

The Challenges of Collecting Qualitative Data in a High Census Hospital Unit

Kristen Bertrand
Ellise D. Adams PhD, CNM

Introduction and Purpose

- Qualitative research provides a rich source of information to capture raw data.
- Multiple challenges to qualitative data collection arise on a high census hospital unit.
- The purpose of this project was to discover those challenges and explore options to reduce and avoid potential errors that could occur during the collection process.

Methodology

Unit leaders implemented a change in policy and were interested in assessing the understanding and compliance of the nursing staff to this new policy. In order to assess this, approximately half the nursing staff were randomly selected to complete an interview-style survey and were asked to physically demonstrate their competency at the skills associated with the new policy.



Objectives

- To identify the challenges associated with qualitative data collection on a high census hospital unit.
- To use the knowledge of these identified challenges to help combat and avoid potential errors throughout the data collection process.
- To provide accurate, usable data to the leaders of this high census hospital unit.

Sample Analysis

- N = 26 (including staff members on day, night, and weekend shifts)
- 6 total interview times collected over a one month span of time

Sample by Shift:		
	Day	Night
Weekday (2 Nights, 2 Days)	9	10
Weekend (1 Night, 1 Day)	4	3

Acknowledgements

Special thanks to Dean Marsha Adams for printing costs.

Major Challenges Identified & Their Significance

Varied Nurse Population: The staff being interviewed came from different areas of the unit (labor and delivery, mother/baby, and nursery), had worked in the unit for different lengths of time, and had varied levels of experience with the actual policy change, leading to inconsistencies in the data collection.

Staff-to-Patient Ratio: During collection times where the staff-to-patient ratio was low, it was difficult for the staff to find uninterrupted time to participate in the interview. These interruptions lessened the consistency of the data collection.

Differences in Shifts: In order to reach our target number of interviews, data had to be collected across multiple, varied shifts over a month's span of time. This presented a potential for loss of data integrity and collection consistency in two ways: discussion of survey between staff members and possible staff access to survey materials between collection times.

Location of Collection: Multiple factors influenced the availability of a location to conduct the staff interviews. Different locations offered different levels of privacy and distraction causing a potential for inconsistency of data collection environment.

CONCLUSION: CONSISTENCY OF DATA COLLECTION TECHNIQUES = BIGGEST CHALLENGE

Interventions to Maintain Data Integrity

- One, unbiased interviewer** unaffiliated with the unit conducted all interviews with staff.
- Every staff member was read a **script highlighting the same points at the beginning of the interview** to give them all a similar starting point for the interview.
- Each staff member was asked which area on the unit they primarily worked and their date of hire for demographic purposes. **Anyone working on the unit for less than 6 months was disqualified from the study.**
- Although location of interview could not be identical between every shift, **priority factors were identified as qualifiers for maintaining consistency** for the location. These factors include *privacy* for a one-on-one interaction between surveyor and staff, *minimal distractions* during the interview itself, and a *close proximity to patients* to ease the concern of the staff.
- Between collection dates, **all survey material was locked up in a secure location** in order to avoid the possibility of staff members finding the survey questions before their interview.