructs to local cultural and health systems context, e.g. developing indicators for managers' competencies (Nigeria)
 - Relationships assumed, rather than probed, e.g. effects of specific incentives on motivation and job satisfaction (Zimbabwe)

Research Cycle 2: Logistics and planning



Training of fieldworkers

- Short training, geared towards:
 - Understanding principles of RBF and impact evaluation
 - Use of data collection instruments and protocols
 - Missing emphasis on navigating field, creating and sustaining relations, rapport-building
- Examples of pilot- and pre-testing of instruments (Zambia)
- Missing documentation on field processes, fieldworker reflexivity

Sampling

- Selection and sampling strategy for research participants is not always clear
 - Other than ‘performance’ of facilities, limited reflection on logic for sampling strategy
 - Inclusion criteria for FGD not stated
 - Choice of ‘community members’ and ‘gatekeepers’
- Large samples for some informant groups → purpose? In what situations would less have been more?

Recruitment of study participants

- Protocols in place to recruit study participants
- Often via a gatekeeper first, then through fieldworker
- Pressure to reach target numbers of interviews at the expense of depth/breadth through more focused study of fewer sites/informants?
- Missing documentation on how to build rapport, gain trust of informants

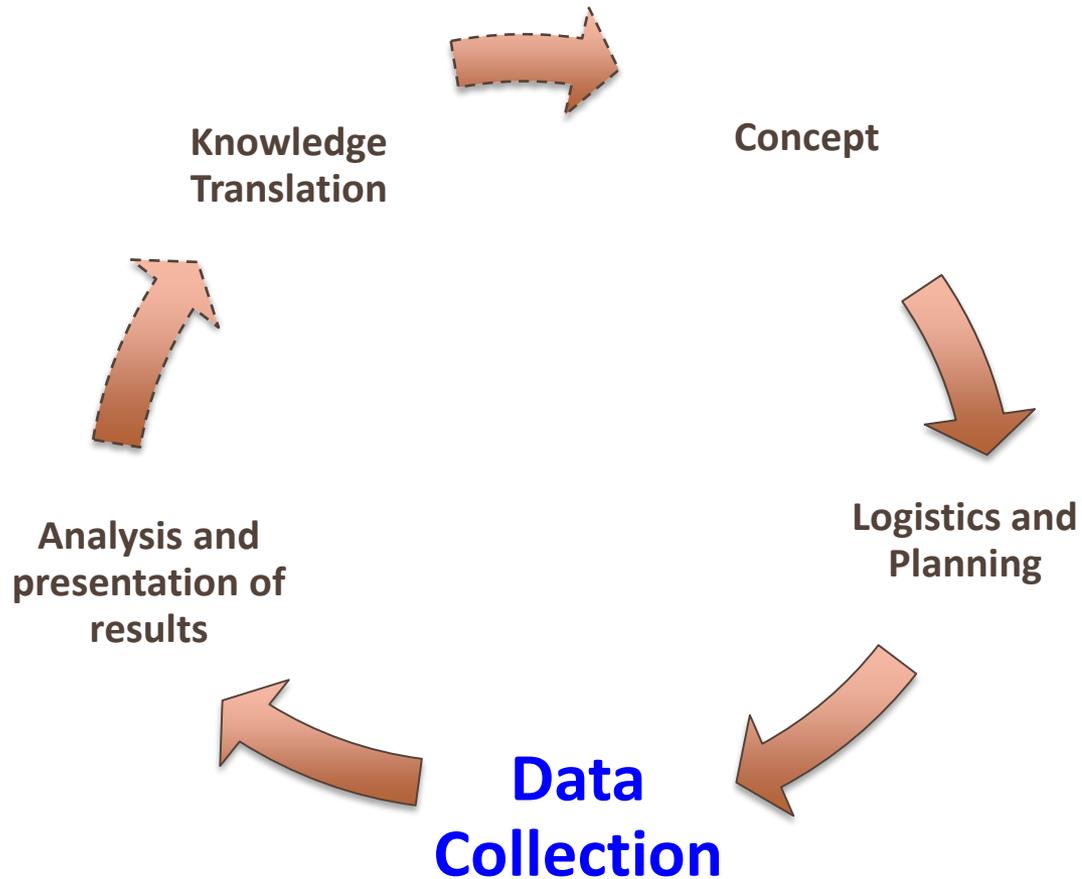
Protocols for data quality control

- Some studies established protocols for communication, data collection, data storage, and selection of informants
- Dilemma arising: data collection instruments and protocols might be adequate, but no guarantee for 'thick' data
- Questions around how data quality was sustained and assessed, given time lag of translation/transcription - what were the criteria for 'good quality data'?

Ethical Dimensions

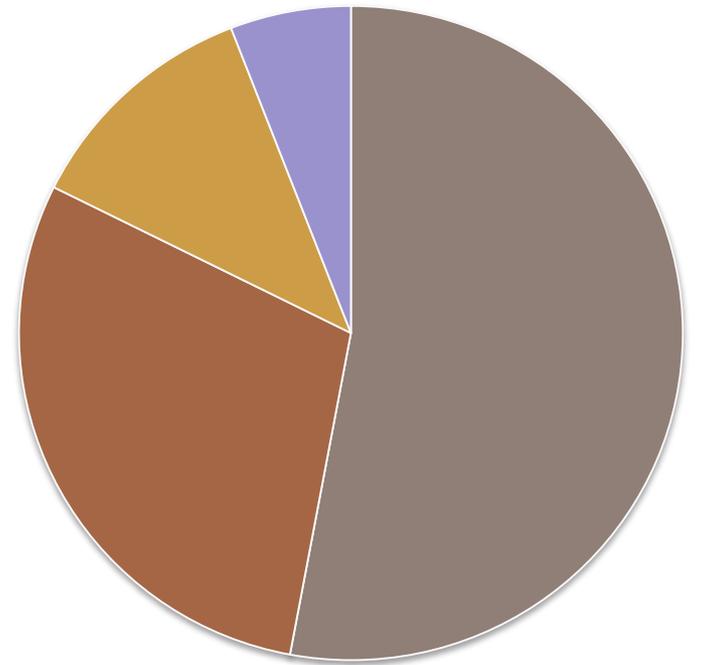
- Local (national) IRB approvals in place and documented for most studies, but...
- Mitigating institutional risk rather than addressing:
 - Ethical issues related to conduct in the field
 - Broader framing of research linked to RBF (e.g. how were researchers perceived in the facilities? Researcher associated with RBF interventions?)

Research Cycle 3: Data Collection



Study Participants

- Most studies focused on HCWs (n=14):
 - 5 focus only on HCWs
 - 9 focus on patients, and community in addition to HCWs
- 2 studies on policy-makers (Political Economy)
- 1 on households (infant + family)



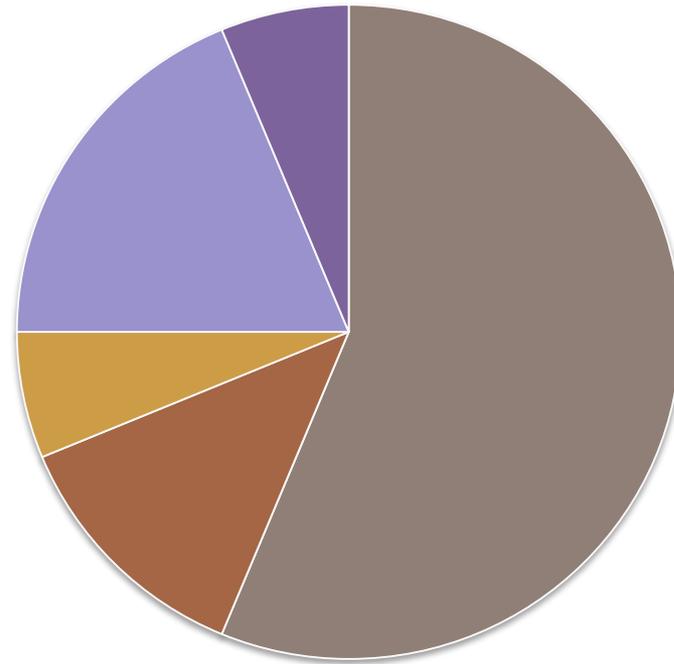
- HCWs+Patients+Community (n=9)
- HCWs only (n=5)
- Decision/Policy Makers (n=2)
- Households (n=1)

Choice of study participants

- HCW central unit of analysis
 - In line with conceptual framework - focus of 'behavioural change' (but what about focus of 'organisational change'?)
 - Pragmatic choice, easier group to interview than mid-level or senior management
- Questions regarding other informant groups and their contribution to elucidating in-depth information relevant to topic, e.g.:
 - 'Community leaders' (Zimbabwe) - do these really represent 'communities'?
 - Elite interviews conducted with high-level stakeholders (Ethiopia) to assess implementation processes – are these the individuals likely to be able to comment on responsiveness of health systems on the ground?

Methods

- All but one study used individual interviews
- Mainly combination of individual semi-structured interviews and FGDs (n=9)
- Few (n=3) used interviews as a stand-alone method, mostly KIIs



- Semi-structured interviews + FGDs
- Semi-structured interviews + Questionnaires
- Semi-structured interviews + Direct Observations
- Structured or Semi-structured interviews only
- Household Survey

Choice of Methods

- Limited range of qualitative methods used (interviews relying on reported experience/perceptions)
- Choice of method and its appropriateness in relation to data sought not clear in many instances – decision likely to be pragmatic (time, capacity, ease) rather than methodological (for e.g. FGDs)

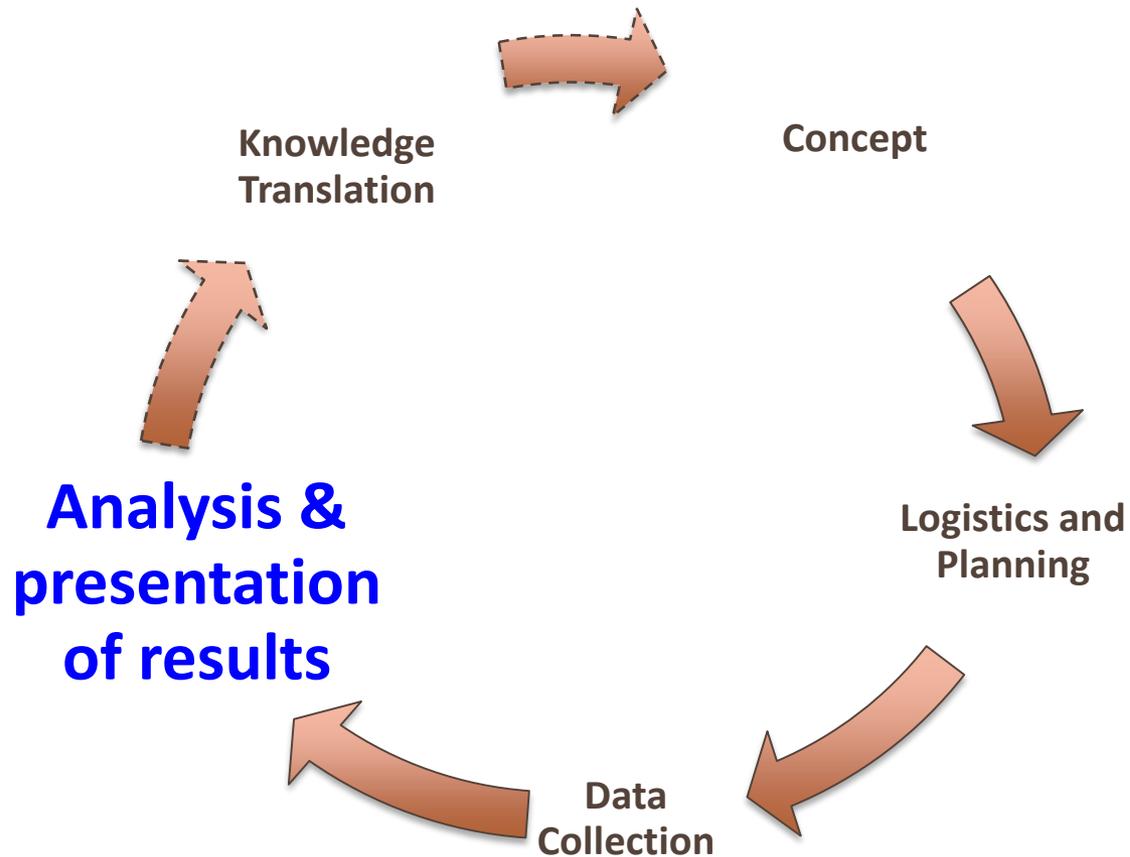
Data collection instruments

- Guides are comprehensive, often well-linked to conceptual framework – but assume these links made by informant as well e.g. assumptions about workload and impact on performance
- Little space to explore topics that are not explicitly within framework of understanding e.g. motivation or performance
- Some of those reviewed lack ‘organic’ flow – series of topics covered, but could be better linked/integrated → create a more natural dialogue, allow informant to open up.

Data collection instruments (cont'd)

- Many questions quite abstract; others too generic; in general not enough emphasis on concrete experience of informant or examples from practice
e.g. 'do you think standards of care can be improved?'
- Mix of direct (*'what do you do...'*) and hypothetical questions (*'what would you like to do...'* or *'how do you feel...'*); shift in interview mode, likely to generate wishful thinking responses
- Use of Likert scale appropriate, but overuse may lead to fatigue

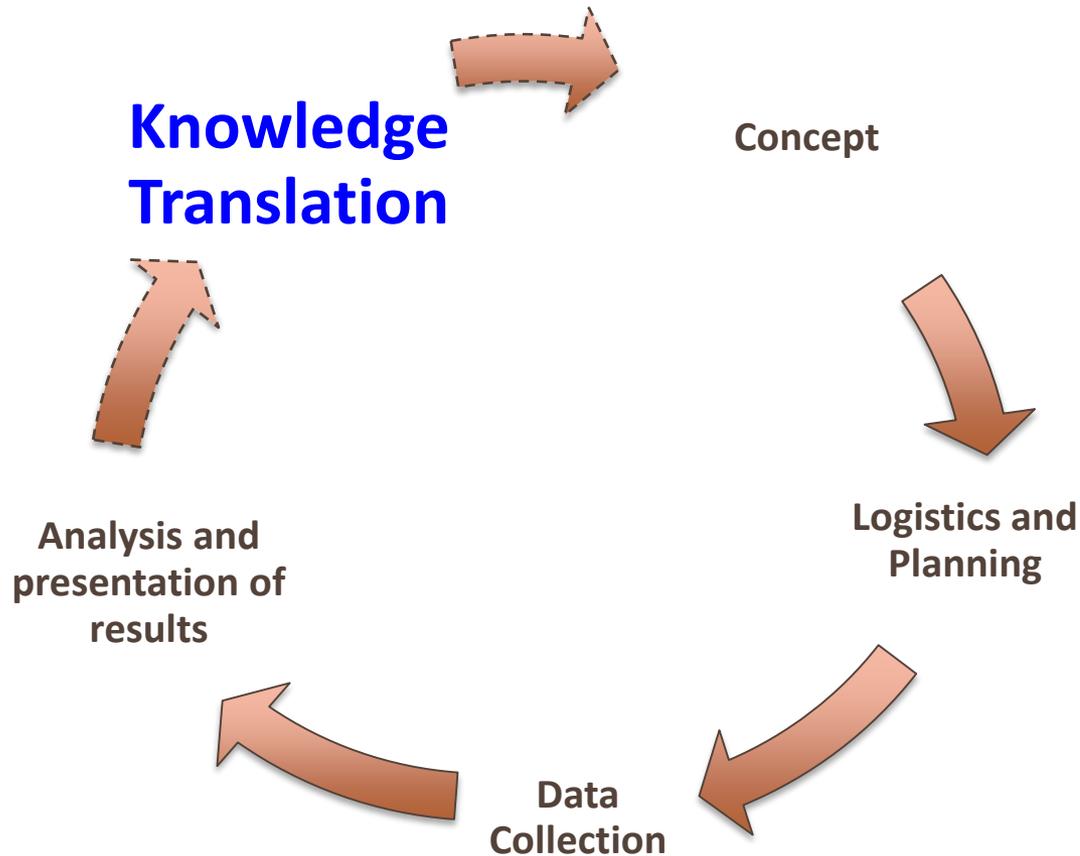
Research Cycle 4: Data Analysis



Steps towards analysis

- Several studies had strong protocols in place in relation to data management and steps towards analysis (e.g. **Nigeria, Cameroon**)
- Matrix used to display data (**DRC**) – possibility of other forms of display e.g. flowcharts, causal loop diagrammes
- Data analysis: deductive (research questions) rather than inductive (data driven); raises questions about involvement of fieldworkers in analysis process
- Presentation of results use of interview extracts to illustrate key factors influencing performance/motivation (e.g. **Zambia, Zimbabwe**)

Research Cycle 5: Knowledge Translation



Dissemination and uptake of results

- Limited amount of documents available for review
- All study teams interviewed plan local dissemination, presentations/publications to international audiences
- Explicit implications for policy and program implementation (e.g. Zimbabwe)
- Concrete suggestions on how the data would feed back into program review or locally-owned M&E missing

OPPORTUNITIES TO STRENGTHEN QR IN RBF

Opportunities to strengthen qualitative research in RBF I

Conceptualising the study

The reality...

Broader context of resource allocation within health sector well-described, but more narrow context of management structure, organisational culture of health facilities assumed or not explored



The potential...

In-depth formative work in fewer sites stratified according to relevant criteria could inform choice of methods, sources and individuals consulted (choice of participants) and questions asked

Opportunities to strengthen qualitative research in RBF I

Conceptualising the study (cont'd)

The reality...

Constructs and their relationship well-defined through framework, providing good consistency throughout methodology but may restrict richness of data obtained



The potential...

Locally grounded, context-specific operationalisation of more abstract concepts required, especially around organisational and management behaviour

Opportunities to strengthen qualitative research in RBF II

Logistics and planning

The reality...

Protocols lack consideration of ethical, social, and practical dimensions of 'real-life' field encounters

Volume of work/data collected disproportionate to gains in relevant data

The potential...

More time and planning are essential to **gain access to the field and build rapport** within team

Less is likely to yield more; choice/sampling of sites and participants more specific to research



Opportunities to strengthen qualitative research in RBF III

Data collection

The reality...

Focus on individual HCWs exaggerates their decision-making and agency

Choice of methods based on pragmatic considerations and focused on *reported* experience

Data collection instruments are researcher-driven, limiting naturalistic accounts



The potential...

Importance of capturing the **dynamics of working relations** through multi-layered accounts

Limited but critical use of **'real time'** methods

In-depth instruments can, allow the informant to **'tell the story'** of RBF

Conclusions and Way Forward

- Prerequisites for the inclusion of QR that can add value to RBF evaluation are strong (political will, funding as well as resources and capacity on the ground)
- However, qualitative inquiry requires different research paradigm that impacts on methodology and logistics...

The Way Forward



- Interrogate existing constructs and relationships in conceptual frameworks
- Greater attention to building relations of trust, rapport, and open exchange with informants/teams
- Smaller, more intensive and focused studies likely to yield richer data

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