

Bringing the interview data, RiR data, and systems maps data together: current thoughts

Dr Heeseo Rain Kwon

Post-doc in Healthier Urban Development, Dep. of Real Estate and Planning, Henley Business School, University of Reading h.kwon@henley.reading.ac.uk

Overseen by: Prof Kathy Pain

Background, purpose and types of data



- Kathy and Rain are leading this piece of **bringing the three datasets together** and updating the WP1 methods document with the epistemological and ontological positioning
- Purpose of bringing the data together
 - To provide basis for triangulation and inform the development of implementable intervention ideas and strategies
 - To prepare more quantifiable data that can be used for various analysis and modelling along with the WP2
 epidemiology and economic data

Types of data

- Interview data: text (transcript), Nvivo file, text (interview team summaries), text (transdisciplinary summaries)...
- RiR data: in various forms -> will get to this in later slides
- Systems maps data:
- 1) Visualisation of interview data: images (relational diagrams from interviews)
- 2) Workshop data: Processed workshop findings in different forms (tables, lists...), text (workshop notes), images (relational diagrams generated at workshops)





Key points from the brainstorming meetings with the RiRs (Sian and Anna)

- RiR observations have been collected/recorded in various forms (e.g., notes, materials from meetings)
 in different ways for BCC and GMCA.
- Difficult to organise these into usable data without clear scoping, and also because the observations are ongoing. In fact, a lot of the important observations are in the minds of Sian and Anna.
- Would be good to collect the same/similar form of data from Sian and Anna in terms of their observations regarding WP1 Phase 1 RQs as of Jan/Feb 2022.

Current thoughts

- Kathy and Rain, together with Sian and Anna, will develop a set of Qs for Sian and Anna to respond (either verbally with auto-transcription or by text)
- We'll design this set of Qs based on the WP1 Phase 1 RQs and the interview Qs developed by seven teams (but especially those used for BCC/GMCA interviews).
- Will be good to focus on the case studies: Streets for All for GMCA and Frome Gateway for BCC





Key points from the brainstorming meetings with WP3 (Neil and Pablo)

Visualisation of interview data ("mental maps"):

- NVivo query to generate report for parts that contain causal/relational words -> Manually create causal loop diagram using Vensim (takes Pablo's time)
- To minimise Pablo's time and enhance accuracy of these maps, would be good for Pablo to generate base diagrams with minimum interpretation and each interview team to finalise the mental maps

Workshops (collection of new data)

- Exploratory method with limits to be taken into account: small sample size, sample not necessarily representative, short time given for participants to create causal loop diagram together on Miro board
- At minimum, data collected from workshops can be used for corroboration. Workshop participants can be contacted again for further input.



1. A high-level summary table by a set of key themes

- Output: a table that presents key text extracts side by side by a set of key overarching themes
 - Example:https://journals.sagepub.com/doi/full/10.1177/160940691201100502

Themes	WP1 Phase 1 Interview	WP1 Phase 1 RiR	WP3 Phase 1 Workshop
TBD	Short extract from the transcripts	Short extract from the answers to Qs given by RiR	Short extract from the workshop notes (or transcript from recording)

Difficulty: What kind of overarching themes? It is challenging to even create such table for interview data only.

Table 2.	Iwo	Extracts	From an	Extensive	lext	Illustrating	Interwoven	Texts

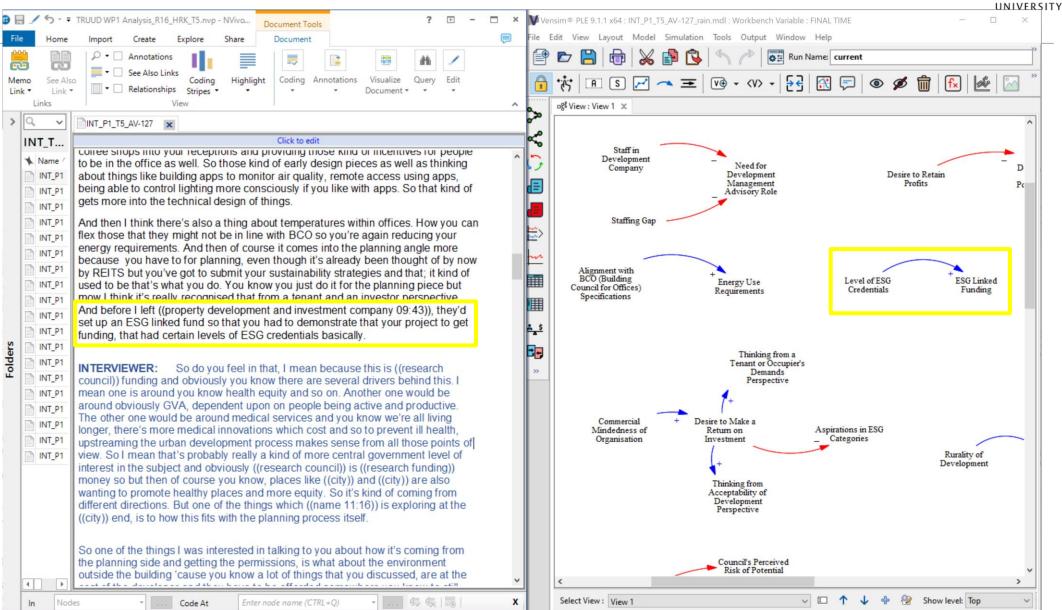
Original field notes	Subtheme	Selected interview transcriptions
The group members talk their way to both content and form in an apparently unstructured manner with a lot of free association. Has this something to do with the group? The stroke victims?	Unstructured route to form and content in the learning programme	H: Some of it has been clarified already but you can say that when new elements appear they are also thrown in. But I do believe that the teaching aspects are discussed at the beginning but not as much as we're used to. Because in a way the main point is what the users say about what they need and that there is room for questions in the group, then something really important has already been achieved and that it's not run as lectures—that's very difficult to avoid. But you can avoid some of it by making room for questions. So the observation that it's not discussed much is indeed correct.
A participant tells us about a difficult situation involving undesired prolonged erection. He was afraid. The nurse gives him specific details about alternatives and tells him that he can go to outpatient clinic. They talk about the difference between having a partner and wanting a partner in such a situation. Another person starts to talk. He has talked quite a lot before. He tells the others that by accident he got to know about the outpatient service. The nurse is quick to reply. She says yes, he could come to her if he so DESIRED! Everyone laughs. This triggers off some black humour and comments.	Art of conversation and humour	H: And you have to have a sense of humour—lots of humour. Humour is a fantastic tool. From the start of this it has been important to use humour, whether it has something to do with frustration or anything else. You can break off something or make a point. Both humour and black humour are fantastic tools, and we use them. R: To some extent it's about communication skills, isn't it? H: Yes, that's very true. And about listening. We have two ears and two eyes and one mouth.

Seems that simple links are less useful

UNIVERSITY OF READING

2. Using systems maps as a way to integrate

19 Items Codes: 43 References: 136 Read-Only Line: 121 Column: 78



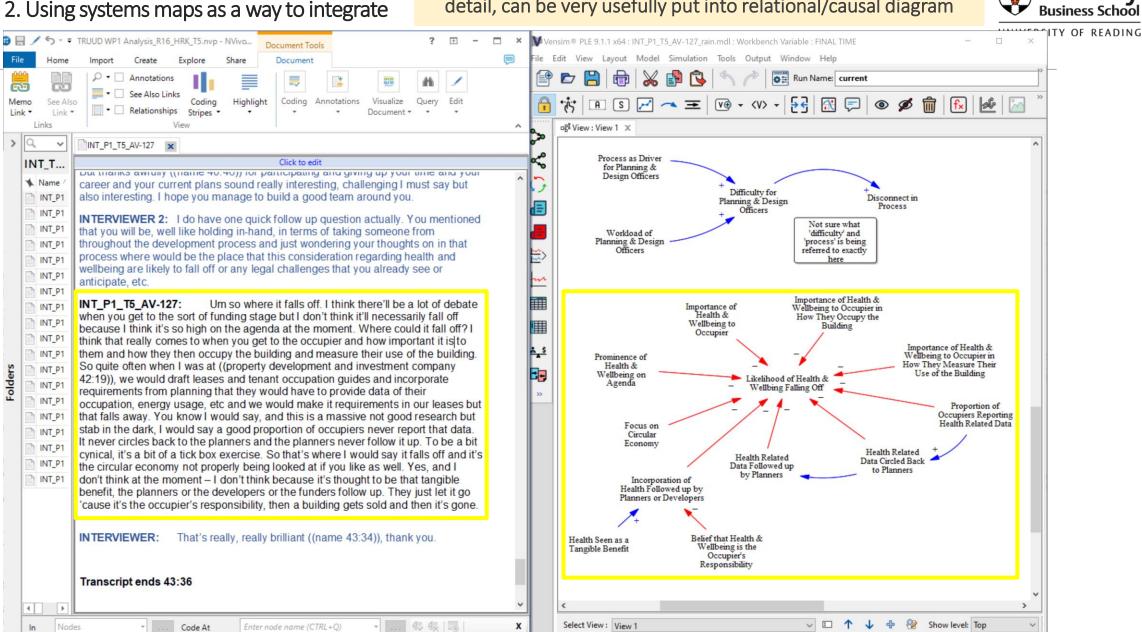
Vorkbench Variable : FINAL TIME

Rain Kwon

Zoom level :...

When the interviewee explains/unpacks something important in detail, can be very usefully put into relational/causal diagram





Vorkbench Variable : FINAL TIME

HRK 19 Items Codes: 43 References: 136 > Read-Only Line: 429 Column: 79

lain Kwon

Zoom level :...



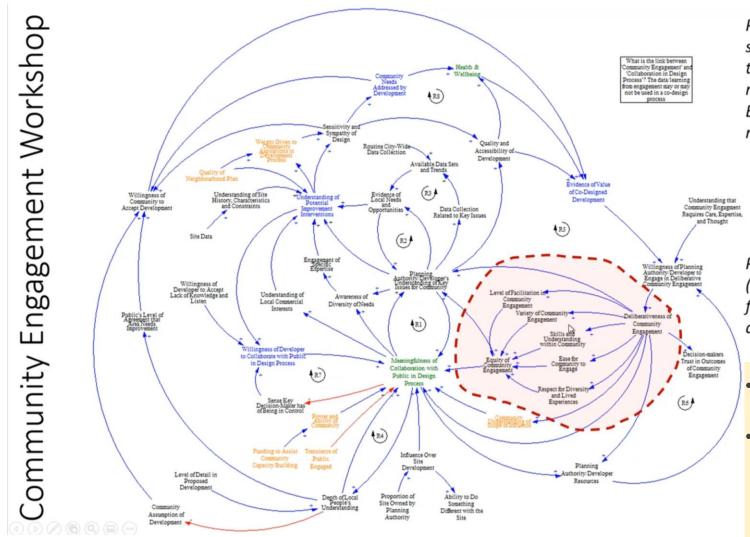
2. Using systems maps as a form that cuts across the three datasets

Method

- Interview data: Each interview team extracts the most important parts of the interview transcripts that they would like
 to diagrammatise (let's try keep it maybe around 10% of the interview?) -> Pablo puts the text into diagrams and
 generates one mental map per interview team (with alpha-numeric labels) -> Each interview team
 reviews/edits/finalises the mental maps.
- RiR data: Rain extracts the most important parts of the answers to Qs given by RiRs -> Pablo generates one mental map each -> Rain reviews/edits/finalises
- Systems workshop data: Pablo puts together relational/causal loop diagrams generated from workshops
- The three datasets above can be combined/corroborated.
- Output: Seven systems maps that represent each stakeholder group (local government, Bristol city council, national government, Bristol developers, real estate, business management and Greater Manchester), two systems maps that represent the observations of each RiR (GMCA and BCC), and system map/s generated from the workshops

Example: Causal loop diagram Neil & Pablo created for the topic of community engagement





Pablo extracted all causal statements from interview transcript elements tagged relating to Community Engagement resulting in this model.

Participants first asked what (if anything) was missing from this part along with any other feedback

- Hopefully, the summary mental map for each interview team will look something similar to this.
- Will be good to aim to use them to identify areas for further zoom-in and inform the design of the further investigation (e.g., follow-up likert scale questionnaire for the interviewees and workshop participants to potentially give weights to variables)



- 3. Ex-post likert-scale survey for interviewers (methodology used in the medical research e.g., autism diagnostic interview)
- Method:
 - Use interview, RiR and systems maps data together to inductively identify areas that need further investigation
 - Design a short survey/questionnaire with clear likert-scale/categorical options to choose from
 - Survey the interviewers (N=15)
 - Difficult to make quantitative analysis but can use this to compare/corroborate findings
- Output: Raw data of survey results (excel; csv), tables and charts comparing the responses from different stakeholder groups



4. Likert-scale questionnaire/survey for interviewees and workshop participants

Method:

- Use interview, RiR and systems maps data together to inductively identify areas that need further investigation
- Design a short survey/questionnaire with clear likert-scale/categorical options to choose from
- Survey the interviewees and workshop participants (which include BCC and GMCA/TfGM officers) (N=100+)
- Make quantitative analysis as needed and use it to link with the epidemiology and economic data and various modelling approaches
- Output: Raw data of survey results (excel; csv), tables and charts comparing the responses from different stakeholder groups