THE UK’s QUALITATIVE DATA SERVICE

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UK DATA ARCHIVE
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FORCHUNGINFRASTRUKTUR FUR DIE QUALITATIVE SOZIALFORSCHUNG, WISSENSCHAFTSZENTRUM, BERLIN
11-12OCTOBER 2012
OVERVIEW

• Priorities of the Qualidata services over time
• Main stream activities and successes
• New directions....
MY ORGANISATION, THE UK DATA ARCHIVE

- the UK Data Archive is based at the University of Essex, Colchester since 1967.

- has over forty years experience in selecting, ingesting, curating and providing access to social science data

- About 50 staff work across these Ares
RURAL LOCATION, MANY TOWERS

The Archive
OUR DATA COLLECTION

- The UK Data Archive, since 1967 – 2003; Economic and Social Data Service 2003-2012

- Over 5,000 data collections spanning an extensive range of key economic and social data

- Quantitative and qualitative data, spanning many disciplines and themes

- Open access user guides and documentation

- In 2011 attained the highest information security standard, ISO 27001, so we can look after highly disclosive statistical data (our Secure Data Service)
QUALITATIVE DATA COLLECTIONS

• The UK’s portal for qualitative data, since 1995
• Over 370 collections now archived and supported
• Qualitative and mixed methods collection across many topics
• Most data born digital since 1990
• Paper-based post WWII classic surveys digitised and supported
SOURCING COLLECTIONS

- data from National Research Council (ESRC) individual and programme research grant awards
- Data Policy in place since 1998, mandating sharing
- other funders of social science
- data from ‘classic’ social science studies
- spontaneous gifts
I NEEDED TO EMPTY MY OFFICE....
OUR DATA PREPARATION APPROACH

• Early Qualidata created ‘new’ archiving procedures blending:
  • Best of traditional archiving – listing contents of boxes chronologically
  • Best of digital data archiving methods, based on the original standard survey description, now the DDI

• Developed a robust method for processing data: licensing, checking, formatting, User guide, Data list, downloadable package, interviews with depositor
PRE PROCESSING METHODS

Liaising with depositor:
- consent
- anonymisation
- data format
- documentation
- access and licensing

Preparation of initial processing plan
- Data processing team agrees plan and begins work
PROCESSING METHODS

- error checking/validation of collection contents
- check consent and confidentiality agreements met
- basic reformatting of text undertaken
- possibly anonymisation undertaken
- creation of data context - digital user guides, variable and data lists
- access conditions agreed and applied
- data mounted for download system

- baseline standards yet every dataset is treated individually..aim to describe and relate data, and provide some context

- published ESDS guide to data processing techniques (www.data-archive.ac.uk)
Interviewer: OK, yeah, that should be recording. Well if we could start off with your sort of background really, how you got into medicine and what motivated you to do it if you can remember.

Subject: It's an atypical story, I applied for Medical School when I was at school but got rejected. I went through (cleaning?) did a degree in civil engineering and then I went in the Army and I was an infantry officer in the Army till the age of twenty-eight and was about to get married and the Army's a great life if you're single, it's got restrictions if you're married and Army officers if they're going to get out tend to get out in their late twenties and then I re- applied for Medical School and I managed to get in. So I was a mature student, I was a house officer at the age of thirty-three.

Interviewer: Right, so, so you were in your late twenties, so you went when you were twenty-eight?

Subject: Twenty-eight I started Medical School finished at thirty-three.

Interviewer: So presumably then you've had quite a long ambition, you know, it was still there then after?

Subject: Yeah, it was still there very much so and.

Interviewer: What do you think that was about, what was that sort of motive about wanting to do it?

Subject: I think it's, I think the primary consideration is working with people and doing a job where you felt you were doing some form of good and I think medicine as well as the kind of job it's so, you can become senior but you're still reasonably practical, hands-on, it isn't you know, you don't and up purely in management or whatever, obviously some may some may decide to do that but it's still a reasonably hands on job.

Interviewer: Right, interesting to have been a civil engineer though?

Subject: Well yeah, civil engineer, as I say I wanted to get a degree in civil engineering cos I happened to have the A Level grades for it but I was an infantry officer in the Army.

Interviewer: Right, so you didn't actually pursue the civil engineering?
DATA LIST

- is a key file level finding aid

- DP compiles data listing
  - depositor may send in completed excel template
  - standard fields plus bespoke fields
  - may need to extract information from data

- compiled as excel and then PDFed. Usually supplied in both formats
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Background

We have a good sociological understanding of how present-day health and medicine is experienced from the point of view of patients and lay people. There is now a substantial body of research which has explored how contemporary social changes have influenced people’s experiences and understandings of both health and illness (e.g., Monaghan, 2001; Prior, 2003; Henwood et al., 2003) and health care (e.g., Coulter and Fitzpatrick, 2000). By contrast, although there is a well-known literature on the medical profession (which we will discuss below) there have not been any more rounded sociologically informed empirical studies of what it means to be a doctor within contemporary society (an exception, in an Australian context, is Lupton (1997)). The studies which do exist - and from which we will of course draw some inspiration - tend to be focussed on more specific issues: views of particular policy initiatives (e.g., Armstrong et al., 1996; Douglas et al., 1997; Barron et al., 1997; Humphrey and Barron, 2000; Hamson and Dowsewell, 2002); problematic clinical issues (e.g., Stokes, 2000); training and socialisation (Becker et al., 1961; Atkinson, 1981; Fox, 1989); or the construction of, or means of dealing with, the uncertainty of medical knowledge (Atkinson, 1995; Fox, 1992).

Although there has been little sociological consideration of the everyday experiences and world views of doctors this topic is something that has been troubling the upper echelons of the medical profession for some time now. In a number of lectures, seminars and in a range of publications, members of the medical establishment have asked, *inter alia*: What does it mean to be a doctor? Do we still need doctors? What, if anything, makes doctors special? Why are doctors so unhappy? Has the medical profession lost control? Is there any consensus about what a doctor actually does? (Weatherall, 1996; Lantos, 1997; Tomberg, 2002; Smith, 2003; Horton, 2003; Black, 2000; Mathuk, 2003; NHS Confederation, 2002). These concerns have been driven by a number of factors not least: crises of recruitment and retention (BMA, 2002a); the pages of the medical press replete with discussions about unhappy doctors (e.g., Edwards et al., 2002); the impact of high profile ‘scandals’ such as the Shipman murders, the ‘Bristol Case’, Atker Hey and the consequent inquiries; changing patterns of media attention - with twice as many negative stories about the profession as opposed to positive ones now being published (Thoebe et al., 2001); and medical error - hitherto a largely taboo topic - now becoming a legitimate area of investigation (BMA, 2002b).

In his book *The Doctors’ Tale: professionalism and public trust* the former president of the General Medical Council (GMC) Donald Irvine (2003) provides a detailed and personal account of the fundamental changes in the regulation of the profession. He states, ‘this cultural revolution’ is still ongoing and outlines the need for what he calls a ‘new professionalism’ - a term he credits to the medical sociologist Meg Stacey (p.5). For him this ‘new professionalism’ must embrace: ‘evidence based medicine rather than clinical pragmatism, the recognition of the importance of attitudes and behaviour, partnership with patients, and accountability rather than personal autonomy...’ It is about teamwork rather than individualism, collective as well as personal responsibility, transparency rather than secrecy, empathetic communication and above all respect for others. An unreserved
Kind of Data: Textual data; Individual (micro) level; Semi-structured interview transcripts

Universe Sampled:
Location of Units of Observation: Subnational

Methodology:
Time Dimensions: Cross-sectional (one-time) study
Sampling Procedures: Purposive selection/case studies
Number of Units: 50 interviews
Method of Data Collection: Face-to-face interview
Weighting: Not applicable

Language(s) of Written Materials:
Study Description: English
Study Documentation: English

Access:
Access Conditions: The depositor has specified that registration is required and standard conditions of use apply. The depositor may be informed about usage. See terms and conditions for further information.
Availability: ESOS Qualidata, UK Data Archive
Contact: Help desk: qualidata@esds.ac.uk
Access Code: 2003A

Date of Release:
First Edition: 17 March 2009

Copyright:
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Documentation:

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Note File

Read File
CLASSIC STUDY – ADDING RICH CONTEXT

- Thompsons’ EDWARDIANS STUDY
  - 450 oral history interviews
  - Original funding application
  - Interview schedule, notes and methodology description
  - Classifications schemes (geographic and thematic)
  - Researcher biography
  - In-depth interviews with depositor
  - Press and book reviews

PIONEERS WEBSITE FOR CLASSIC DATA
http://www.esds.ac.uk/qualidata/pioneers/
DATA USAGE PROFILE 2008-9

Usage by user status

% Users

Data types

Macro | Long | Quali | large gov surveys | Other micro

- Other
- Commercial
- Public sector
- Postgrad
- Undergrad
- Academic
RE-USING DATA – WHAT ARE PEOPLE DOING?

• Reanalysis. Revisiting data
  • Mike Savage, Jon Lawrence: Affluent Worker
  • Pat Thane: Marsden, Mothers Alone

• Research method training
  • Last Refuge teaching pack

• Follow-up study
  • Sheena Rolph: Last Refuge

• Re-study/replication
  • Graham Crow: Sheppey studies

• See our case studies of re-use www.esds.ac.uk
TEACHING & LEARNING SUPPORT

• We have 40 tailor-made or sampler datasets for teaching purposes

• Research methods teachers becoming excited about introducing real-life data into teaching

• Classic data great for teaching

• Data plus contextual material
  • Questionnaires, fieldwork practices, sampling and data collection methods

• See case studies of teaching www.esds.ac.uk
Jo Haynes, Lecturer at the University of Bristol

- has been using numerous qualitative data collections to support her teaching of qualitative research methods. A key motivation was her desire to provide students with skills in data analysis.

- chooses studies with diverse topics, data quality and the ability to divide the dataset into subsamples of a manageable size (e.g., by participant characteristics, geography, or other features) for student projects.

- students asked to write 4,000 word reports based on their analyses.

- impressed by students' creativity in generating new questions for existing data, sometimes related to the initial topic but deepening its focus and, in other cases, asking new questions altogether.
FACILITATING SECONDARY ANALYSIS

• Developing training in Secondary Analysis of Qualitative Data.

• Have had 2 workshops plus teachers workshop

• We are supporting a new funded programme of secondary analysis grants

• See event programme on www.esds.ac.uk
NEW FUTURES

• ESDS grant finished in September 2012

• UK archiving services went out to tender (again)

• We have just won 5 years. The UK Data Service

• Less money and different priorities: survey, admin, secure quant data

• Reality…most smaller research datasets are not used

• Loss of 3 ESDS Qualidata staff, but new specialist admin data staff
A PLACE STILL FOR QUALITATIVE DATA?

• Cannot afford to process data which is not being used!
• No more routine processing or preservation of small scale qualitative data
• Self-archive will be used to house most qualitative data
• Expect institutional repositories to house local data assets
• Focus on classic data which has the highest usage
• Supporting users, teachers to use data
• Supporting UK data creators through our established Managing Research Data Data training programme
• Training Institutional Repositories in archiving qualitative data
NEW GRANT – DIGITAL FUTURES

• Digitising classic surveys and studies in paper format

• Linked scholars working on the classic data

• Online delivery system for text and AV – XML based (Nesstar for qualitative data)

• Aim to build based on DDI Working Group for Qualitative data work

• Would like it to be picked up by other social science data archive, creating possibilities of data federation