The use of computer-assisted qualitative data analysis software (CAQDAS) has not been without controversy, with a pervasive sense of skepticism and resistance towards its adoption by many scholars. Language-based researchers in particular, such as conversation and discourse analysts, have been slow to embrace such tools for their work. In this paper we illustrate how we have used ATLAS.ti to support our own conversation and discourse analysis work, in order to demonstrate how such a tool can be leveraged to complete nine analytic tasks. Tasks and features we describe include, among others, transcribing and synchronizing transcripts with media files, engaging in unmotivated looking through creating quotations, and conducting a close, line by line analysis through writing memos. We illustrate how ATLAS.ti has allowed us to document our analytic decisions in a transparent, reflexive, rigorous and systematic way. We note, too, limitations of the software such as a lack of real-time collaboration support and challenges inherent to the analysis of video and online interactional data. Rather than taking control away from the researcher, we argue that ATLAS.ti enables the analyst to solve a range of methodological challenges, such as working with large data-sets and supporting deeper levels of analysis than is possible by hand.


Problem Statement: Today's ever-changing educational environment has created a need for new leadership styles that encourage positive change and improvement. In Turkish universities, the most commonly used leadership models are the classic and/or traditional ones, which lead to stagnation in innovation and entrepreneurship. Only a limited number of universities are actively engaged in innovative research activities and achieve success in terms of entrepreneurship and cooperative work with industry. A broad effort is needed to improve cooperation and encourage leadership development. Purpose of Study: This paper attempts to show and critically analyze the role of leadership models of university management in creating a learning environment for innovation and entrepreneurship. Methods: Semi-structured interviews were conducted with 42 different faculty members and 12 graduate students over a period of three months at three different universities in Istanbul. Interviews
were centered on 6 core research questions. Interpretative Phenomenological Analysis (IPA) was used to analyze the interview outcomes. The data were analyzed using the ATLAS.ti 7 software kit. Findings and Results: A large percentage of the participants, 78%, mentioned that participatory democracy is an important new leadership model that can empower innovation and entrepreneurship. Most respondents, 80%, also identified the important role of intensive collaboration with industry managers. In the transformation of the university, a significant percentage of the participants, 69%, agreed that experts should be frequently consulted and their views taken into consideration. Slightly more than half of the participants, 54%, said that their university could do more to encourage innovation and innovative ideas from students and faculty members; out of the respondents who expressed this idea, the majority, 86%, said that new leadership and management styles would be critical in promoting this change. Conclusions and Recommendations: As the current study shows, universities that apply new leadership styles create an environment more conducive to fostering entrepreneurship and innovation. Consistent with previous research, the leadership model of university management plays a vital role in universities' readiness to accept innovative and entrepreneurial changes. Universities should adopt new leadership styles instead of using conservative and traditional leadership models that discourage innovation and entrepreneurship. Generally speaking, democratic leadership models are more effective at fostering open innovation. In the new management framework, leaders can create new environments and spaces, such as technology transfer offices, to collaborate with industry. [ABSTRACT FROM AUTHOR]


Objective. We examined the perspectives of low-income, urban youth about the corner store experience to inform the development of corner store interventions. Design Focus groups were conducted to understand youth perceptions regarding their early shopping experiences, the process of store selection, reasons for shopping in a corner store, parental guidance about corner stores, and what their ideal, or “dream corner store” would look like. Thematic analysis was employed to identify themes using ATLAS.ti (version 6.1, 2010, ATLAS.ti GmbH) and Excel (version 2010, Microsoft Corp). Setting Focus groups were conducted in nine kindergarten-through-grade 8 (K-8) public schools in low-income neighborhoods with 40 fourth- to sixth-graders with a mean age of 10.9±0.8 years. Results Youth report going to corner stores with family members at an early age. By second and third grades, a growing number of youth reported shopping unaccompanied by an older sibling or adult. Youth reported that the products sold in stores were the key reason they choose a specific store. A small number of youth said their parents offered guidance on their corner store purchases. When youth were asked what their dream corner store would look like, they mentioned wanting a combination of healthy and less-healthy foods. Conclusion These data suggest that, among low-income, urban youth, corner store shopping starts at a very young age and that product, price, and location are key factors that affect corner store selection. The data also suggest that few parents offer guidance about corner store purchases, and youth are receptive to having healthier items in corner stores. Corner store intervention efforts should target young children and their
parents/caregivers and aim to increase the availability of affordable, healthier products. [ABSTRACT FROM AUTHOR]


Recent research has drawn attention to the deleterious effects of instability on child development. In particular, child care instability may make it hard for children to form secure attachments to their care providers which may have a negative impact on their development and school readiness. These effects seem to be heightened for low-income children and families. However, there remains a lack of clarity regarding how and why low-income mothers make changes to their child care arrangements. Using ethnographic data from Welfare, Children, and Families: A Three City Study, this study explored 36 low-income mothers’ experiences of child care instability and stability and the factors that promoted each. We identified four kinds of child care transitions: planned, averted, failed, and forced. Financial resources, transportation and the availability of care during the hours that mothers work were important for helping mothers find and maintain preferred care arrangements. Our findings have implications for research on child care instability as well as the development of policy and programs to help low-income families secure high quality child care and maintain stable employment. (author abstract)


Neoliberal policies have opened the door to a steady stream of contract providers who assist struggling schools while producing market-ready reforms. This ethnographic example of Allport High School illustrates how constant aid, in combination with internal market expansion, destabilizes school structures, obscures curricula, and transfers local resources to compliance measures. I advance the term persistent fringe to describe schools like Allport that serve as proving grounds for educational reform prototypes.


Despite considerable effort and expenditure by the Korean government and universities to promote technology use in tertiary education, few teachers of English in Korea regularly and consistently employ technology in their teaching. Moreover, research into the hindrances and enablers of technology use in English education in Korea has been limited for primary and secondary schools and conspicuously absent on the tertiary level. This case study examines what teachers in a general English department at a private university in Seoul undergo as they consider the use of technology both in and out of classrooms. It attempts to provide a holistic look into teacher decision-making in this context. It employs a grounded theory of investigation underpinned by a close reading of the diffusion of innovations theory by Rogers.
(2003). Data for the study involves three main techniques: semi-structured interviews, a survey questionnaire, and classroom observations. Analysis follows an iterative, grounded method and includes use of both qualitative and quantitative software programs (ATLAS.ti 5.0 and SPSS 16.0 respectively). Results from the study form a substantive theory entitled “what works” which helps explain the myriad of decisions that teachers make while trying to manage personal (internal) and administrative (external) goals and aims. Further, all decisions within this system are underpinned by “what works” for teachers in any situation both in terms of reliability and consistency. Implications suggest that the use of technology in the classroom exacerbates preexisting pedagogical and infrastructure issues, leading to inconsistencies in representation and application, as well as an overall limitation of potential use by teachers.

HEALTH


Background: Health services for men who have sex with men (MSM) are inadequate in many areas around the world. HIV and syphilis test uptake remain suboptimal among MSM in China and many other regions. To inform the development of more comprehensive sexually transmitted disease (STD) testing programs among MSM, we collected descriptive data on MSM testing practices and preferences. Methods: MSM in two large urban Chinese cities were recruited through community-based organizations and clinics to participate in semi-structured interviews. We purposively sampled MSM across a range of sociodemographic characteristics and testing history, and assessed preferences for HIV and syphilis testing in the context of facilitators and barriers to testing and previous testing experiences. Each interview transcript was coded and thematically analyzed using ATLAS.ti 7.0. Results: 35 MSM were interviewed. Confidentiality and privacy were the most important factors influencing participants’ decisions about whether and where to get tested. Men preferred rapid testing (results available within 30 minutes) compared to conventional tests where results take several hours or days to return. Participants described concerns about quality and accuracy of rapid tests offered in non-clinical settings such as community-based organizations. Men preferred testing service providers who were MSM-friendly, non-discriminatory, and medically trained. Preferred service center environments included: convenient but discrete location, MSM-friendly atmosphere, and clean/standard medical facilities. Conclusion: Our data highlight the need for HIV/syphilis testing services that are confidential and inclusive of MSM. Rapid testing in decentralized (i.e. peripheral health facilities and community-level, non-clinical venues) settings provides an opportunity to reach individuals who have not been tested before, but must be accompanied by quality assurance systems and technical competence. Implementation research could further evaluate HIV/syphilis testing programs responsive to MSM preferences. Short Summary: A qualitative study of MSM in South China found that men preferred rapid STD testing at MSM-focused test centers, but were concerned about test quality assurance and

The pediatric diagnostic odyssey is a period of uncertainty and emotional turmoil for families, often characterized by multiple minor medical procedures (such as venipuncture) that children may find distressing. Interventions to reduce distress are rarely offered, despite evidence that this is crucial both for avoiding anticipatory anxiety before future procedures and for improving healthcare compliance in adulthood. We interviewed ten mothers of children with neuromuscular disorders, asking about their perceptions of their child’s experiences with different medical procedures, the emotional impact of the diagnostic odyssey, implications of obtaining a diagnosis, and interactions with healthcare providers. We coded interviews in ATLAS.ti (version 7.0) based on a priori and emergent themes, and analyzed them based on the principles of interpretive description. We found that predicting and assessing children’s reactions to procedures is challenging; parents reported non-invasive procedures such as x-rays were distressing for some children, and that providers did not detect subtle indicators of distress. Parents valued obtaining a diagnosis because it validated their concerns, enabled planning for the child’s future healthcare needs, and allowed access to established support networks. This study suggests that healthcare providers can improve the experience of the diagnostic odyssey by validating family concerns and connecting them to support services that are available without a diagnosis. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)


Mahāyāna devotees assert that helping other people is the practice of the bodhisattva path. This qualitative inquiry explores how Buddhists apply the bodhisattva spirit in modern society. It recruited 38 participants for in-depth interviews and analyzed data using interpretative phenomenological analysis, with the aid of ATLAS.ti 7, a software package. Its rigor is warranted by different levels of triangulation, including member checking and peer analysis at an interrater reliability of 92%. The lived experience of participants reveals that Buddhist altruistic behavior enables helpers to accomplish personal growth and, conclusively, self-benefiting altruism that is motivated by the enlightened mind and the four immeasurables. These attributes not only indicate the practicability of bodhisattva spirit, but also inspire civic participants how to encourage social integration that constructs and sustains an inclusive society. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

We sought to understand how health coaches affect the work of primary care clinicians and influence their perception of patient care. As a mixed methods hypothesis-generating study, we administered a structured post-visit survey and conducted in-depth individual interviews with primary care clinicians who worked with health coaches at two urban community health centers. Survey responses were compared using t tests. Interviews were transcribed and analyzed using ATLAS.ti software and modified grounded theory. Surveys were completed by 15 of 17 clinicians for 61% of eligible patient visits (269/441). Compared to usual care patients, clinicians rated visits with health-coached patients as less demanding (2.44 vs. 3.06, p < .001) and were more likely to feel that they had adequate time with their patient (3.96 vs. 3.57, p < .001). Qualitative findings expanded upon these results and uncovered four key health coach activities thought to improve patient care. Through developing a rapport with patients over time and working with patients between medical visits, health coaches (a) empower patients by offering self-management support, (b) bridge communication gaps between clinicians and patients, (c) assist patients in navigating the health care system, and (d) act as a point of contact for patients. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)


Crisis communication is an indicator of a sustaining public normalcy that serves to control and decrease any untoward situations during disasters’ meltdown. Prior findings highlighted that 25.85 percent of arising organizational disputes can be resolved using public announcements and an enhancement of public awareness through avoiding related dissatisfactions, disorders and untoward circumstances during radiation and nuclear emergencies. Hence, in this paper, we are interrogating Malaysians on their perception of risk regarding to radiation and nuclear disasters and emergencies. The principal aim is to identify the relationship between the IAEA’s initiated risk perception characteristics and the content of the respective public acceptance reports. Those relationships are described and analyzed into a network diagram using the ATLAS.ti software consisting of Clustering and C-Coefficient analyses. This diagram identifies the main variables relating to significant characteristics of risk perception. Future studies should further evaluate the intensity of public opinion against the suggested constructs of executing a thorough and structured risk management mechanism, to advance public trust as well as crisis communication. [ABSTRACT FROM AUTHOR]

Background: Care coordination between adult hospitalists and primary care providers (PCPs) is a critical component of successful transitions of care from hospital to home, yet one that is not well understood.

Objective: The purpose of this study was to understand the challenges in coordination of care, as well as potential solutions, from the perspective of hospitalists and PCPs in North Carolina.

Design and Participants: We conducted an exploratory qualitative study with 58 clinicians in four hospitalist focus groups (n = 32), three PCP focus groups (n = 19), and one hybrid group with both hospitalists and PCPs (n = 7). Approach: Interview guides included questions about care coordination, information exchange, follow-up care, accountability, and medication management. Focus group sessions were recorded, transcribed verbatim, and analyzed in ATLAS.ti. The constant comparative method was used to evaluate differences between hospitalists and PCPs. Key Results: Hospitalists and PCPs were found to encounter similar care coordination challenges, including (1) lack of time, (2) difficulty reaching other clinicians, (3) lack of personal relationships with other clinicians, (4) lack of information feedback loops, (5) medication list discrepancies, and (6) lack of clarity regarding accountability for pending tests and home health. Hospitalists additionally noted difficulty obtaining timely follow-up appointments for after-hours or weekend discharges. PCPs additionally noted (1) not knowing when patients were hospitalized, (2) not having hospital records for post-hospitalization appointments, (3) difficulty locating important information in discharge summaries, and (4) feeling undervalued when hospitalists made medication changes without involving PCPs. Hospitalists and PCPs identified common themes of successful care coordination as (1) greater efforts to coordinate care for 'high-risk' patients, (2) improved direct telephone access to each other, (3) improved information exchange through shared electronic medical records, (4) enhanced interpersonal relationships, and (5) clearly defined accountability. Conclusions: Hospitalists and PCPs encounter similar challenges in care coordination, yet have important experiential differences related to sending and receiving roles for hospital discharges. Efforts to improve coordination of care between hospitalists and PCPs should aim to understand perspectives of clinicians in each setting. [ABSTRACT FROM AUTHOR]


Purpose. To identify the influence of gender stereotypes on eating habits among Costa Rican adolescents. Design. Qualitative, descriptive research was used in this study. Setting. Adolescents and parents were recruited from socioeconomically diverse populations in rural and urban areas of San Jose, Costa Rica. Subjects. Subjects were 92 adolescents (14 to 17 years old) and 48 parents. Methods. Focus group data were transcribed and entered into the qualitative data analysis software ATLAS.ti version 5.0. Analyses were grounded on the social cognitive theory. Results. Five themes emerged from the focus
group discussions: (1) Costa Rican adolescents associate the consumption of moderate quantities of healthy foods with femininity and male homosexuality. (2) The consumption of hearty portions of nonhealthy foods was associated with masculinity and male heterosexuality. (3) There is an emerging view that it is acceptable for heterosexual male adolescents to take care of their bodies through healthy eating. (4) Body care among female adolescents is an element of femininity and body image. (5) Parents reinforce their daughters’ persistent concern with weight control because they perceive it as feminine behavior. Conclusion. Health promoters should be aware of the existing and changing food stereotypes around gender as an avenue for the promotion of healthy eating. [ABSTRACT FROM AUTHOR]


Background: Socio-cultural and economic factors constitute real barriers for uptake of screening and treatment of Human African Trypanosomiasis (HAT) in the Democratic Republic of Congo (DRC). Better understanding and addressing these barriers may enhance the effectiveness of HAT control. Methods: We performed a qualitative study consisting of semi-structured interviews and focus group discussions in the Bandundu and Kasai Oriental provinces, two provinces lagging behind in the HAT elimination effort. Our study population included current and former HAT patients, as well as healthcare providers and program managers of the national HAT control program. All interviews and discussions were voice recorded on a digital device and data were analysed with the ATLAS.ti software. Findings: Health workers and community members quoted a number of prohibitions that have to be respected for six months after HAT treatment: no work, no sexual intercourse, no hot food, not walking in the sun. Violating these restrictions is believed to cause serious, and sometimes deadly, complications. These strong prohibitions are well-known by the community and lead some people to avoid HAT screening campaigns, for fear of having to observe such taboos in case of diagnosis. Discussion: The restrictions originally aimed to mitigate the severe adverse effects of the melarsoprol regimen, but are not evidence-based and became obsolete with the new safer drugs. Correct health information regarding HAT treatment is essential. Health providers should address the perspective of the community in a constant dialogue to keep abreast of unintended transformations of meaning. [ABSTRACT FROM AUTHOR]


Background: There are significant gender differences in injection drug practices and relative risks involved for women who inject drug compared with men. This qualitative study aims to explore the social, contextual, and behavioral dimensions of injecting practices among women who inject drugs. Methods: Participants were selected by purposive venue-based sampling from a syringe exchange program in 2012-2013. In-depth interviews were conducted with 26 women to elicit detailed perspectives regarding injection drug use practices and women-focused decision-making. All interviews were transcribed
verbatim and analyzed with ATLAS.ti. Results: Participant's mean age was 43.2 years, 48% Caucasian, 36% African American, and 16% Latina, poorly educated, mostly single, and heroin self-injectors. Three themes emerged; a) transitioning from non-injection to injection drug use; b) patterns and variations of initiation to injecting; and c) shifting toward autonomy or reliance on others. Women were predominantly influenced to transition to injection drug use by other women with their claims that injecting was a way to curtail their daily drug expenditure. More than half the women received their first injection from another woman in their social network rather than a male sexual partner. Self-injecting women exhibited agency around the circumstances of injection safety and potential risks. Other women revealed that their inability to inject themselves could and did make them dependent on others for unsafe injection practices. Conclusions: The finding that many women were influenced to transition to injection drug use and receive the first injection from a woman is contrary to literature claims that male sexual partners introduce and initiate women to injection drug use. Self-injecting women possessed capacity to act in a way that produced the results they wanted, not sharing prepared drugs or injecting equipment. In stark contrast, women assisted with injections could and did make them vulnerable to unsafe injecting. Findings support early prevention strategies that discourage women's transition from non-injection to injection and development of female peer-driven experiential interventions to dispel myths for non-injection women and to increase personal capability to self-inject for women who require assistance with injecting, to reduce injection-related harm. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

**BACKGROUND:** Despite U.S. Preventive Services Task Force recommendations, few primary care providers (PCPs) counsel obese patients about weight loss. The POWER practice-based weight loss trial used health coaches to provide weight loss counseling, but PCPs referred their patients and reviewed their patients' progress reports. This trial provided a unique opportunity to understand PCPs' actual and desired roles in a multi-component weight loss intervention. **OBJECTIVE:** 1) To explore the PCP role, inclusive of and beyond the trial's intended role, in a practice-based weight loss trial; and 2) to elicit recommendations by PCPs for wider dissemination of the successful multi-component program. **DESIGN:** Qualitative focus group study of PCPs with >= 4 patients enrolled in trial. **PARTICIPANTS:** Twenty-six out of 30 PCPs from six community practices participated between June and August 2010. **MAIN MEASURES:** We used a semi-structured moderator guide. Focus groups were audio-recorded and transcribed verbatim. Two investigators independently coded transcripts for thematic content, identified meaningful segments within the responses and assigned codes using an editing style analysis. **ATLAS.ti** software was used for organization/analysis. **MAIN RESULTS:** We identified five major themes related to the PCP's role in patients' weight management: (1) refer patients into program, provide endorsement; (2) provide accountability for patients; (3) "cheerlead" for patients during visits; (4) have limited role in weight management; and (5) maintain the long-term trusting relationship through the ups and downs. PCPs provided several recommendations for wider dissemination of the program into primary care practices, highlighting the need for specific feedback from coaches as well as efficient, integrated processes. **CONCLUSIONS:** Weight loss programs have the potential to partner with PCPs to build upon the patient-provider relationship to improve patient accountability and sustain behavior change. However, rather than directing the weight loss, PCPs preferred a peripheral role by utilizing health coaches.

**OBJECTIVE:** To investigate how the social status of high-caste Nepali widows of reproductive age impacts their sexual and reproductive health care. **METHODS:** Twenty-one in-depth interviews and 1 focus group (n=6) were conducted between September and November 2012 in the Kathmandu, Kavre, and Chitwan districts of Nepal. Participants were members of Women for Human Rights, Single Women Group. Interviews and the focus group with widows followed a semi-structured interview guide designed to elicit information on sexual and reproductive health problems, knowledge about them, and barriers to care. Two researchers used inductive and deductive coding to analyze transcripts for themes using ATLAS.ti. **RESULTS:** Widows reported facing substantial obstacles to accessing sexual and reproductive health care. Widows suspected of having sexual and reproductive health problems, or who discussed or tried to access these services, could be ostracized by their families and experience severe economic and psychological consequences. Additionally, widows feared discrimination, lack of confidentiality, and sexual harassment by male providers if their status was known. These barriers appeared to stem from the perception that sexual relationships are necessary for widows to require care for gynecologic problems. **CONCLUSION:** Widows expressed a need for sexual and reproductive health care and described cultural and systematic barriers to accessing this care; these barriers need to be addressed.


**BACKGROUND:** Ensuring that data collected through national health information systems are of sufficient quality for meaningful interpretation is a challenge in many resource-limited countries. An assessment was conducted to identify strengths and weaknesses of the health data management and reporting systems that capture and transfer routine monitoring and evaluation (M&E) data in Botswana. **METHODS:** This was a descriptive, qualitative assessment. In-depth interviews were conducted at the national (n = 27), district (n = 31), and facility/community (n = 71) levels to assess i) M&E structures, functions, and capabilities; ii) indicator definitions and reporting guidelines; iii) data collection forms and tools; iv) data management processes; and v) links with the national reporting system. A framework analysis was conducted using ATLAS.ti v6.1. **RESULTS:** Health programs generally had standardized data collection and reporting tools and defined personnel for M&E responsibilities at the national and district levels. Best practices uni-
que to individual health programs were identified and included a variety of relatively low-resource initiatives such as attention to staffing patterns, making health data more accessible for evidence-based decision-making, developing a single source of information related to indicator definitions, data collection tools, and management processes, and utilization of supportive supervision visits to districts and facilities. Weakness included limited ownership of M&E-related duties within facilities, a lack of tertiary training programs to build M&E skills, few standard practices related to confidentiality and document storage, limited dissemination of indicator definitions, and limited functionality of electronic data management systems. CONCLUSIONS: Addressing fundamental M&E system issues, further standardization of M&E practices, and increasing health services management responsiveness to time-sensitive information are critical to sustain progress related to health service delivery in Botswana. In addition to high-resource initiatives, such as investments in electronic medical record systems and tertiary training programs, there are a variety of low-resource initiatives, such as regular data quality checks, that can strengthen national health information systems. Applying best practices that are effective within one health program to data management and reporting systems of other programs is a practical approach for strengthening health informatics and improving data quality.


PURPOSE: Despite the imperative to develop adequate competence in caring for the growing demographic of elderly patients with complex health care problems, nursing homes are underused as learning environments for the education of future doctors; thus, the authors aimed to gain more insight into the characteristics of the nursing home as a learning environment. METHOD: Approaching the nursing home as a learning environment from a predominantly sociocultural perspective, the authors carried out five focus group interviews (December 2011 through February 2012) with 36 family medicine and elderly care medicine residents during their nursing home placements. Data analysis was an iterative process following a grounded theory approach. The software ATLAS.ti supported data analysis. RESULTS: The authors identified 23 themes in five categories regarding the nursing home as a learning environment: organization, medical opportunities, communication, teamwork, and supervision. Working and learning in a nursing home was characterized by "dealing with less" (i.e., fewer resources), yet the residents reported that dealing with less resulted in "learning more." Family medicine and elderly care residents from different backgrounds differed in their perceptions and specific learning needs. CONCLUSIONS: To the authors' knowledge, this study is one of the first to identify characteristics of the nursing home as a learning environment. The main challenge in the nursing home is
dealing with less, which, according to the residents in the present study, often leads to learning more. To ensure that learning really happens, the authors call for high-quality supervision to support learners in the nursing home environment.


Introduction Faith-based organizations represent a source of stability and are an established presence in a community. They frequently serve their community following disasters. They are not formally included or identified as a disaster resource; thus, there is an opportunity to increase the effectiveness with which faith-based organizations prepare for and respond to disasters.

Problem This pilot study aimed to assess perceptions of the level of disaster preparedness and resiliency among faith-based organizations as a first step in understanding how to improve disaster preparedness and resiliency among these organizations and their communities.

METHODS: Survey and semi-structured interviews were conducted with six faith-based organizations, one with a leader and one with a staff member. Frequency distributions of survey questions were obtained. Interviews were transcribed and thematic analysis was supported by analytical software, ATLAS.ti. RESULTS: Results of the survey indicated strong social networks among congregation and community members. However, half of the members indicated that they did not socialize often with other races and other neighborhoods. Additionally, trust of other groups of people was generally low. Themes that emerged from qualitative analysis were: (1) perceived disaster preparedness and resiliency; (2) barriers to community preparedness and resiliency; (3) lessons learned from past disasters; (4) social services and networks; and (5) willingness to be prepared. CONCLUSIONS: The results suggest that there is a need for interventions to improve disaster preparedness and resiliency among faith-based organizations. Muller V, Burke R, Berg B, Lin A, Upperman J. A mixed-methods pilot study of disaster preparedness and resiliency among faith-based organizations. Prehosp Disaster Med. 2014;29(2):1-7.


Purpose The purpose of the study was to investigate how retention strategies employed by the Diabetes Empowerment Program (DEP) contributed to retention. Methods An experienced moderator conducted in-depth interviews (n = 7) and 4 focus groups (n = 29) with former DEP participants. Interviews were recorded, transcribed, and coded using iteratively modified coding guidelines. Results were analyzed using ATLAS.ti 4.2 software. Results Participants were African American and predominantly female,
low income, and with more than 1 diabetes complication. Key retention themes included: (1) educator characteristics and interpersonal skills ("The warmth of the staff . . . kept me coming back for more."), (2) accessible information ("I didn't know anything about diabetes [before]. I was just given the medicine."), (3) social support ("I realized I wasn't the only one who has diabetes."), (4) the use of narrative ("It's enlightening to talk about [my diabetes]."), and (5) the African American helping tradition ("I went not just for myself but for my husband.").

Conclusions

While many interventions focus on costly logistics and incentives to retain at-risk participants, study findings suggest that utilizing culturally tailored curricula and emphasizing interpersonal skills and social support may be more effective strategies to retain low-income African Americans in diabetes education programs.


Healthier lifestyles may contribute to prevent overweight in adolescents. Although school-based interventions show promising results, adoption and implementation by secondary schools and involvement of parents is difficult. Our study aims to gain a better understanding of the problem awareness and beliefs of school staff and parents regarding adolescents’ overweight and energy balance-related behaviour, their motivation for health-promoting activities and suggested actions in the school environment. Focus group interviews were conducted with three groups of parents and three groups of school staff at three pre-vocational schools in the Netherlands. Comments concerning awareness, motivation to intervene and possible actions were analysed with the ATLAS.ti program. Results showed that school staff and parents were aware of overweight as a health problem, but underestimated the prevalence and impact of overweight and unhealthy behaviour in their school. Health-related behaviour of adolescents was considered primarily the responsibility of parents, but the school staff also had a pedagogical responsibility. Parents and school staff agreed that health promotion efforts would have more impact on adolescents’ behaviour, when school-based activities were supported by parents and parental efforts were supported by school health promotion. Therefore, parental efforts and school-based activities should be aligned by developing and expressing shared norms about healthy behaviour and parents should be taught how to discuss healthy dietary and physical activity behaviour with their children. To tackle peer group culture and the obese environment, parents’ and school staff’s efforts should be part of an integrated community approach.

The extent and quality of social support provided to young survivors of sexual abuse (SA) have only rarely been examined. This qualitative study aimed to investigate adolescent perspectives on social support received in the aftermath of SA. A total of 26 sexually victimized adolescents (15-18 years old) participated in a qualitative face-to-face, in-depth interview that focused on perceived social support. Qualitative content analysis was conducted as per Mayring (2008) using the qualitative data analysis program ATLAS.ti. In addition, quantitative correlational analyses were conducted to identify characteristics of SA and their associations with perceived social support. Although participants perceived parental support as the most necessary type of support, they were much more satisfied with support from peers. In particular, adolescents stated that they wished they had received more emotional support from their parents in order to better cope with the abuse. About half of participants reported having received counseling, and counseling was seen as very helpful in dealing with the consequences of SA. Only a few adolescents mentioned their school as a source of support. Intra-familial abuse, younger victim age at the time of abuse, an adult perpetrator, and severe abuse were all negatively associated with satisfaction with perceived support. Our results suggest that support for young survivors of SA needs to be improved. Prevention of SA needs particular focus on improving parental reactions to SA, facilitating access to professional support, and raising teacher awareness of the importance of their role in the provision of support for sexually victimized children.


OBJECTIVES: Health care reform in Bulgaria has been ongoing for two decades. Since 1990, it has been transforming from a socialized system of medical care with free access, to one which is decentralized, includes private health care services, the general practitioner model and a National Health Insurance Fund. In this context, we are conducting an international EC Framework 7 project: 'Improving quality and safety in the hospital: The link between organizational culture, burn-out, and quality of care'. We focus on health professionals' perceptions of organizational hierarchies in Bulgarian hospitals and how doctors and nurses connect these to organizational justice.

METHODS: We conducted seven focus groups and four interviews, with a total of 42 participants (27 nurses, 15 physicians and medical residents) in three hospitals. Data were analysed through thematic analysis and discourse analysis with ATLAS.ti. RESULTS: From the perspective of health professionals, health reform has intensified traditional hierarchies and inequalities and has created new ones in Bulgarian hospitals. These hierarchies are continuously (re)constructed through language and practices and also destabilized through resistance. The health professionals protest fact that these
Hierarchies are permeated with unfairness and silence voices. All health professions (nurses, doctors, residents) in our study experience being unjustly positioned and disempowered in various hierarchies. They connect these experiences to stress and anxiety.

CONCLUSIONS: Participatory action research needs to address multiple dimensions of organizational relationships in Bulgarian hospitals, including hierarchical relationships and ways of promoting organizational justice.

STATEMENT OF CONTRIBUTION: What is already known on this subject? Health care organizations are hierarchically organized. Organizational injustice can contribute to burnout in health professionals. There is a high level of stress and burnout for health professionals in Bulgaria. What does this study add? This study adds understanding of changing hierarchies in hospitals during health care reform in the post-socialist period. Illuminates how health professionals’ discourse sustains and resists hierarchical relationships in Bulgarian hospitals. Adds understanding of health professionals’ perspectives on implications of injustice for their well-being.


Because of imposed rapid social change, Alaska Native youth are growing up in a context different from their elders and suffering far worse health and behavioral outcomes. This research seeks to understand (a) their everyday struggles and life challenges, (b) the practices and resources they rely on to get through challenges, and (c) the meaning they make from these experiences. Data were generated from interviews with 20 Alaska Native youth between the ages of 11 and 18 years, balanced by gender and age-group (early and late adolescence). Purposive sampling identified participants with a broad range of experiences. Following a semistructured guide, youth participated in face-to-face, audio-recorded interviews, transcribed verbatim. A codebook was developed using an iterative process and transcripts were coded using ATLAS.ti. The most commonly identified stressors were relationship loss, "not being there for me," nonsupportive/hostile experiences, transitioning into adulthood, and boredom. Resilience strategies included developing and maintaining relationships with others, being responsible, creating systems of reciprocity, practicing subsistence living, and giving back to family and the community. These opportunities allowed youth to gain a sense of competence and mastery. When difficult experiences align with opportunities for being responsible and competent, youth are most likely to exhibit resilience.

YEAR 2013

OBJECTIVE: To understand how social norms about gender and reproduction shape fertility desires and use of family planning among adolescents in post-conflict northern Uganda. METHODS: A study was conducted in 2 post-conflict districts in north-central Uganda. Life histories were collected from 40 adolescents (20 males, 20 females). In-depth interviews were conducted with 40 individuals (20 males, 20 females) who were identified as significantly influencing the lives of adolescents in research areas. Data were analyzed through inductive and deductive approaches, facilitated by the qualitative software program ATLAS.ti (v.5.6). RESULTS: Rigid gender norms and post-conflict economic realities create an environment in which young people struggle to bridge the gap between idealized and experienced gender roles. Social changes brought about by the conflict, combined with cultural values and gender norms, strongly influence fertility desires and contraceptive use. Despite support for smaller, spaced families, gendered barriers to adolescent use of family planning and access to services are significant, even among married couples. CONCLUSION: The increased recognition of the determining influence of gender on adolescent reproductive health provided by studies such as this can encourage greater investment in gender transformative interventions with the potential to significantly improve sexual and reproductive health across the life course.

Aldrich, R. M., & Dickie, V. A. (2013). "It's hard to plan your day when you have no money": discouraged workers’ occupational possibilities and the need to reconceptualize routine. Work, 45(1), 5-15. doi: 10.3233/WOR-131596

OBJECTIVE: This paper presents daily routine as a justice-related concern for unemployed people, based on an ethnographic study of discouraged workers. PARTICIPANTS: Four women and one man who wanted to work but had ceased searching for jobs, and 25 community members whose jobs served the unemployed community, participated in the study. METHODS: Ethnographic methodology--including participant observation, semi-structured and unstructured interviews, and document reviews--and the Occupational Questionnaire were used to gather data for 10 months in a rural North Carolina town. Data analysis included open and focused coding via the ATLAS.ti software as well as participant review of findings and writings. RESULTS: Routines need to be seen as negotiated, resource-driven products of experience rather than automatic structures for daily living. Scholars and practitioners must acknowledge that the presence or absence of routine not only relates to resource use but also influences unemployed people’s occupational possibilities. CONCLUSIONS: To address unjust expectations about unemployed people's occupational possibilities, scholars must examine the uncertain, negotiated nature of daily routine and its function as a foundation for occupational engagement. Thus, it may be helpful to view routine as both a prerequisite of occupation and a way that existing occupations are organized.

**OBJECTIVE:** This study was conducted with participants from trials examining the effects of an Iyengar yoga program on cardiovascular disease risk. The objective of the current study was to evaluate the perceived benefits of yoga in a population of older, predominantly overweight adults participating in a gentle 8-week yoga program. **DESIGN:** This study used a constructivist-interpretive approach to naturalistic inquiry. **SETTING:** A total of 42 participants completed the intervention and met the inclusion criteria for the current qualitative study. **INTERVENTION:** The 8-week Iyengar yoga program included two 90-min yoga classes and five 30-min home sessions per week. Participants completed weekly logs and an exit questionnaire at the end of the study. **MAIN OUTCOME MEASURES:** Qualitative data from weekly logs and exit questionnaires were compiled and conventional content analysis performed with the use of ATLAS.ti to facilitate the process. **RESULTS:** Four broad themes emerged from content analysis: practicing yoga improved overall physical function and capacity (for 83% of participants); practicing yoga reduced stress/anxiety and enhanced calmness (83% of participants); practicing yoga enriched the quality of sleep (21% of participants); and practicing yoga supported efforts toward dietary improvements (14% of participants). **CONCLUSIONS:** These results suggest that yoga may have ancillary benefits in terms of improved physical function, enhanced mental/emotional state, enriched sleep quality, and improved lifestyle choices, and may be useful as a health promotion strategy in the prevention and management of chronic disease.


**OBJECTIVE:** This study (which forms part of a broader inquiry) aimed to determine the constructive aspects of the written language to introduce gender-based violence and its articulation in referential frameworks. Special attention was paid to detecting spaces where a gender framework could emerge. **METHODS:** A discourse analysis of contributions to a specific virtual forum was performed using the analytical tool of detecting interpretative repertoires, with the support of the ATLAS.ti v.6 program. **RESULTS:** We identified three main interpretative repertoires. In the first two, 'Violence, a social symptom' and 'All victims', the gender framework was largely blurred. However, the third repertoire, 'The pendulum of gender', was the main route of expression and of confrontation for this framework and was constructed mainly from the criticisms made by many participants of the effects of what is called 'positive discrimination'.

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CONCLUSIONS: We identified the difficulty of distinguishing the gender framework, in the context of the adoption and development of the law, from the punitive framework. This lack of distinction limits violence against women to an interpersonal problem between the victim and the aggressor, and essentially offers official complaints and their legal outcomes as the solution.


Pay for performance (P4P) is becoming increasingly popular in the health care sector as a tool for encouraging performance (especially quality) improvement. Evidence about the effect of policies in hospitals is rare and generally confined to developed countries. The Iranian hospital grading system, which links the charges hospitals can make for patient stay to the results of their annual performance grading, is one of the earliest examples of P4P in the world. We report here the first evaluation of the impact of the Iranian P4P system. We conducted a multiple case study using semi-structured interviews and observation in four hospitals with different ownership and grading results, to explore responses to the grading system and the P4P policy. The data were analysed using framework analysis assisted by ATLAS.ti software. The findings showed hospital behaviour was influenced by and changed in response to P4P policy, despite serious concerns about the validity of the grading standards. The main driver for such changes was hospital revenue, which acted as a direct financial incentive for private hospital managers and as a factor for public hospital managers' sense of success and reputation. Frontline staff were motivated indirectly by higher revenue flowing into investment in better facilities and working environment. Other potential mechanisms by which the grading system could have influenced behaviour [such as patient and General Practitioner (GP) referral choice] did not appear to influence hospital behaviour.


BACKGROUND: In Zanzibar, malaria prevalence dropped substantially in the last decade and presently most febrile patients seen in primary health care facilities (PHCF) test negative for malaria. The availability of rapid diagnostic tests (RDTs) allows rural health workers to reliably rule out malaria in fever patients. However, additional diagnostic tools to identify alternative fever causes are scarce, often leaving RDT-negative patients without a clear diagnosis and management plan. This pilot study aimed to explore health workers' practices with febrile children and identify factors influencing their diagnostic and management decisions in nonmalarial fever patients. METHODS:
Semi-structured key informant interviews were conducted with 12 health workers in six PHCFs in North Adistrikt, Zanzibar, April to June 2011. Interviews were coded using ATLAS.ti to identify emerging themes that play a role in the diagnosis and management of febrile children. RESULTS: The following themes were identified: 1) health workers use caregivers' history of illness and RDT results for initial diagnostic and management decisions, but suggest caregivers need more education to prevent late presentation and poor health outcomes; 2) there is uncertainty regarding viral versus bacterial illness and health workers feel additional point-of-care diagnostic tests would help with differential diagnoses; 3) stock-outs of medications and limited caregivers' resources are barriers to delivering good care; 4) training, short courses and participation in research as well as; 5) weather also influences diagnostic decision-making. CONCLUSIONS: This pilot study found that health workers in Zanzibar use caregiver history of fever and results of malaria RDTs to guide management of febrile children. However, since most febrile children test negative for malaria, health workers believe additional training and point-of-care tests would improve their ability to diagnose and manage non-malarial fevers. Educating caregivers on signs and symptoms of febrile illness, as well as the introduction of additional tests to differentiate between viral and bacterial illness, would be important steps to get children to PHCFs earlier and decrease unnecessary antibiotic prescribing without compromising patient safety. More research is needed to expand an understanding of what would improve fever management in other resource-limited settings with decreasing malaria.


INTRODUCTION: There is a misconception that cardiovascular disease (CVD) is the burden of wealthy nations, but, in fact, it is the leading cause of death and disability-adjusted life worldwide. Healthy diets are an essential factor in the prevention of CVD. However, promoting healthy diet is challenging, particularly for people with low-socioeconomic status (SES), because poverty is linked with many risk behaviours such as smoking, unhealthy eating and obesity. Multiple factors, cultural values and beliefs interact and make healthy eating very challenging. The effects of these factors in the context of low-SES populations with CVD are largely unknown. To address this gap, this study will examine the factors that affect decisions about consuming healthy diet in Pakistanis with low SES who suffer from CVD. METHODS AND ANALYSIS: A qualitative method of interpretive description will be used. 25 participants will be selected from two cardiac rehabilitation (CR) centres in Karachi, Pakistan. Face-to-face interviews using a critical realist framework will be used to understand individual and contextual factors in the food choices of people with low SES.
and CVD. ATLAS.ti qualitative data analysis software will be used to identify themes and patterns in the interview data. ETHICS AND DISCUSSION: Ethical approvals were received from the Ethics Review board of University of Alberta, Canada and Aga Khan University, Karachi Pakistan. The findings will generate new knowledge about which and how factors influence the food choices of Pakistanis with CVD and low SES to provide an insight into the development of an operational framework for designing interventions for prevention of CVD. For knowledge-translation purposes, we will publish the findings in highly accessed, peer-reviewed scientific and health policy journals at the national and international level. This research protocol received IRDC (International Development Research Centre) doctoral award from International Development Research Centre, Ottawa, Canada.


Midface advancement with distraction osteogenesis using the rigid external device (RED) is an effective but invasive treatment to correct the hypoplastic midface. This study draws up an inventory of the stressors, needs and coping strategies of families during this treatment, to determine the best conditions for family-centred care. Data were collected by reviewing the patients' files and administering semi-structured interviews. The data were analysed using the software program ATLAS.ti and were re-analysed by an independent researcher. Parents and patients were interviewed separately. Fourteen families participated. Four patients had an absolute indication for surgery. All families were eager to have the patient's facial appearance improved. Nevertheless, despite psychological counselling, they experienced stress when confronted with the changed facial appearance. Another stressor was weight loss. Six patients were in a state of acute malnutrition and needed supplementary feeding. We conclude that the best conditions for family-centred care should be aligned to the different phases of treatment. Leading up to surgery it is important to screen families' expectations regarding aesthetic, functional and social outcomes and to assess their capacity to cope with the long treatment and effects of changed facial appearance. Peer contact and psychosocial training to increase self-esteem are tools to enhance co-operation and satisfaction. During the distraction and stabilisation phase, we advise the monitoring of nutritional intake and weight. During all phases of treatment easy accessibility to the team is recommended.


OBJECTIVE: To analyze the Final Report of the VIII Health Conference and the Sao Jose dos Pinhais City Health
Program for 2010-2013 and investigate whether these documents addressed the themes of sustainability, governance, and equity and the interfaces between these themes-government policies, power balance, and inclusive processes/impacting results-that make up the Concept Model for Human Development and Health Promotion developed by the authors. METHOD: This case study analyzed 331 proposals approved for incorporation in the City Health Program. The six thematical categories of the Concept Model were analyzed using ATLAS.ti 5.0 software. The proposals were classified according to the number of themes and interfaces of the Concept Model: full health proposals contained all six categories; partial proposals contained three categories; and incipient proposals contained one category. RESULTS: Of 331 proposals approved, 162 (49%) contemplated the six thematical categories and were classified as full health promotion proposals. Ninety-five (29%) contemplated three categories (partial health promotion). Of these, 38 (12%) addressed Governance, Sustainability, and Government Policies, 33 (10%) addressed Governance, Power Balance, and Equity and 24 (7%) addressed Equity, Inclusive Processes/Impact Results, and Sustainability. Finally, 74 (22%) proposals contemplated only one category and were classified as incipient: 36 (11%) addressed Governance, 27 (8%) addressed sustainability, and 11 (3%) addressed equity. CONCLUSIONS: Based on the fact that 49% of the proposals approved were classified as full health promotion, it is considered that the effectiveness of social control and popular participa-


In Nyanza Province, Kenya, HIV incidence is highest (26.2%) in the beach communities along Lake Victoria. Prior research documented high mobility and HIV risks among fishermen; mobility patterns and HIV risks faced by women in fishing communities are less well researched. This study aimed to characterize forms of mobility among women in the fish trade in Nyanza; describe the spatial and social features of beaches; and assess characteristics of the "sex-for-fish" economy and its implications for HIV prevention. We used qualitative methods, including participant observation in 6 beach villages and other key destinations in the Kisumu area of Nyanza that attract female migrants, and we recruited individuals for in-depth semi-structured interviews at those destinations. We interviewed 40 women, of whom 18 were fish traders, and 15 men, of whom 7 were fishermen. Data were analyzed using ATLAS.ti software. We found that female fish traders are often migrants to beaches; they are also highly mobile. They are at high risk of HIV acquisition and transmission via their exchange of sex for fish with jaboya fishermen.

**STUDY QUESTION:** How do genetics professionals assess the potential benefits and challenges of expanded carrier screening (ECS) in reproductive healthcare? **SUMMARY ANSWER:** Genetics professionals believe that current ECS products have major limitations and are not ready for routine use in reproductive healthcare. **WHAT IS KNOWN ALREADY:** Non-targeted approaches to carrier screening have been met with uneven enthusiasm from relevant professional organizations. With declining genotyping costs, it is reasonable to expect that the number of genetic conditions evaluated by carrier-screening products will continue to increase. Reproductive healthcare providers will play a critical role in the adoption of ECS and need to be prepared for the potential challenges that lie ahead. **STUDY DESIGN, SIZE, DURATION:** Focus groups were convened at six academic medical centers in the USA in March 2011 to examine genetics professionals' views on ECS. **PARTICIPANTS/MATERIALS, SETTING, METHODS:** Forty genetic professionals participated in six focus groups for this study. A clinical case report was presented to each focus group to examine participants' opinions about the use of highly multiplexed forms of carrier screening in reproductive healthcare. Focus group transcripts were analyzed for major themes and thematic density across sites using qualitative data analysis software (ATLAS.ti v5.8). **MAIN RESULTS AND THE ROLE OF CHANCE:** Participants believed that current ECS products have major limitations pertaining to the analysis of select alleles and genetic mutations. Participants highlighted multiple interpretive and counseling challenges that reproductive healthcare providers may face in communicating ECS results to patients. Participants stressed the importance of communicating these and other limitations to patients before recommending ECS. Participants recommended collaboration with genetic counselors and medical geneticists in providing ECS. **LIMITATIONS, REASONS FOR CAUTION:** To the extent that ECS products have not been widely used to date, participants may have had limited familiarity and direct clinical experience with these products. Given that this study was conducted with genetic professionals from academic medical centers in the USA, participant perspectives may not be representative of professional practices and norms in other healthcare settings. **WIDER IMPLICATIONS OF THE FINDINGS:** In considering the use of ECS products in their practices, reproductive healthcare providers may find it helpful to consider the perspectives of genetics professionals. These specialists have considerable experience with diverse forms of genetic testing and can provide valuable insights regarding new genomic risk assessment tools such as ECS.

Chrisman, S. P., Quitiquit, C., & Rivara, F. P. (2013). Qualitative study of barriers to concussive symptom reporting in high
PURPOSE: To identify barriers to concussive symptom reporting in high school athletics. METHODS: We conducted a qualitative focus group study with varsity high school athletes from three football, two boys' soccer, and four girls' soccer teams in the Seattle, WA, area (50 participants). Professional moderators led the groups with a standardized script that discussed concussion knowledge as well as hypothetical concussive scenarios. Focus groups were recorded and transcribed, and transcripts were analyzed by two investigators using thematic analysis with ATLAS.ti. RESULTS: Athletes could describe multiple signs and symptoms of concussion. Athletes also understood the dangers of concussions, and all groups mentioned the possibility of death or long-term disability. However, when confronted with scenarios involving concussive symptoms, athletes reported they would not stop playing. They would either continue to play (6/9 groups) or would take a brief break and then return to play (3/9 groups). Several barriers seemed to explain athletes' responses. Athletes wanted to keep playing and knew that reporting symptoms might result in being removed from the game. In addition, concussive symptoms were nonspecific, and thus could be mistaken for another etiology. Finally, athletes were hesitant to report symptoms to coaches if they did not result in significant pain or disability. CONCLUSIONS: There are several barriers to concussive symptom reporting in high school athletics. Athlete concussion knowledge does not seem to be a barrier, but coach approachability may be an issue. Interventions that seek to improve coach communication with athletes regarding concussion management might increase symptom reporting.


Social workers delivering services in health care settings face unique challenges and opportunities. The purpose of this study was to solicit input from social workers employed in urban hospitals about their perceptions of the roles, contribution, and professional functioning of social work in a rapidly changing health care environment. Using qualitative methods, the university and hospital-based research team conducted seven focus groups (n = 65) at urban hospitals and analyzed the data using an interpretive framework with ATLAS.ti software. Seven major themes emerged from the participants' description of their roles: bouncer, janitor, glue, broker, firefighter, juggler, and challenger. Along with descriptions of the ways social workers fulfilled those roles, participants articulated differences in status within those roles, the increasing complexity of discharge planning, and expectations to provide secondary support to other health care professionals on their teams. Implications for practice and research are discussed.

de Oliveira, A. A., de Sa, L. D., Nogueira Jde,

This study was performed with the objective to analyze the barriers to diagnosing tuberculosis in the aged and access to health services in the city of Joao Pessoa, Paraiba, Brazil. This qualitative study included the participation of seven aged women with tuberculosis. Interviews were used for data collection. The empirical material was organized using ATLAS.ti 6.0, and analyzed according to the techniques of discourse analysis. The identified barriers related to the access to health services to confirm the diagnosis were: the operating hours of family health units; transferred responsibilities; home visits without controlling communicants; delay of the health service in suspecting the disease and the patient's repeated visits to the health center before being informed about the diagnosis. Despite the identification of common barriers that tuberculosis patients of all ages must deal with, because of the vulnerability of the elderly, health services should implement control actions so as to prevent the disease becoming a common condition in this population.


**BACKGROUND:** Public health surveillance and epidemiologic investigations are critical public health functions for identifying threats to the health of a community. Very little is known about how these functions are conducted at the local level. The purpose of the Epidemiology Networks in Action (EpiNet) Study was to describe the epidemiology and surveillance response to the 2009 pandemic influenza A (H1N1) by city and county health departments in the San Francisco Bay Area in California. The study also documented lessons learned from the response in order to strengthen future public health preparedness and response planning efforts in the region. **METHODS:** In order to characterize the epidemiology and surveillance response, we conducted key informant interviews with public health professionals from twelve local health departments in the San Francisco Bay Area. In order to contextualize aspects of organizational response and performance, we recruited two types of key informants: public health professionals who were involved with the epidemiology and surveillance response for each jurisdiction, as well as the health officer or his/her designee responsible for H1N1 response activities. Information about the organization, data sources for situation awareness, decision-making, and issues related to surge capacity, continuity of operations, and sustainability were collected during the key informant interviews. Content and interpretive analyses were conducted using ATLAS.ti software. **RESULTS:** The study found that disease investigations were important in the first months of the pandemic, often requiring additional staff support and
sometimes forcing other public health activities to be put on hold. We also found that while the Incident Command System (ICS) was used by all participating agencies to manage the response, the manner in which it was implemented and utilized varied. Each local health department (LHD) in the study collected epidemiologic data from a variety of sources, but only case reports (including hospitalized and fatal cases) and laboratory testing data were used by all organizations. While almost every LHD attempted to collect school absenteeism data, many respondents reported problems in collecting and analyzing these data. Laboratory capacity to test influenza specimens often aided an LHD’s ability to conduct disease investigations and implement control measures, but the ability to test specimens varied across the region and even well-equipped laboratories exceeded their capacity. As a whole, the health jurisdictions in the region communicated regularly about key decision-making (continued on next page) related to the response, and prior regional collaboration on pandemic influenza planning helped to prepare the region for the novel H1N1 influenza pandemic. The study did find, however, that many respondents (including the majority of epidemiologists interviewed) desired an increase in regional communication about epidemiology and surveillance issues.

**CONCLUSION:** The study collected information about the epidemiology and surveillance response among LHDs in the San Francisco Bay Area that has implications for public health preparedness and emergency response training, public health best practices, regional public health collaboration, and a perceived need for information sharing.


We describe virginity loss experiences of inner-city minority youth to understand the meaning attributed to first sex and the social and structural factors that contribute to early sexual debut. We interviewed 62 18-25-year-old African American and Puerto Rican Hartford men and women about their sexual and romantic life histories. Transcripts were coded in ATLAS.ti and analyzed for themes about virginity and sexual debut. We found different conceptions of virginity as a stigma to be lost, a normal part of growing up, and a gift to be given. The normative experience was consensual, early, and unplanned sexual debut. Inner-city minority youth have similar feelings, motivations, and experiences of sexual debut as non-ethnic youth reported in the literature except they are far younger. We discuss structural factors that affect inner-city sexual scripts for early sexual debut and identify it as a health inequity.

INTRODUCTION: Social-demographic changes such as the increasing number of dependent elderly people, the incorporation of women into the workforce, and declining family size have led to the emergence of a new occupation, that of home care for elderly dependents. This work is usually carried out by women immigrants. Little is known about how this care is perceived by the elderly.

OBJECTIVE: To evaluate the daily lives of elderly people cared for by hired immigrants to identify aspects of their health and the care they receive.

METHODOLOGY: A qualitative study conducted through twelve theoretical sampling interviews that were recorded, transcribed and analyzed with computer support of ATLAS.ti V5.

RESULTS: The elderly do not anticipate or prepare for the problems of old age. Their main concerns regarding health are illness, pain and death. All wish to remain as autonomous as possible. The need to arrange home care services is often first perceived by the family. Home-help workers assist in basic and instrumental daily activities and provide care and company. Cultural conflicts in the practice of care are rare. Despite general satisfaction with help received, the elderly consider that the workers lack specific training in caring for the elderly.

CONCLUSIONS: The elderly are aware of the current difficulties of families to care for them and they are adapting to the new reality of home care. They value the worker who helps them because besides helping with housework, they provide company, entertainment and affection. Primary care nurses can play a key role in training immigrant workers in caring for the elderly.


BACKGROUND: The diagnosis of infant cerebral palsy (ICP) is a traumatic event that can provoke multiple effects and changes in the family. The aim of the study is to discover the difficulties that parents face in the process of parenting, especially in the initial period following diagnosis.

METHODS: A qualitative study was carried out through semi-structured interviews. Sixteen mothers and fathers whose children were diagnosed with cerebral palsy participated in the study. Data analysis was performed with ATLAS.ti 6.2 software following a strategy of open coding.

RESULTS: The reception of the diagnosis is perceived as an unexpected event that makes parents change expectations and hopes related to their children. The mode of relation with the child with ICP is different from that with other children as parents are more focused on the possibility of improvement and the future evolution of their child. Changes in different aspects of the lives of these parents are shown, such as demands on time, their economic and labour situation, as well as the relationship of the couple.

CONCLUSIONS: In providing care for children with cerebral palsy it is necessary to take the problems of the parents into account, especially in the initial period after diagnosis. The process
of parenting a child with cerebral palsy entails many changes in the family so a global perspective is needed to organize interventions.


OBJECTIVE: The purpose of this qualitative study was to gather insights into pregnant women’s experiences with provider advice about diet and physical activity. METHODS: We conducted a series of 13 focus groups with a total of 58 pregnant African American, Caucasian, and Hispanic women of varying body sizes. Statements were independently coded, reduced, and then reconstructed to identify overarching themes with the assistance of ATLAS.ti software. RESULTS: Mean gestational age at the time of the focus groups was 30 weeks. Women commonly reported overwhelming and confusing diet advice and a paucity of physical activity advice that was largely limited to walking. Many reported following advice; when advice was not followed, it was because women disagreed with it or simply did not want to do it. CONCLUSION: Women would benefit from more clear guidance from physicians and other providers regarding dietary choices and physical activity in pregnancy. PRACTICE IMPLICATIONS: Providers should make dietary and physical activity advice in pregnancy more clear and individualized and offer such guidance multiple times through-
useful for evaluating supervisors. Key mechanism was creating a safe environment for residents to provide honest and constructive feedback. Residents learned providing feedback, being part of the CanMEDS and ACGME competencies of medical education programmes.


**BACKGROUND:** Previous studies emphasise the importance of the biological family to the welfare of fostered adolescents. However, the majority of these studies only take into consideration the viewpoints of the professionals, foster parents and biological parents, not those of the adolescents themselves. For this reason little is known about the perceptions the adolescents have and the needs they express. **METHOD:** This study has gathered data from 57 adolescents in kinship family foster care in Spain (AFE). The study applied qualitative research, using focus groups to gather data, and the ATLAS.ti programme to analyse the data. The qualitative data give us a more profound understanding of how the fostered adolescents relate to their biological families. **RESULTS:** The results highlight the specific needs of these adolescents with regard to: a) understanding of their family history, b) the impact of visits from and relationship with their biological family, and c) the relationship between the biological family and the foster family. **CONCLU-


South Asian (SA) taxi drivers potentially possess a double epidemiologic risk for cardiovascular disease (CVD) due to their ethnicity and occupation. This study investigates SA taxi drivers' knowledge, attitudes, beliefs about general health, CVD and approaches to reduce CVD risk. Five focus groups were conducted with 31 SA taxi drivers in the participants' primary language (Bengali, Hindi, Urdu or Punjabi). Audio-recordings of the sessions were transcribed, translated and entered into ATLAS.ti 6.2 for coding and analysis. SA drivers in an urban setting perceive themselves to be at high risk for CVD because of high work-related stress, physical inactivity, poor diet and poor health care access. Participants attributed their occupation to increasing risk for heart disease; none believed that being SA increased their risk. Interventions to lower CVD risk among SA taxi drivers should be multi-level and involve the individual drivers and the taxi industry.

This study aimed to describe the family experiences post-infarction. Qualitative, descriptive and exploratory research, carried out with six families of post-infarction patients. Data collection was conducted in families' homes, in the period of February to May of 2012, through observation and interviews with the family. The software ATLAS.ti 6.2 was used to code the interviews and the data were explored with thematic analysis. Two categories emerged "Difficult times": immediate consequence of acute myocardial infarction for the families; and "We reeducate ourselves--we can adapt ourselves": current experience of families. The immediate post-infarction experience is permeated by several feelings, with the need for families to adapt to fit into the needs. The current experience shows changes in families due to the disease. The family is the main responsible for the care giving, although Nursing should exchange and share knowledge.


BACKGROUND: The number of chronically ill patients increases every year. This is partly due to an unhealthy lifestyle. However, the frequency and quality of (evidence-based) health promotion activities conducted by Dutch general practitioners (GPs) and practice nurses (PNs) are limited. The aim of this pilot study was to explore which lifestyle interventions Dutch GPs and PNs carry out in primary care, which barriers and facilitators can be identified and what main topics are with respect to attitudes towards health promoting activities. These topic areas will be identified for a future, larger scale study. METHOD: This qualitative study consisted of 25 semi-structured interviews with sixteen GPs and nine PNs. ATLAS.ti was used to analyse the transcripts of the interviews. RESULTS: All GPs and PNs said they discuss lifestyle with their patients. Next to this, GPs and PNs counsel patients, and/or refer them to other disciplines. Only few said they refer patients to specific lifestyle programs or interventions in their own practice or in the neighbourhood. Several barriers and facilitators were identified. The main topics as barriers are: a lack of patients' motivation to make lifestyle changes, insufficient reimbursement, a lack of proven effectiveness of interventions and a lack of overview of health promoting programs in their neighbourhood. The most cited facilitators are availability of a PN, collaboration with other disciplines and availability of interventions in their own practice. With respect to attitudes, six different types of GPs were identified reflecting the main topics that relate to attitudes, varying from 'ignorer' to 'nurturer'. The topics relating to PNs attitudes towards health promotion activities, were almost unanimously positive. CONCLUSION: GPs and PNs all say they discuss lifestyle issues with their patients, but the health promotion activities that are organized in their practice vary.
Main topics that hinder or facilitate implementation are identified, including those that relate to attitudes of GPs and PNs.


OBJECTIVE: To analyze the capacities of Central American civil society organizations (CSOs) to implement HIV prevention and care strategies in mobile groups within the HIV Mesoamerican Project. MATERIALS AND METHODS: During the year 2008, 14 key actors of nine Central American civil society organizations participating in the Mesoamerican Project were interviewed. The information collected was systematized using ATLAS.ti software, and content analysis was performed according to its categories and dimensions. RESULTS: These items were a contribution to capacity: the previous work of CSOs allowed the sensitization of population and authorities to STD-HIV and to the implemented program; the coordination with government and other involved actors. Limitations: a good but informal coordination with the government; the worsening economic situation reduced available resources; attended communities are isolated and unsecure. CONCLUSION: To improve the capacities of CSOs in developing this type of project, it is recommended: that an initial community diagnosis be performed in order to better adapt the proposed interventions; to improve administrative efficiency; to formalize collaborative links with the government; and to seek counseling in the development of HIV prevention strategies that consider population mobility.


CONTEXT: Successful obesity intervention efforts depend on effective recruitment and retention, an ongoing challenge for community-based programs. OBJECTIVE: We sought to provide insights into the most salient factors affecting family enrollment and retention in community-based programs for overweight youth and their families. We especially sought to understand potentially modifiable program factors affecting participation. DESIGN: : We conducted semistructured, in-depth, face-to-face interviews with parents of overweight children within 1 year of referral to a public health grant-funded community-based healthy lifestyle promotion program. Purposeful sampling was used to select participants across program sites, by level of program completion, and child age and sex. Transcribed interviews were coded independently by 2 staff with a structured codebook and then analyzed by themes through an iterative process using ATLAS.ti. The Integrative Model of Behavior served as an orienting theoretical framework.
SETTING: Community-based child obesity intervention program in King County, Washington. PARTICIPANTS: Twenty-three parents from diverse socioeconomic backgrounds were interviewed, of which 10 completed the program, 9 did not complete, and 4 did not enroll. MAIN OUTCOME MEASURE(S): Parent-reported factors related to enrollment and retention. RESULTS: Key parent reasons for program enrollment included: (a) addressing both eating and activity, (b) concern about child's weight, (c) seeking help outside the family, and (d) structured parent-child time. Parents perceived a lack of child motivation to enroll; some youth initially opposed attending, which was overcome through positive program experience. All families described barriers to attending, and some identified specific strategies or skills they used to overcome barriers. No single program design emerged to address every family's needs. Instead, using the themes of accessibility and accountability, we present parent-recommended design options. CONCLUSIONS: To meet different families' needs, public health and health care agencies offering youth health promotion programs should consider providing program options that vary intensity level and weight loss emphasis.


OBJECTIVE: To synthesise data on immigrant women's experiences of maternity services in Canada. DESIGN: A qualitative systematic literature review using a meta-ethnographic approach. METHODS: A comprehensive search strategy of multiple databases was employed in consultation with an information librarian, to identify qualitative research studies published in English or French between 1990 and December 2011 on maternity care experiences of immigrant women in Canada. A modified version of Noblit and Hare's meta-ethnographic theoretical approach was undertaken to develop an inductive and interpretive form of knowledge synthesis. The seven-phase process involved comparative textual analysis of published qualitative studies, including the translation of key concepts and meanings from one study to another to derive second and third-order concepts encompassing more than that offered by any individual study. ATLAS.ti qualitative data analysis software was used to store and manage the studies and synthesise their findings. FINDINGS: The literature search identified 393 papers, of which 22 met the inclusion criteria and were synthesised. The literature contained seven key concepts related to maternity service experiences including social (professional and informal) support, communication, socio-economic barriers, organisational environment, knowledge about maternity services and health care, cultural beliefs and practices, and different expectations between health care staff and immigrant women. Three second-order interpretations served as the foundation for two third-order interpretations. Societal positioning of immigrant women resulted in difficulties receiving high quality maternity health services in Canada.
care. Maternity services were an experience in which cultural knowledge and beliefs, and religious and traditional preferences were highly relevant as well but often overlooked in Canadian maternity settings. KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: in order to implement woman-centered care, to enhance access to maternity services, and to promote immigrant women's health, it is important to consider these women's social position, cultural knowledge and beliefs, and traditional customs in the health care.


BACKGROUND: The Dutch multidisciplinary sciatica guideline recommends that the team of professionals involved in sciatica care and the patient together decide on surgical or prolonged conservative treatment (shared decision making [SDM]). Despite this recommendation, SDM is not yet integrated in sciatica care. Existing literature concerning barriers and facilitators to SDM implementation mainly focuses on one discipline only, whereas multidisciplinary care may involve other barriers and facilitators, or make these more complex for both professionals and patients. Therefore, this qualitative study aims to identify barriers and facilitators perceived by patients and professionals for SDM implementation in multidisciplinary sciatica care. METHODS: We conducted 40 semi-structured interviews with professionals involved in sciatica care (general practitioners, physical therapists, neurologists, neurosurgeons, and orthopedic surgeons) and three focus groups among patients (six to eight per group). The interviews and focus groups were audiotaped and transcribed in full. Reported barriers and facilitators were classified according to the framework of Grol and Wensing. The software package ATLAS.ti 7.0 was used for analysis. RESULTS: Professionals reported 53 barriers and 5 facilitators, and patients 35 barriers and 18 facilitators for SDM in sciatica care. Professionals perceived most barriers at the level of the organizational context, and facilitators at the level of the individual professional. Patients reported most barriers and facilitators at the level of the individual professional. Several barriers and facilitators correspond with barriers and facilitators found in the literature (e.g., lack of time, motivation) but also new barriers and facilitators were identified. Many of these new barriers mentioned by both professionals and patients were related to the multidisciplinary setting, such as lack of visibility, lack of trust in expertise of other disciplines, and lack of communication between disciplines. CONCLUSIONS: This study identified barriers and facilitators for SDM in the multidisciplinary sciatica setting, by both professionals and patients. It is clear that more barriers than facilitators are perceived for implementation of SDM in sciatica care. Newly identified barriers and facilitators are related to the
multidisciplinary care setting. Therefore, an effective implementation strategy of SDM in a multidisciplinary setting such as in sciatica care should focus on these barriers and facilitators.


OBJECTIVE: Despite living donor kidney transplantation (LDKT) being the optimal treatment option for patients with end-stage renal disease, we observed a significant inequality in the number of LDKT performed between patients of Dutch versus non-Dutch descent. We conducted a focus group study to explore modifiable hurdles to LDKT. METHODS: Focus group discussions and in-depth interviews were conducted among 50 end-stage renal patients. Analyses were conducted according to 'grounded theory' using ATLAS.ti. RESULTS: We found nearly all patients to be in favor of LDKT (96%). However, multiple factors played a role in considering LDKT. Four potentially modifiable hurdles were derived: (1) inadequate patient education, (2) impeding cognitions and emotions, (3) restrictive social influences, and (4) suboptimal communication. With regard to solutions, we found that our patients were open to home-based group education on renal replacement therapy options (88% in favor). CONCLUSION: The study highlights the need for sensitivity and awareness of the influence of cultural factors on decision-making when discussing living donation with culturally diverse populations. PRACTICE IMPLICATIONS: Since the majority of our patients were open to a tailored group education in their own homes, we see this as an opportunity to address factors that influence equality in access to LDKT.


OBJECTIVES: To determine the views of Slovenian family physicians on medically unexplained symptoms (MUS) and learn more about potential types of treatment for such patients. METHODS: Five focus groups, comprising 24 family medicine physicians (FMPs) from two Slovenian University centres, were convened. Conversations were led towards the research objectives by professionally trained researchers and followed a preliminarily established protocol. Qualitative content analysis of audio and transcripts of the discussions was performed using ATLAS.ti software to establish categories ('codes') relevant to issues regarding MUS. RESULTS: Slovenian FMPs emphasized the importance of good communication and trust between physicians and patients with MUS. Systemic barriers to effective management of MUS arising from the Slovenian health system were highlighted. FMPs stressed the need for more education in the recognition and treatment of
MUS in primary care. From the discussions, 64 codes comprising broader research fields of MUS were developed, then grouped into a further eight categories: communication; doctor-patient relationship; causes of MUS; patient characteristics; physician characteristics; courses of action so far; positive relationship with patients; proposals for treatment. CONCLUSIONS: The results are valuable in terms of investigating the treatment of patients with MUS in Slovenia, thereby opening new avenues of research on the subject of MUS.


BACKGROUND: The Netherlands does not have a national haemoglobinopathy (HbP)-carrier screening programme aimed at facilitating informed reproductive choice. HbP-carrier testing for those at risk is at best offered on the basis of anaemia. Registration of ethnicity has proved controversial and may complicate the introduction of a screening programme if based on ethnicity. However, other factors may also play a role. OBJECTIVE: To explore perceived barriers and attitudes among GPs and midwives regarding the registration of ethnicity and ethnicity-based HbP-carrier screening. METHODS: Six focus groups in Dutch primary care, with a total of 37 GPs (n = 9) and midwives (n = 28) were conducted, transcribed and content analysed using ATLAS.ti. RESULTS: Both GPs and midwives struggled with correctly identifying ethnicities at risk for HbP. Ethical concerns regarding privacy seemed to originate from World War II experiences, when ethnic and religious registration facilitated deportation of Jewish citizens, coupled with the political climate at the time focus groups were held. Some respondents thought the ethnicity question might undermine the relationship with their clients. Software programmes prevented GPs from registering ethnicity of patients at risk. Financial implications for patients were also a concern. Despite this, respondents seemed positive about screening and were familiar with identifying ethnicity and used this for individual patient care. CONCLUSIONS: Although health professionals are generally positive about screening, ethical, financial and practical issues surrounding ethnicity-based HbP-carrier screening need to be clarified before introducing such a programme. Primary care professionals can be targeted through professional organizations but they need national policy support.


BACKGROUND: Since 2007 a portfolio of learning has become a requirement for assessment of postgraduate family medicine training by the Colleges of
Medicine of South Africa. A uniform portfolio of learning has been developed and content validity established among the eight postgraduate programmes. The aim of this study was to investigate the portfolio’s acceptability, educational impact, and perceived usefulness for assessment of competence. METHODS: Two structured questionnaires of 35 closed and open-ended questions were delivered to 53 family physician supervisors and 48 registrars who had used the portfolio. Categorical and nominal/ordinal data were analysed using simple descriptive statistics. The open-ended questions were analysed with ATLAS.ti software. RESULTS: Half of registrars did not find the portfolio clear, practical or feasible. Workshops on portfolio use, learning, and supervision were supported, and brief dedicated time daily for reflection and writing. Most supervisors felt the portfolio reflected an accurate picture of learning, but just over half of registrars agreed. While the portfolio helped with reflection on learning, participants were less convinced about how it helped them plan further learning. Supervisors graded most rotations, suggesting understanding the summative aspect, while only 61% of registrars reflected on rotations, suggesting the formative aspects are not yet optimally utilised. Poor feedback, the need for protected academic time, and pressure of service delivery impacting negatively on learning. CONCLUSION: This first introduction of a national portfolio for postgraduate training in family medicine in South Africa faces challenges similar to those in other countries. Acceptability of the portfolio relates to a clear purpose and guide, flexible format with tools available in the workplace, and appreciating the changing educational environment from university-based to national assessments. The role of the supervisor in direct observations of the registrar and dedicated educational meetings, giving feedback and support, cannot be overemphasized.


OBJECTIVE: Medication is used to manage pain that results from both osteoarthritis and total joint replacement (TJR). Research has provided insight into how people living with osteoarthritis use pain relief medication. However, it is not known whether elective TJR affects existing attitudes and behaviours with regard to pain medications. Using qualitative methods, the present study explored patterns of pain relief use around the time of TJR. METHOD: In-depth face-to-face qualitative interviews were carried out with 24 patients two to four weeks after they had undergone TJR for hip or knee osteoarthritis. Participants were asked to reflect on their use of pain medication presurgery, while in hospital and while recovering from their operation at home. Transcripts of the audio-recorded interviews were imported into ATLAS.ti(R) and thematic analysis was used. RESULTS: Attitudes to pain relief medication and their use are not static. Many participants change their use of pain medication around the time of surgery. This shift was influenced by
interactions with health professionals and changing views on the acceptability, necessity and value of pain relief in helping to manage an altered pain experience. DISCUSSION: Understanding reasons for medication-taking behaviour during the journey through joint replacement may be helpful to health professionals. Health professionals have a fundamental role to play in challenging or reinforcing different treatment beliefs, which is the basis for effective use of pain relief over the pre-to postoperative period. Copyright (c) 2013 John Wiley & Sons, Ltd.


INTRODUCTION: Despite the knowledge that men who have sex with men (MSM) are more likely to be infected with HIV across settings, there has been little investigation of the experiences of MSM who are living with HIV in sub-Saharan Africa. Using the framework of positive health, dignity and prevention, we explored the experiences and HIV prevention, care and treatment needs of MSM who are living with HIV in Swaziland. METHODS: We conducted 40 in-depth interviews with 20 HIV-positive MSM, 16 interviews with key informants and three focus groups with MSM community members. Qualitative analysis was iterative and included debriefing sessions with a study staff, a stakeholders' workshop and coding for key themes using ATLAS.ti. RESULTS: The predominant theme was the significant and multiple forms of stigma and discrimination faced by MSM living with HIV in this setting due to both their sexual identity and HIV status. Dual stigma led to selective disclosure or lack of disclosure of both identities, and consequently a lack of social support for care-seeking and medication adherence. Perceived and experienced stigma from healthcare settings, particularly around sexual identity, also led to delayed careseeking, travel to more distant clinics and missed opportunities for appropriate services. Participants described experiences of violence and lack of police protection as well as mental health challenges. Key informants, however, reflected on their duty to provide non-discriminatory services to all Swazis regardless of personal beliefs. CONCLUSIONS: Intersectionality provides a framework for understanding the experiences of dual stigma and discrimination faced by MSM living with HIV in Swaziland and highlights how programmes and policies should consider the specific needs of this population when designing HIV prevention, care and treatment services. In Swaziland, the health sector should consider providing specialized training for healthcare providers, distributing condoms and lubricants and engaging MSM as peer outreach workers or expert clients. Interventions to reduce stigma, discrimination and violence against MSM and people living with HIV are also needed for both healthcare workers and the general population. Finally, research on experiences and needs of MSM living with
HIV globally can help inform comprehensive HIV services for this population.


**BACKGROUND:** the rates of primary, repeat, and elective caesarean deliveries have risen dramatically over the past several decades. The reasons for the rise are complex and likely reflect a cultural shift to a greater acceptance of surgical birth as a reasonable option, which may favour infant over maternal outcomes. The purpose of this interpretive qualitative study was to explore the complexities of women’s and clinicians’ choices around elective caesarean delivery. **METHOD:** this analysis was part of an institutional ethnography to understand the complex issues of childbearing care. Two English National Health Service Maternity Service Providers in an inner city setting were chosen for their reputation for commitment to normalising birth and decreasing caesarean birth rate. A sample of 27 women and 34 clinicians (midwifery, obstetric, anaesthesia) were interviewed and/or observed in practice settings. We also conducted a documentary analysis of local policy guidelines on elective caesarean delivery. Narrative analysis was conducted on interview, field observation, and document review data. Coding was conducted by three independent analysts and checked for consistency using ATLAS.ti qualitative software. **RESULTS:** variations on elective caesarean choice and outcomes seemed to reflect how the team worked together and their underlying philosophies and commitments about caesarean birth. Four themes reflected the issues around elective caesarean birth: (1) the culture of caesarean, (2) caesarean counseling, (3) perceptions of choice and (4) negotiating the rules. **CONCLUSIONS:** counselling about elective caesarean and vaginal birth after a prior caesarean is complex and reflects an intersection of culture and science. Women and clinicians enter the discussion with different backgrounds and concerns, but ultimately want the best outcome possible. Future exploration should address shared decision-making, evidence-based clinical guidelines, and the social context of care.


**PURPOSE:** The purpose of this article is to describe perspectives on information availability and information use among users of a management information system in one specialized health care organization. The management information system (MIS) is defined as the information system that provides management with information about financial and operational aspects of hospital management. **METHODS:** The material for this qualitative case study was gathered by semi-structured interviews. The interviewees were purposefully selected from one specialized health care organization. The organiza-
tion has developed its management information system in recent years. Altogether 13 front-line, middle and top-level managers were interviewed. The two themes discussed were information availability and information use. The data were analyzed using inductive content analysis using ATLAS.ti computer program. RESULTS: The main category "usage of management information system" consisted of four sub-categories: (1) system quality, (2) information quality, (3) use and user satisfaction and (4) development of information culture. CONCLUSIONS: There were many organizational and cultural aspects which influence the use of MIS in addition to factors concerning system usability and users. The connection between information culture and information use was recognized and the managers proposed numerous ways to increase the use of information in management work. The implementation and use of management information system did not seem to be planned as an essential tool in strategic information management in the health care organization studied.


AIMS: Treatment programs are frequently confronted with the consumption of alcohol by patients during therapy. This is in conflict with the abstinence agreement upon admission, which is considered to be instrumental for positive treatment outcomes. This qualitative analysis aims, first, to identify the range of patients' causal attributions, addiction concepts and control strategies detected in the narratives of off-site consumption episodes and, secondly, to compare this inventory with the response of the therapists. METHODS: A total of 42 semi-structured face-to-face interviews were conducted with patients and their therapists (n = 22) from two major Swiss inpatient alcohol clinics in 2010/2011. Interviews were conducted shortly after the detection of a patient's off-premises alcohol consumption. Textual exploration and systematic coding used ATLAS.ti to identify themes, interpretative categories and prevention strategies shared by the therapists. RESULTS: Elements of outpatient-controlled drinking programs are mirrored in the patients' lay strategies, and similarities with self-change mechanisms can be observed. The dimensionality of therapists' views of the consumption incidents-illustrated by their prevention recommendations-proves to be less differentiated than the control strategies and situational framing of the patients. CONCLUSIONS: The focus on abstinence only and the adoption of the loss-of-control concept limits therapists' ability to feed patients' reports of their drinking episodes and coping efforts into a strength-based approach including a wider range of treatment outcomes.

BACKGROUND: Research on gay and other men who have sex with men’s (G/MSM) preferences for sexual healthcare services focuses largely on HIV testing and to some extent on sexually transmitted infections (STI). This research illustrates the frequency and location of where G/MSM interface with the healthcare system, but it does not speak to why men seek care in those locations. As HIV and STI prevention strategies evolve, evidence about G/MSM’s motivations and decision-making can inform future plans to optimize models of HIV/STI prevention and primary care. METHODS: We conducted a phenomenological study of gay men's sexual health seeking experiences, which included 32 in-depth interviews with gay and bisexual men. Interviews were transcribed verbatim and entered into ATLAS.ti. We conducted a Framework Analysis. FINDINGS: We identified a continuum of sexual healthcare seeking practices and their associated drivers. Men differed in their preferences for separating sexual healthcare from other forms of healthcare (“fragmentation”) versus combining all care into one location (“consolidation”). Fragmentation drivers included: fear of being monitored by insurance companies, a desire to seek non-judgmental providers with expertise in sexual health, a desire for rapid HIV testing, perceiving sexual health services as more convenient than primary care services, and a lack of healthcare coverage. Consolidation drivers included: a comfortable and trusting relationship with a provider, a desire for one provider to oversee overall health and those with access to public or private health insurance. CONCLUSIONS: Men in this study were likely to separate sexual healthcare from primary care. Based on this finding, we recommend placing new combination HIV/STI prevention interventions within sexual health clinics. Furthermore, given the evolution of the financing and delivery of healthcare services and in HIV prevention, policymakers and clinicians should consider including more primary care services within sexual healthcare settings.


Studies have consistently shown cancer diagnosis and treatment to be associated with increased depression. However, research that directly examines the depression and coping strategies of older minority cancer survivors is sparse. Addressing that gap, this study examines depression and coping strategies among older Korean immigrant cancer survivors. A qualitative method approach was utilized by interviewing 15 survivors from the state of New York (NY) and nine from Minnesota (MN). Each interview was digitally audio-recorded and transcribed verbatim in Korean. Grounded theory was employed to analyze the data, using ATLAS.ti 5.0. Analysis of the MN interviews showed two depression factors: (1) physical deterioration and (2) fear of death. For the NY interviews,
analysis highlighted the following factor: loneliness due to disconnectedness from community. Analysis of the MN and the NY interviews for depression coping strategies revealed two primary internal coping strategies: (1) reliance on religion through prayer and (2) psychological strength by avoiding negative thoughts. For external strategies, analysis suggested three shared strategies: (1) social and religious support, (2) medical service utilization, and (3) health management by exercise. Regional differences related to depression factors imply that survivors living in the NY area may need more social support, whereas survivors living in the MN area may need more knowledge around physical changes that follow cancer treatment. Regional similarities across results indicate that availability of social support is a critical factor relieving depression. Thus, specialized intervention programs for reducing depression among cancer survivors should consider regional features.


**BACKGROUND:** Procurement and distribution of long-lasting insecticidal nets (LLINs) in the African region has decreased from 145 million in 2010 to 66 million nets in 2012. As resources for LLIN distribution appear to stagnate, it is important to understand the users' perception of the life span of a net and at what point and why they stop using it. In order to get the most value out of distributed nets and to ensure that they are used for as long as possible, programmes must communicate to users about how to assess useful net life and how to extend it. **METHODS:** Data were collected from 114 respondents who participated in 56 in-depth interviews (IDIs) and eight focus group discussions (FGDs) in August 2012 in eight regions in Senegal. Households were eligible for the study if they owned at least one net and had an available household member over the age of 18. Data were coded by a team of four coders in ATLAS.ti using a primarily deductive approach. **RESULTS:** Respondents reported assessing useful net life using the following criteria: the age of net, the number and size of holes and the presence of mosquitoes in the net at night. If they had the means to do so, many respondents preferred the acquisition of a new net rather than the continued use of a very torn net. However, respondents would preferentially use newer nets, saving older, but useable nets for the future or sharing them with family or friends. Participants reported observing alternative uses of nets, primarily for nets that were considered expired. **CONCLUSIONS:** The results indicate that decisions regarding the end of net life vary among community members in Senegal, but are primarily related to net integrity. Additional research is needed into user-determined end of net life as well as care and repair behaviours, which could extend useful net life. The results from this study and from future research on this topic should be used to understand current behaviours and develop communication programmes to
prolong the useful life of nets.


**BACKGROUND:** To prevent childhood obesity, parents and their children's healthcare providers need to engage in effective dialogue. We know much about mothers' experiences, but very little about fathers' experiences. **METHODS:** We explored African-American, Caucasian, and Latino fathers' perceptions and experiences communicating with their children's provider during clinic visits regarding weight, diet, and physical activity. Focus groups (n=3), grouped by race/ethnicity, including a total of 24 fathers, were conducted. The men were asked open-ended questions; responses were recorded and transcribed, and analyzed using *ATLAS.ti.*

**RESULTS:** Findings revealed that these fathers were involved in their children's healthcare and found providers to be helpful partners in keeping their children healthy, yet they generally felt "left out" during clinic appointments. The quality of the relationship with their children's provider influenced how receptive fathers were to discussing their children's weight, diet, and physical activity behaviors. Fathers made suggestions to help improve communication between providers and fathers, such as personalizing the discussion. **CONCLUSIONS:** These fathers expressed strong feelings about the provider-parent relationship when discussing weight, diet, and physical activity.


Patient perspective is crucial concerning health care and quality improvement. During episodes of care, patients come into contact with multidisciplinary health-care providers in inpatient and outpatient settings and are in a unique position to describe processes throughout the entire chain of care. The aim of this study was to identify patients' experiences and preferences with fragmented cross-sectoral care to develop a patient-centred cross-sectoral quality-assessment instrument. Patient perspective was analysed using qualitative focus-group methods. Patients were recruited from general practices if they had experienced cross-sectoral care. Focus group discussions were audiotaped, transcribed and analysed using *ATLAS.ti* software. Categories were extracted deductively according to a previously developed focus group guide and supplemented by inductive analyses. Patients identified quality gaps mainly concerning communication and coordination of care mostly along the cross-sectoral interfaces. Referrals and hospitalisations were characterised by redundant examinations and deficits in forwarding clinical findings. Support and organisation of
follow-up care was rated to be impractical mainly during inpatient care and discharge. Patients identified also quality deficits concerning inpatient hygiene factors and changes of medication. Lack of transparency and responsibility within the entire chain of care caused anxiety and unsteadiness of patients. Patients’ experiences provide important information to identify quality gaps along the entire chain of care. Study results can be used to develop a cross-sectoral patient-centred quality assessment instrument.


Women are at increased risk of HIV infection in much of sub-Saharan Africa. Longitudinal and cross-sectional studies have found an association between school attendance and reduced HIV risk. We report feasibility and acceptability results from a pilot of a cash transfer intervention conditional on school attendance paid to young women and their families in rural Mpumalanga, South Africa for the prevention of HIV infection. Twenty-nine young women were randomised to intervention or control and a cash payment based on school attendance made over a 2-month period. Quantitative (survey) and qualitative (focus group and interview) data collection was undertaken with young women, parents, teachers and young men in the same school. Qualitative analysis was conducted in ATLAS.ti using a framework approach and basic descriptive analysis in Excel was conducted on the quantitative data. Results indicate it was both feasible and acceptable to introduce such an intervention among this population in rural South Africa. There was good understanding of the process of randomisation and the aims of the study, although some rumours developed in the study community. We address some of the changes necessary to ensure acceptability and feasibility of the main trial.


**OBJECTIVE:** Poor adherence to medications, including psychotropic medications contributes to the burden of disease. Mental health service users (MHSU) may also not attend follow-up appointments at their health care facilities where they could discuss adherence with their health care provider. This paper reports on preliminary qualitative research preceding a randomised controlled trial that aims to improve adherence to psychotropic medication and to follow up treatment visits. The intervention will entail the support of individuals with serious mental disorder by a treatment partner and short message service (SMS) text messaging.
METHODS: The preliminary research reported in this paper aimed to extract views about the intervention from both mental health service users (MHSU) and caregivers through focus group discussions and individual interviews. Data were analysed using ATLAS.ti qualitative software. RESULTS: The caregivers interviewed were all mothers of MHSU who took measures to encourage adherence. They held mixed opinions on whether the treatment partner should be a family member. Most participants expressed the view that due to living conditions, family members were natural treatment partners, but others stated that they would prefer a treatment partner who was not a family member. Similarly, while most MHSU supported the idea of a treatment partner, a minority were concerned that a treatment partner may potentially be too controlling and compromise their autonomy. The vast majority of participants supported SMS text messaging as a means of reminding MHSU to take their medication and attend follow-up appointments. One participant mentioned the importance of broader social inclusion issues that should be incorporated in the intervention. CONCLUSION: Qualitative research may provide useful insights for the design of interventions of this nature related to social inclusion randomised control trials with its focus on adherence.


OBJECTIVE: To develop and assess content validity of the Psoriasis Symptom Inventory (PSI), a patient-reported outcome (PRO) measure of psoriasis symptoms. METHODS: Following initial literature exploration and input from experts, concept elicitation was conducted in two rounds (focus groups and individual interviews) with 59 subjects with mild to severe psoriasis. Transcripts were coded to identify symptom concepts and develop a conceptual framework using ATLAS.ti software. Qualitative content analysis and clinical expert input supported item generation and development of a draft measure. Two rounds of face-to-face cognitive interviews with 40 subjects with moderate to severe psoriasis were conducted to test subject comprehension and content coverage. RESULTS: Concepts of itching, scaling, flaking, tearing/cracking, burning, stinging, pain, bleeding and color of appearance were the most common symptom-related expressions. Saturation of concept was demonstrated. Severity was identified as the most meaningful attribute of psoriasis symptoms. A final 8-item measure was developed to assess patient-perceived symptom severity for itch, pain, burning, stinging, cracking, scaling, flaking and redness. Twenty-four-hour recall and 7-day recall versions were prepared for future quantitative assessment of measurement properties. CONCLUSIONS: The PSI is a short, low burden, patient-reported measure of psoriasis symptom severity.
with documented evidence of content validity.


BACKGROUND: The patient autonomy and the greater role for women with breast cancer in the decisions about their health are recent issues in healthcare. The objective of this work is to identify and characterize the elements that influence them in treatment decisions. METHODS: A phenomenological type qualitative study. Theoretical Sampling included 70 women diagnosed with breast cancer. 45 semi structured interviews and 3 focus groups were performed between October 2009 and July 2010 in 15 regions of Spain. The analysis was based on the principles of grounded theory with the support of ATLAS.ti v6.1. RESULTS: Patients are likely to take an active or passive role regarding decision-making depending on different variables such as their age, the information available, their self-assessment as capable agents to make decisions and the relative importance given to physical appearance. As the disease progresses, it can cause a change in women attitude, from an initially passive attitude to a more active role. The attitude of health professionals concerning shared decision-making and the information they offer determines patient participation while the family plays an essential role as a support or reinforcement of decisions made by patients. CONCLUSIONS: The patients' attitude regarding the decision-making of patients is very variable, becoming increasingly important the emotional status, the level of information available and the influence of the context.


BACKGROUND: Several studies have reported the following as determining factors for the adoption of healthy lifestyles among undergraduate students: gender, socioeconomic level, prior lifestyles, environment, parental lifestyles and health status, career choice, and healthy support networks. However, these factors are influenced by students' knowledge about healthy lifestyles. METHODS/DESIGN: We will carry out a randomized trial in a sample of 280 new undergraduate students at the National Autonomous University of Mexico's Faculty of Higher Studies-Zaragoza (FES-Zaragoza, UNAM). There will be an experimental group (n = 140), comprising 20 students from each of the seven university departments (careers); these students will receive training as university student health promoters through an e-learning course. This course will allow the topics necessary for such promoters to be reviewed. There will be a control group (n = 140), comprising 20 students from each of the seven departments (careers); these students will not
undergo the training. Later, the students who comply satisfactorily with the e-learning course will replicate the course to 10 of their classmates. A healthy-lifestyle questionnaire will be given to all the participants, and the parameters established in the self-care card will be recorded before and after the training. The study variables are as follows: (i) independent variable—compliance with the e-learning course; (ii) dependent variables—lifestyles changes prior to the educative intervention (including healthy eating, physical activity, and addiction prevention) and parameters related to health status established in self-care (including weight, body mass index, waist circumference, and hip circumference). Data will be analyzed using Student's t test and logistic regression analysis odds ratios with 95% confidence intervals. The analysis of the open answers will be carried out with ATLAS. ti 5.5 software. DISCUSSION: Health promotion among university students should incorporate options that are feasible for and attractive to students. Thus, as proposed in the present protocol, e-learning courses offer excellent possibilities because they allow students to program their learning in their available time without affecting their academic studies. TRIAL REGISTRATION: http://ISRCTN777787889.


BACKGROUND: The Lead Maternity Carer (LMC) model of maternity care, and independent midwifery practice, was introduced to New Zealand in the 1990s. The LMC midwife or general practitioner obstetrician (GPO) has clinical and budgetary responsibility for women's primary maternity care. AIMS: To determine views of practising GPOs and former GPOs about the LMC model of care, its impact on maternity care in general practice, and future of maternity care in general practice. METHODS: 10 GPOs and 13 former GPOs were interviewed: one focus group (n = 3), 20 semi-structured interviews. The qualitative data analysis program ATLAS. ti assisted thematic analysis. RESULTS: Participants thought the LMC model isolates the LMC - particularly concerning during intrapartum care, in rural practice, and covering 24-hour call; is not compatible with or adequately funded for GP participation; Excludes the GP from caring for their pregnant patients. Participants would like a flexible, locally adaptable, adequately funded maternity model, supporting shared care. Some thought work-life balance and low GPO numbers could deter future GPs from maternity practice. Others felt with political will, support of universities, and Royal New Zealand College of General Practice and Royal Australian and New Zealand College of Obstetrics and Gynaecology, GPs could become more involved in maternity care again. CONCLUSIONS: Participants thought the LMC model isolates maternity practitioners, is incompatible with general practice and causes loss of continuity of general practice care. They support provision of maternity care in general practice; however, for more GPs to become involved, the LMC model...

**BACKGROUND:** Despite the increasingly wider availability of antiretroviral therapy (ART), some people living with HIV (PLHIV) and eligible for treatment have opted to adopt self-care practices thereby risking early AIDS-related mortality. **METHODS:** A qualitative study was conducted in urban Zambia to gain insights into PLHIV self-care practices and experiences and explore the implications for successful delivery of ART care. Between March 2010 and September 2011, in-depth interviews were conducted with PLHIV who had dropped out of treatment (n=25) and those that had opted not to initiate medication (n=37). Data was entered into and managed using ATLAS.ti, and analysed inductively using latent content analysis. **RESULTS:** PHIV used therapeutic and physical health maintenance, psychological well-being and healthy lifestyle self-care practices to maintain physical health and mitigate HIV-related symptoms. Herbal remedies, faith healing and self-prescription of antibiotics and other conventional medicines to treat HIV-related ailments were used for therapeutic and physical health maintenance purposes. Psychological well-being self-care practices used were religiosity/spirituality and positive attitudes towards HIV infection. These practices were modulated by close social network relationships with other PLHIV, family members and peers, who acted as sources of emotional, material and financial support. Cessations of sexual relationships, adoption of safe sex to avoid re-infections and uptake of nutritional supplements were the commonly used risk reduction and healthy lifestyle practices respectively. **CONCLUSIONS:** While these self-care practices may promote physical and psychological well-being and mitigate AIDS-related symptoms, at least in the short term, they however undermine PLHIV access to ART care thereby putting PLHIV at risk of early AIDS-related mortality. The use of scientifically unproven herbal remedies raises health and safety concerns; faith healing may create fatalism and resignation with death while the reported self-prescription of antibiotics to treat HIV-related infections raises concerns about future development of microbial drug resistance amongst PLHIV. Collectively, these self-care practices undermine efforts to effectively abate the spread and burden of HIV and reduce AIDS-related mortality. Therefore, there is need for sensitization campaigns on the benefits of ART and the risks associated with widespread self-prescription of antibiotics and use of scientifically unproven herbal remedies.

Some people living with HIV (PLHIV) refuse to initiate antiretroviral therapy (ART) despite availability. Between March 2010 and September 2011, using a social ecological framework, we investigated barriers to ART initiation in Lusaka, Zambia. In-depth interviews were conducted with PLHIV who were offered treatment but declined (n=37), ART staff (n=5), faith healers (n=5), herbal medicine providers (n=5), and home-based care providers (n=5). One focus group discussion with lay HIV counselors and observations in the community and at an ART clinic were conducted. Interviews were audio-recorded, transcribed, and translated, coded using ATLAS.ti, and analyzed using latent content analysis. Lack of self-efficacy, negative perceptions of medication, desire for normalcy, and fear of treatment-induced physical body changes, all modulated by feeling healthy, undermined treatment initiation. Social relationships generated and perpetuated these health and treatment beliefs. Long waiting times at ART clinics, concerns about long-term availability of treatment, and taking strong medication amidst livelihood insecurity also dissuaded PLHIV from initiating treatment. PLHIV opted for herbal remedies and faith healing as alternatives to ART, with the former being regarded as effective as ART, while the latter contributed to restoring normalcy through the promise of being healed. Barriers to treatment initiation were not mutually exclusive. Some coalesced to undermine treatment initiation. Ensuring patients initiate ART requires interventions at different levels, addressing, in particular, people's health and treatment beliefs, changing perceptions about effectiveness of herbal remedies and faith healing, improving ART delivery to attenuate social and economic costs and allaying concerns about future non-availability of treatment.


BACKGROUND: Couple HIV testing has been recognized as critical to increase uptake of HIV testing, facilitate disclosure of HIV status to marital partner, improve access to treatment, care and support, and promote safe sex. The Zambia national protocol on integrated prevention of mother-to-child transmission of HIV (PMTCT) allows for the provision of couple testing in antenatal clinics. This paper examines couple experiences of provider-initiated couple HIV testing at a public antenatal clinic and discusses policy and practical lessons. METHODS: Using a narrative approach, open-ended in-depth interviews were held with couples (n = 10) who underwent couple HIV testing; women (n = 5) and men (n = 2) who had undergone couple HIV testing but were later abandoned by their spouses; and key informant interviews with lay counsellors (n = 5) and nurses (n = 2). On-site observations were also conducted at the antenatal clinic and HIV support group meetings. Data collection was conducted between March 2010 and September 2011. Data was organised and managed using AT-
LAS.ti, and analysed and interpreted thematically using content analysis approach. RESULTS: Health workers sometimes used coercive and subtle strategies to enlist women's spouses for couple HIV testing resulting in some men feeling 'trapped' or 'forced' to test as part of their paternal responsibility. Couple testing had some positive outcomes, notably disclosure of HIV status to marital partner, renewed commitment to marital relationship, uptake of and adherence to treatment and formation of new social networks. However, there were also negative repercussions including abandonment, verbal abuse and cessation of sexual relations. Its promotion also did not always lead to safe sex as this was undermined by gendered power relationships and the desires for procreation and sexual intimacy. CONCLUSIONS: Couple HIV testing provides enormous bio-medical and social benefits and should be encouraged. However, testing strategies need to be non-coercive. Providers of couple HIV testing also need to be mindful of the intimate context of partner relationships including couples' childbearing aspirations and lived experiences. There is also need to make antenatal clinics more male-friendly and responsive to men's health needs, as well as being attentive and responsive to gender inequality during counselling sessions.


STUDY OBJECTIVE: An important requirement for achieving postulated goals in the context of patient education is that patient education be conducted in a way that the patients can understand it. It is the objective of this explorative study to examine how patients and providers evaluate the comprehensibility and patients' comprehension of patient education under routine conditions during orthopaedic rehabilitation. Furthermore, we aim to explore the influencing factors that patients and providers describe as conducive and counterproductive to the comprehensibility of patient education, and the ideas or desires they have as to how patient education can be made more comprehensible. METHODS: We conducted guided focus groups with 50 patients with chronic back pain or osteoarthritis aged between 22 and 71 years (M=50.4, SD=9.4) and 35 patient education providers aged between 26 and 61 years (M=44.9, SD=9.8) in a total of 9 orthopaedic rehabilitation centres. Qualitative analyses of the interview transcripts were conducted according to Mayring's content analytic approach using ATLAS.ti software. RESULTS: Patients and providers evaluate patient education as generally comprehensible. The involvement of patients in patient education is reported by both patients and providers as the main conducive factor. Patients describe poor (e.g. superficial or contradictory) information as counterproductive regarding comprehensibility, while providers tend to mention patients' lack of motivation and of taking personal responsibility as hindering patients' comprehension. Patients' and providers' proposals and ideas can be
organized in the topics patient education (e.g. stronger reference to patients' everyday life), providers (e.g. improving providers' tutoring skills), information (e.g. more information), patient involvement (e.g. stronger consideration of patients' interests), organization (e.g. smaller groups), and goal clarification (e.g. consideration of patients' expectations). CONCLUSION: Our results reveal that good comprehensibility can be achieved in patient education during routine orthopaedic rehabilitation. They also show the factors that account for good comprehensibility. The counterproductive factors described by patients and providers provide evidence of the factors that may hold potential for improving patient education with regard to comprehensibility.

Nedjat-Haiem, F. R., Carrion, I. V., Lorenz, K. A., Ell, K., & Palinkas, L. (2013). Psychosocial concerns among Latinas with life-limiting advanced cancers. Omega (Westport), 67(1-2), 167-174. Research has demonstrated that limited dialogue in end-of-life (EOL) care can negatively impact decision-making and place of death. Furthermore, when vulnerable populations are faced with EOL cancer care, they experience issues resulting from previous gaps in services attributed to sociocultural and economic issues that influence EOL care. These conditions place an additional burden on disadvantaged populations which can cause distress, especially as disparate conditions continue to persist. Little is known about Latinos' psychosocial concerns that lead to distress in EOL care. The objective of this study is to explore Latinas' experiences with life-limiting cancer conditions to identify the EOL care concerns that impact their dying experience. This study used a phenomenological approach to explore the EOL care concerns of 24 Latinas receiving treatment for metastatic cancers in a public sector healthcare system in Los Angeles, California. In-depth interviews were recorded and transcribed, and qualitative analysis was performed using ATLAS.ti software.


OBJECTIVES: Behavioral models for mobile phone-based diabetes interventions are lacking. This study explores the potential mechanisms by which a text message-based diabetes program affected self-management among African-Americans. METHODS: We conducted in-depth, individual interviews among 18 African-American patients with type 2 diabetes who completed a 4-week text message-based diabetes program. Each interview was audio-taped, transcribed verbatim, and imported into ATLAS.ti software. Coding was done iteratively. Emergent themes were mapped onto existing behavioral constructs and then used to develop a novel behavioral model for mobile phone-based diabetes self-management programs. RESULTS: The effects of the text message-based program went beyond automated reminders. The constant, daily communications reduced denial of diabetes and reinforced the importance of self-
management (Rosenstock Health Belief Model). Responding positively to questions about self-management increased mastery experience (Bandura Self-Efficacy). Most surprisingly, participants perceived the automated program as a "friend" and "support group" that monitored and supported their self-management behaviors (Barrera Social Support). CONCLUSIONS: A mobile phone-based diabetes program affected self-management through multiple behavioral constructs including health beliefs, self-efficacy, and social support. PRACTICE IMPLICATIONS: Disease management programs that utilize mobile technologies should be designed to leverage existing models of behavior change and can address barriers to self-management associated with health disparities.


BACKGROUND: There has been a lack of systematic inquiry into how governments respond during times of crises, how well these responses comply with good governance, and how they affect health systems. The aim of this study was to analyse the reactions of the Icelandic health system during the first 7 months of the economic crisis in 2008. METHODS: The grounded theory approach was used in data sampling, collection, and data analysis. Secondary data were collected from parliamentary documents, news, and health discussions in two of the largest newspapers in Iceland. Primary data were collected through interviews with key stakeholders in the health sector. ATLAS.ti 5.2 was used to analyse the data. RESULTS: The health sector's first response to the crisis was to close and merge wards on hospitals as well as making structural changes to reduce the overhead costs in healthcare institutions. The Minister of Health attempted to introduce radical changes but because of failures in good governance practices, such as a lack of transparency and fair participation together with a lack of supporting documents, the proposed changes were not executed. CONCLUSIONS: Economic crises are a critical test of health systems' resilience. The manner in which governance practices, together with strong stewardship, influence the ability of the health system to adapt to changes and reorganise without causing stress, confusion, or anger and without changing its basic structure and function are important, and open to robust evaluation.


Background: Smokeless tobacco use in South Asia is believed to be a significant contributor to morbidity and mortality. In India, only a few studies involving health educational intervention by health care providers have demonstrated reduction in smokeless tobacco usage. In the present study we assessed the cessation efforts towards smokeless tobacco by physicians in two
high tobacco prevalence states of India. The study also identified opportunities and barriers for integration of tobacco cessation services in routine practices of physicians. Materials and Methods: This mixed method study involved qualitative (phase I) and quantitative research study (phase II). In phase I, 59 in-depth interviews with physicians were conducted. In phase II, a quantitative study conducted among 238 physicians. An inductive approach was followed to analyze qualitative data using ATLAS.ti software. The Chi-square test was employed to test the association between different variables of interest using SPSS version 17. Results: The majority of physicians related only respiratory problems and cancer with smokeless tobacco. Other major health effects like cardio-vascular problems, oral diseases, and effects on reproductive and neonatal health were recognized only by a few physicians. The age-group of 10-19 years was identified as most vulnerable to smokeless tobacco use. Less than one-third of physicians reported recording smokeless tobacco history of all patients. Findings indicated that less than half of physicians provided information on harmful health effects of smokeless tobacco with regard to specific diseases. Conclusions: The study revealed a low level of knowledge of physicians about harmful effects of tobacco and their suboptimal engagement in tobacco control practices. The study indicates the need of capacity building initiatives to equip physicians with skills in tobacco cessation.


This study explores patient trust in physicians and its relationship to shared decision-making (SDM) among African-Americans with diabetes (types 1 and 2). We conducted a series of focus groups (n = 27) and in-depth interviews (n = 24). Topic guides were developed utilizing theoretical constructs. Each interview was audi-taped and transcribed verbatim. Each transcript was independently coded by two randomly assigned members of the research team; codes and themes were identified in an iterative fashion utilizing ATLAS.ti software. The mean age of study participants was 62 years and 85% were female. We found that (1) race as a social construct has the potential to influence key domains of patient trust (interpersonal/relationship aspects and medical skills/technical competence), (2) the relationship between patient trust and shared decision-making is bidirectional in nature, and (3) enhancing patient trust may potentially increase or decrease SDM among African-Americans with diabetes. Mistrust of physicians among African-Americans with diabetes may partially be addressed through (1) patient education efforts, (2) physician training in interpersonal skills and cultural competence, and (3) physician efforts to engage patients in SDM. To help enhance patient outcomes among African-Americans with diabetes, physici-

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strategies to simultaneously engender their patients’ trust and encourage shared decision-making.


Revisiting scope of practice (SOP) policies for nurse practitioners (NPs) is necessary in the evolving primary care environment with goals to provide timely access, improve quality, and contain cost. This study utilized qualitative descriptive design to investigate NP roles and responsibilities as primary care providers (PCPs) in Massachusetts and their perceptions about barriers and facilitators to their SOP. Through purposive sampling, 23 NPs were recruited and they participated in group and individual interviews in spring 2011. The interviews were audio recorded and transcribed. Data were analyzed using ATLAS.ti 6.0 software, and content analysis was applied. In addition to NP roles and responsibilities, three themes affecting NP SOP were: regulatory environment; comprehension of NP role; and work environment. NPs take on similar responsibilities as physicians to deliver primary care services; however, the regulatory environment and billing practices, lack of comprehension of the NP role, and challenging work environments limit successful NP practice.


The expansion of the nurse practitioner (NP) workforce in primary care is key to meeting the increased demand for care. Organizational climates in primary care settings affect NP professional practice and the quality of care. This study investigated organizational climate and its domains affecting NP professional practice in primary care settings. A qualitative descriptive design, with purposive sampling, was used to recruit 16 NPs practicing in primary care settings in Massachusetts. An interview guide was developed and pre-tested with two NPs and in 1 group interview with 7 NPs. Data collection took place in spring of 2011. Individual interviews lasted from 30-70 minutes, were audio recorded, and transcribed. Data were analyzed using ATLAS.ti 6.0 software by 3 researchers. Content analysis was applied. Three previously identified themes, NP-physician relations, independent practice and autonomy, and professional visibility, as well as two new themes, organizational support and resources and NP-administration relations emerged from the analyses. NPs reported collegial relations with physicians, challenges in establishing independent practice, suboptimal relationships with administration, and lack of support. NP contributions to patient care were invisible. Favorable organizational climates should be promoted to support the expanding of NP workforce in primary care.
care and to optimize recruitment and retention efforts.


**STUDY OBJECTIVE:** Emergency departments (EDs) frequently refer patients for needed outpatient specialty care, but little is known about the dynamics of these referrals when patients are publicly insured. Hence, we explored factors, including the role of ED referrals, associated with specialists' willingness to accept patients covered by Medicaid and the Children's Health Insurance Program (CHIP). **METHODS:** We conducted semistructured qualitative interviews with a purposive sample of 26 specialists and 14 primary care physicians in Cook County, Illinois, from April to September 2009, until theme saturation was reached. Transcripts and notes were entered into ATLAS.ti and analyzed using an iterative coding process to identify patterns of responses, ensure reliability, examine discrepancies, and achieve consensus through content analysis. **RESULTS:** Themes that emerged indicate that primary care physicians face considerable barriers getting publicly insured patients into outpatient specialty care and use the ED to facilitate this process. Specialty physicians reported that decisions to refuse or limit the number of patients with Medicaid/CHIP are due to economic strain or direct pressure from their institutions. Factors associated with specialist acceptance of patients with Medicaid/CHIP included high acuity or complexity, personal request from or an informal economic relationship with the primary care physician, geography, and patient hardship. Referral through the ED was a common and expected mechanism for publicly insured patients to access specialty care. **CONCLUSION:** These exploratory findings suggest that specialists are willing to see children with Medicaid/CHIP if they are referred from an ED. As health systems restructure, EDs have the potential to play a role in improving care coordination and access to outpatient specialty care.


**BACKGROUND:** Several studies suggest a high prevalence of cannabis use before and during imprisonment, but subjective perspectives of detainees and staff towards its use in prison are lacking. This issue was explored in the framework of an observational study addressing tobacco use in three Swiss prisons in 2009 and 2010 that involved multiple strands (quantitative and qualitative components). This article presents qualitative data on cannabis use collected in one of the settings. **METHODS:** We used in-depth semistructured interviews with both detainees and staff to explore their attitudes towards cannabis in one post-trial male Swiss prison. We performed specific
OBJECTIVES: This action-research study conducted in a Swiss male post-trial detention centre (120 detainees and 120 staff) explored the attitudes of detainees and staff towards tobacco smoking. Tackling public health matters through research involving stakeholders in prisons implies benefits and risks that need exploration. STUDY DESIGN: The observational study involved multiple strands (quantitative and qualitative components, and air quality measurements). This article presents qualitative data on participants’ attitudes and expectations about research in a prison setting. METHODS: Semi-structured interviews were used to explore the attitudes of detainees and staff towards smoking before and after a smoke-free regulation change in the prison in 2009. Specific coding and thematic content analysis for research were performed with the support of ATLAS.ti. RESULTS: In total, 77 interviews were conducted (38 before the regulation change and 39 after the regulation change) with 31 detainees (mean age 35 years, range 22-60 years) and 27 prison staff (mean age 46 years, range 29-65 years). Both detainees and staff expressed satisfaction regarding their involvement in the study, and wished to be informed about the results. They expected concrete changes in smoke-free regulation, and that the research would help to find ways to motivate detainees to quit smoking. CONCLUSION: Active involvement of stakeholders promotes public health. Interviewing detainees and prison staff as part of an action-research study aimed at tackling a public health matter is a way of raising awareness.
awareness and facilitating change in prisons. Research needs to be conducted independently from the prison administrators in order to increase trust and to avoid misunderstandings.


BACKGROUND: Pre- and postgraduate education is meant to be competency-based. Over the last two decades various competency frameworks have been published. One competency is professionalism, a definition of which has not yet been developed but is being discussed in the literature. The aim of this qualitative study is an approximation to professionalism among German general practitioners and general practitioner trainees. METHODS: A qualitative study was conducted by interviewing seven pairs of GPs and their trainees. All interviews were recorded and transcribed. The analysis was performed according to Mayring supported by the software ATLAS.ti. RESULTS: Four categories of professionalism emerged: responsibility towards patients, responsibility towards other professionals, responsibility towards the society and responsibility towards oneself. Professionalism was perceived as important for general practice in Germany. In addition, barriers of professional behaviour have been identified. CONCLUSION: The perception of professionalism among German GPs and GP trainees is in accordance with the frameworks of professionalism found in the literature. These results underline the need for conceptualising professionalism among general practice trainees in Germany.


Traditional birth attendants (TBAs) have limited ability to reduce maternal mortality, but may be able to have a significant impact on neonatal survival. This qualitative study explores TBAs' (possessive) experience with neonatal care in a rural Honduran community. In 6 semistructured focus groups, TBAs described services they routinely provide to newborns. Using ATLAS.ti, Version 6.0. (ATLAS.ti Scientific Software Development GmbH, University of Berlin), transcripts were coded by bilingual researchers and analyzed by thematic content. TBAs demonstrated limited knowledge of newborn physiology, yet were aware of many internationally recommended practices. Despite attempts to follow recommendations, all TBAs expressed difficulty due to resource constraints. TBAs were strong advocates of immediate breast-feeding and skin-to-skin care, but they did not demonstrate knowledge regarding delayed bathing and thermal care. Most TBAs stated that a sick neonate could be identified immediately at birth; thus, infections or other illnesses developed in later days may be missed. TBAs did not believe they could have
averted neonatal complications or deaths that had occurred under their care. For most healthy newborns, TBAs are the primary providers until the 2-month vaccine visit at the healthcare clinic. Improved TBA training focused on infection symptomatology, physiology, and thermoregulation for newborns may increase opportunities for improved health and timely referrals to healthcare facilities.


**BACKGROUND:** Friendship is a crucial relationship offering practical support, enjoyment and improved health. When disability is added into the mix, the permutations of friendship shift. Despite the presence of inclusive social policies many disabled teens continue to experience stigma and social isolation, yet some teens are able to establish long-term friendships. **METHODS:** A nuanced understanding about how disabled teens navigate stigma to create lasting friendships was constructed through this qualitative study. Seven boys and seven girls between the ages 15 to 20 years who experienced disability engaged in research interviews and participant observation sessions. Nine adults were also interviewed. A critical approach to data analysis was complemented by coding in ATLAS.ti. **RESULTS:** This article describes the strategies used by these disabled teens to make and keep friends: disrupting norms about friendship, coming out as disabled, connecting through stigma and choosing self-exclusion. **CONCLUSION:** Disabled teens in this study felt a greater sense of belonging when with peers who shared the disability experience, thus self-exclusion was a viable strategy for creating sustainable friendships in the context of oppression. Social policy informed by the experiences of disabled youth in the current study will more effectively promote social inclusion by first acknowledging and then disrupting ableism.


**BACKGROUND:** Characteristics of hotel housekeeping work increase the risk for hypertension development. Little is known about the influences of such work on hypertension management. **METHODS:** For this qualitative study, 27 Haitian immigrant hotel housekeepers from Miami-Dade County, FL were interviewed. Interview transcripts were analyzed with the assistance of the ATLAS.ti software for code and theme identification. **RESULTS:** Influences of hotel housekeeping work on hypertension management arose both at the individual and system levels. Factors at the individual level included co-worker dynamics and maintenance of transmigrant life. Factors at the system level included supervisory support, workload, work pace, and work hiring practices. No positive influences were reported for workload and hiring practices. **CONCLUSIONS:** Workplace interventions may be beneficial for effective hypertension management among hotel housekeepers.
These work influences must be considered when determining effective methods for hypertension management among hotel housekeepers. Am. J. Ind. Med. 56:1402-1413. (c) 2013 Wiley Periodicals, Inc.


INTRODUCTION: Special concerns often arise when medical students are themselves the subjects of education research. A recently completed large, multi-center randomized controlled trial of computer-assisted learning modules for surgical clerks provided the opportunity to explore the perceived level of risk of studies where medical students serve as human subjects by reporting on: 1) the response of Institutional Review Boards (IRBs) at seven institutions to the same study protocol; and 2) the thoughts and feelings of students across study sites about being research subjects. METHODS: From July 2009 to August 2010, all third-year medical students at seven collaborating institutions were eligible to participate. Patterns of IRB review of the same protocol were compared. Participation burden was calculated in terms of the time spent interacting with the modules. Focus groups were conducted with medical students at each site. Transcripts were coded by three independent reviewers and analyzed using ATLAS.ti. RESULTS: The IRBs at the seven participating institutions granted full (n=1), expedited (n=4), or exempt (n=2) review of the WISE Trial protocol. 995 (73% of those eligible) consented to participate, and 207 (20%) of these students completed all outcome measures. The average time to complete the computer modules and associated measures was 175 min. Common themes in focus groups with participant students included the desire to contribute to medical education research, the absence of coercion to consent, and the low-risk nature of the research. DISCUSSION: Our findings demonstrate that risk assessment and the extent of review utilized for medical education research vary among IRBs. Despite variability in the perception of risk implied by differing IRB requirements, students themselves felt education research was low risk and did not consider themselves to be vulnerable. The vast majority of eligible medical students were willing to participate as research subjects. Participants acknowledged the time demands of their participation and were readily able to withdraw when those burdens became unsustainable.


Obesity is a prominent public health concern that disproportionally affects low-income and minority populations. Recent policies mandating the posting of calories on menus in fast-food chain restaurants have not proven to uniformly influence food choice. This qua-
Qualitative research study used focus groups to study individual and environmental factors affecting the use of these menu labels among low-income minority populations. Ten focus groups targeting low-income residents (n=105) were held at various community organizations throughout New York City over a 9-month period in 2011. The focus groups were conducted in Spanish, English, or a combination of both languages. In late 2011 and early 2012, transcripts were coded through the process of thematic analysis using ATLAS.ti for naturally emerging themes, influences, and determinants of food choice. Few participants used menu labels, despite awareness. The most frequently cited as barriers to menu label use included: price and time constraints, confusion and lack of understanding about caloric values, as well as the priority of preference, hunger, and habitual ordering habits. Based on the individual and external influences on food choice that often take priority over calorie consideration, a modified approach may be necessary to make menu labels more effective and user-friendly.


BACKGROUND: Since 2002, the professional education for Swiss physiotherapists has been upgraded to a tertiary educational level. With this change, the need for research related to professional practice has become more salient. The elaboration of research priorities is seen as a possible way to determine the profession's needs, to help coordinate research collaborations and to address expectations regarding physiotherapy. There is still limited evidence about stakeholders' views with regard to physiotherapy research. The objective of this study was to investigate key stakeholders' opinions about research in physiotherapy in Switzerland. METHODS: Focus groups with patients, health professionals, researchers and representatives of public health organizations were conducted, and semi-structured interviews were conducted with politicians, health insurers and medical doctors from three linguistic regions in Switzerland. An interview guide was elaborated. Data were transcribed and analysed using inductive content analysis (ATLAS.ti 6(R)). RESULTS: Eighteen focus groups and 23 interviews/written commentaries included 134 participants with various research experiences and from different settings. Fourteen categories were defined reflecting three themes: identity, interdisciplinarity and visibility. Stakeholders had positive views about the profession and perceived physiotherapists' important role now and in the future. Yet, they also felt that physiotherapy was not sufficiently recognized in society and not visible enough. A stronger professional identity would be key to enhancing interdisciplinary work. CONCLUSIONS: Results of this qualitative study provide insights into key aspects for moving the physiotherapy profession forward. Identity is at the heart of physiotherapy, not necessarily
in terms of research priorities but in the definition of domains of competence and future positioning. Identity is also tightly connected to Interdisciplinarity as this might threaten the existence of the profession. Stakeholders outside the profession insist on the importance of visibility. The results of this study can help stakeholders reflect on the future of physiotherapy and elaborate research priorities. (c) 2013 The Authors. Physiotherapy Research International published by John Wiley & Sons Ltd.


Although an increasing number of people living with HIV (PLHIV) in sub-Saharan Africa are benefiting from the rapid scale-up of antiretroviral therapy (ART), retention in HIV care and treatment services remains a major concern. We examined socioeconomic and sociocultural barriers and potential facilitators of retention in ART in Iringa, Tanzania, a region with the second highest prevalence of HIV in the country. In 2012, 116 in-depth interviews were conducted to assess community members’ perceptions, barriers and facilitators of HIV treatment in Iringa, including key informants, persons at heightened risk for infection, and HIV service-delivery users. Data were transcribed, translated, entered into ATLAS.ti, coded, and analyzed for key themes. In order to provide the full range of perspectives across the community on issues that may affect retention, we report findings from all 116 participants, but draw on verbatim quotes to highlight the experiences of the 14 PLHIV who reported that they were receiving HIV care and treatment services. Despite the growing availability of HIV care and treatment services in Iringa, participants reported significant barriers to retention, including lack of knowledge and misperceptions of treatment, access problems that included difficulties in reaching distant clinics and pervasive poverty that left PLHIV unable to cope with out-of-pocket costs associated with their care, persistent stigmatization of PLHIV and frequent reliance on alternative healing systems instead of biomedical treatment. Positive perceptions of the efficacy of ART, improved ART availability in the region, improved access to care through supplemental aid, and social support were perceived to enhance treatment continuation. Our findings suggest that numerous socioeconomic and sociocultural barriers inhibit retention in HIV care and treatment services in this setting. Intervention strategies that improve ART accessibility, incorporate supplemental aid, enhance social support, reduce stigma, and develop partnerships with alternative healers are needed to improve HIV-related outcomes.

Uslu, S., Natanzon, I., & Joos, S. (2013). [The Image of General Practitioners from the Perspective of Patients with and without a Turkish Migration Background - A Qualitative Study.]. *Gesundheitswesen*. doi: 10.1055/s-0033-
In order to improve the medical care of people with migration background, the existing specialties in medical understanding must be taken into account. The aim of this study was to explore the image of general practitioners from the viewpoint of patients and to evaluate possible differences in the perception of patients with and without a Turkish migration background. Five focus groups with participants with and without migration background were assessed in German language. In addition to a predefined interview guideline, the collage technique was used in order to explore the image of the practitioners through pictures. The content analysis was conducted according to Mayring using the software program ATLAS.ti. The patients revealed a highly positive image about the general practitioners. By means of the collage technique some negative aspects could be identified which were not discussed in the focus groups. Only minimal differences in the opinions of participants with and without Turkish migration background could be observed. These were a strongly negative attribution to the general practitioners with regard to financial aspects by the participants without migration background on the one hand and a rather paternalistic viewpoint by the participants with Turkish migration background on the other hand. Asked about an image change of general practitioners, the overall opinion has changed over the years from doctors being considered to be "powerful" and "unapproachable" to a "normal" level. Major reasons for this image change were attributed to the fact that patients are becoming increasingly informed about medical issues through the internet and the high work pressure of general practitioners. The image of general practitioners in Turkey was perceived more negative as compared to Germany. The image of general practitioners from the perspective of patients is predominantly positive. Altogether, only minor differences in the perception of German speaking patients with and without Turkish migration background could be identified. Therefore, specific ways of proceeding or qualification measures for general practitioners do not seem necessary in this context.


This is a qualitative case study to identify the contributions of a critical pedagogical technique in developing critical attitudes of graduating nursing students in Brazil. Fourteen students participated in this study. Data were collected from March to August 2010 using triangulation of non-participant observation, interview and document analysis. The collected data were transcribed to Word documents, which were subsequently imported into ATLAS.ti, version 6.2, for organisation and qualitative data analysis. The analysis was based on the work of Minayo (2010). The following three thematic analysis units were constructed: feeling free - seeking the liberty to learn to admire, admiring by curiosity and re-
reflecting about the admired object. The results of the thematic categories reveal that the students understand that they are free to have an active role in their education, and the teacher facilitates this process; thus, the students have a raison d’etre, or reason for being, free. Feeling free, the student can exercise their curiosity when facing the given situations and topics, which challenges them to make decisions based on their awareness of the world.


BACKGROUND/OBJECTIVE: The Self Assessment of Treatment (SAT) questionnaire was developed to reflect key patient reported outcomes of Neuropathic Pain (NP) treatments. This study aimed to understand how patients perceived the relevance and ease of understanding of the questions in the SAT and to recommend modifications based on patient and clinician interviews. METHODS: Semi-structured interviews were conducted with clinicians and NP patients to provide information regarding treatment attributes and the impact of pain. Patients were debriefed on the SAT, a 5-item scale evaluating pain, activity level, quality of life (QoL) and satisfaction with treatment (recommend treatment and undergo treatment again). The SAT has a recall period reflecting back to the start of treatment. The qualitative analysis software ATLAS.ti 5.0 was used to analyze patient transcripts. Changes to the SAT were integrated into the questionnaire for a second round of debriefing interviews. RESULTS: Three NP clinicians and 44 patients (20 painful diabetic neuropathy, 16 HIV-associated neuropathy and 8 post herpetic neuralgia) with a mean age of 60.3 (12.3) years and an even gender distribution were interviewed. Patient treatment experience included anticonvulsants (73%), antidepressants (34%), opioids (25%), and topical medications (41%). Pain descriptors and treatment attributes were similar across the three NP groups. Pain relief was judged the most important treatment attribute, followed by ability to undertake activities. Sleep improvement was another important attribute. Activity limitations and QoL were perceived as too broad and non-specific, and were split into 3 concepts each (activity limitations was split into self care, daily and physical activities and QoL was split into sleep, emotions, and social function). A 7-day recall period was introduced. The item stem and response options were made consistent, and a baseline and follow-up questionnaires were developed (except for the satisfaction items) to enable monitoring onset of treatment benefit and change over time. CONCLUSIONS: The content validity of the revised SAT was improved by the qualitative research, and NP treatment benefits are reflected in a more consistent fashion by the changes. Baseline and follow-up versions make it possible to perform assessments of change over time.

Wright, P. B., Curran, G. M., Stewart, K. E., & Booth, B. M. (2013). A qualitative ana-
PURPOSE: Integrating HIV testing programs into substance use treatment is a promising avenue to help increase access to HIV testing for rural drug users. Yet few outpatient substance abuse treatment facilities in the United States provide HIV testing. The purpose of this study was to identify barriers to incorporating HIV testing with substance use treatment from the perspectives of treatment and testing providers in Arkansas. METHODS: We used purposive sampling from state directories to recruit providers at state, organization, and individual levels to participate in this exploratory study. Using an interview guide, the first and second authors conducted semi-structured individual interviews in each provider's office or by telephone. All interviews were recorded, transcribed verbatim, and entered into ATLAS.ti software (ATLAS.ti Scientific Software Development GmbH, Berlin, Germany). We used constant comparison and content analysis techniques to identify codes, categories, and primary patterns in the data. FINDINGS: The sample consisted of 28 providers throughout the state, 18 from the substance use system and 10 from the public/ community health system. We identified 7 categories of barriers: environmental constraints, policy constraints, funding constraints, organizational structure, limited inter- and intra-agency communication, burden of responsibility, and client fragility.

CONCLUSIONS: This study presents the practice-based realities of barriers to integrating HIV testing with substance use treatment in a small, largely rural state. Some system and/or organization leaders were either unaware of or not actively pursuing external funds available to them specifically for engaging substance users in HIV testing. However, funding does not address the system-level need for coordination of resources and services at the state level.


BACKGROUND: China has recently adopted methadone maintenance treatment (MMT) as a national strategy to address the problem of drug abuse and related public health issues such as HIV and HCV infections. However, low enrollment and retention rates suggest that barriers may exist in MMT utilization. This study examined both patients' perceptions and service providers' perceptions of challenges in MMT implementation in China. METHODS: Four focus groups were conducted in two Chinese cities, Shanghai and Kunming, to explore the perceived and experienced barriers in MMT participation in China. All focus group discussions with participants were audio taped and transcribed. ATLAS.ti 5.1 was used to analyze data. RESULTS: Service providers and patient participants reported positive expe-
riences (e.g., effects of MMT in curbing withdrawal symptoms) but also expressed concerns about side effects and continued heroin use during MMT. They also identified barriers in participating and remaining in MMT, including affordability (fee requirement), acceptability (methadone as a substitution, dose, long-term nature), accommodation and accessibility (inconvenient operation hours, lack of transferability to other MMT clinics during travel) and competition between public health and public security. CONCLUSIONS: The present findings have implications for reconsidering the current MMT policies and practices in order to improve access, utilization and, ultimately, the effectiveness of MMT in China.


BACKGROUND: Failure to engage in emergency preparedness, response, and recovery contributes to the differential outcome experienced by limited English proficiency (LEP) populations. Little is known about how psychosocial factors influence LEP individuals' perception of emergency and their process of understanding, collecting, and synthesizing information. The purpose of this exploratory study is to understand how LEP conceptualize an emergency situation to determine when help is needed. METHODS: The authors conducted 4 focus groups with 36 adult Chinese LEP speakers living in Seattle. All discussions were audio-taped, translated, and transcribed. Coded text passages were entered into ATLAS.ti for data management and model generation. RESULTS: Perception of an emergency situation affects LEP individual's ability to manage the crisis. Self-efficacy may be an important psychological variable that positively shapes an individual's response to an emergency situation by improving their confidence to handle the crisis and ability to connect to resources. Response to emergency resulting from this series of information gathering, synthesis, and utilization may not always result in a positive outcome. DISCUSSION: Self-efficacy in risk communication messages should be included to engage LEPs in emergency preparedness. Effective communication can increase LEPs' awareness of emergency situations and connecting LEP individuals with existing community resources may enhance LEPs' level of self-efficacy in emergencies.


BACKGROUND: A Canadian nursing student-led knowledge dissemination project on health promotion for social development was implemented with local professionals and communities in Brazil. OBJECTIVES: (a) to identify how student-interns contrasted Cana-
dian and Brazilian cultural and social realities within a primary healthcare context from a social development perspective; (b) to examine how philosophical underpinnings, including social critical theory and notions of social justice, guided student-interns in acknowledging inequalities in primary healthcare in Brazil; and (c) to participate in the debate on the contribution of Canadian nursing students to the global movement for social development. DESIGN AND SETTING: A qualitative appraisal of short-term outcomes of an international internship in the cities of Birigui & Aracatuba (Sao Paulo-Brazil). PARTICIPANTS: Four Canadian fourth-year undergraduate nursing students enrolled in a metropolitan university program. METHODS: Recruitment was through an email invitation to the student-interns, who accepted, and signed informed consent forms. Their participation was unpaid and voluntary. One-time individual interviews were conducted at the end of their internships. Transcriptions of the audio-recorded interviews were coded using the qualitative software program ATLAS.ti 6.0. The findings were analyzed using thematic analysis. RESULTS: Student-interns' learning unfolded from making associations among concepts, new ideas, and their previous experiences, leading to a personal transformation through which they established new conceptual and personal connections. The two main themes revealed by the thematic analysis were dichotomizing realities, that is, acknowledging the existence of "two sides of each situation," and discovering an unexpected reciprocity between global and urban health. Furthermore, the student-interns achieved personal and professional empowerment. CONCLUSIONS: The knowledge gained from the international experience helped the student-interns learn how to collaborate with Brazilian society's sectors to improve the social conditions of a "marginalized population". Student-interns became aware of their inner power to promote change by making invisible inequity visible in their own terms.


BACKGROUND: Analyzing students' performance and self-criticism of their roles in promoting health literacy can inform nursing education in a social environment that expects new graduates to be health promoters. OBJECTIVES: The pilot study reported here aimed to a) analyze students' understanding of and sensitivity to issues of health literacy, (b) identify students' perceptions of structural, organizational, and political barriers to the promotion of health literacy in social and health care organizations, and (c) document students' suggestions for curriculum changes that would develop their skills and competencies as health-literacy promoters. DESIGN: A qualitative pilot study. SETTING: A collaborative undergraduate nursing degree program in the metropolitan area of Toronto, Canada. PARTICIPANTS: Sixteen undergraduate, Year
Methods: Signed informed consent was obtained from the participants. Participation was unpaid and voluntary. Recruitment was through an email invitation sent by the School of Nursing Student Affairs Coordinator. Three, one-time individual interviews and three focus groups were conducted. All were audio-recorded. Recordings were transcribed, and the transcriptions were coded using the qualitative software ATLAS.ti 6.0. The interview data were submitted to thematic analysis. Additional data were gathered from the two-page self-assessments in students’ academic portfolios. Results: Sensitivity to health literacy was documented. Students performed best as health promoters in supportive teaching hospitals. Their performance was hindered by clinical settings unsupportive of health education, absence of role models, and insufficient theoretical preparation for health teaching. Students’ sensitivity to their clients’ diversity reportedly reinforced the interconnection, in multicultural healthcare settings, between health literacy and other social determinants of health and a growing demand for educating future nurses in expanding their role also as health promoters. Conclusions: Students recommended more socially inclusive and experiential learning initiatives related to health teaching to address education gaps in classrooms and practice.

INTRODUCTION: Diseases caused by Streptococcus pneumoniae generate substantial morbidity and mortality. Despite official recommendations to vaccinate everyone over the age of 64, the estimated vaccination rate for this target population is around 2%. In Switzerland, pneumococcal vaccinations are for the most part provided by general practitioners (GPs); in addition, a small number of patients get vaccinated during a hospital stay. We wanted to investigate GPs’ attitudes and opinions about the pneumococcal vaccination in primary care and why it is so rarely provided. Methods: For this qualitative study, we conducted semi-structured interviews with 20 GPs. Transcriptions of all interviews were analyzed following the technique of qualitative content analysis, supported by the ATLAS.ti software. Results: Most GPs reported that they know pneumococcal vaccination is recommended for several risk groups and elderly patients. As to reasons for the low vaccination rate, GPs mentioned the pneumococcal vaccination had little priority in daily practice, especially in comparison with the importance of other vaccinations, namely influenza. This low level of priority was supported by the fact that the GPs rarely ever experienced a case of a severe pneumococcal disease in their daily work. Furthermore, perceived insufficient evidence resulting from existing epidemiologic data and clinical trials enhanced the little attention given to

YEAR 2012
Badertscher, N., Morell, S., Rosemann, T., & Tandjung, R. (2012). General practitioners’ experiences, attitudes, and o-
the pneumococcal vaccination. CONCLUSION: We found the generally low level of priority given within a consultation, the missing awareness of this subject in daily practice, and the perception of epidemiologic and scientific data as insufficient, as the reasons for the low rate in pneumococcal vaccinations. Efforts to increase the epidemiologic data on the pneumococcal vaccination should be taken. To increase the vaccination rate, it would be necessary to raise the awareness and priority of the pneumococcal vaccination; a feasible way could be the combination of the seasonal flu vaccination campaign with a campaign for pneumococcal vaccination.


QUESTIONS UNDER STUDY: Effective health promotion is of great importance from clinical as well as from public health perspectives and therefore should be encouraged. Especially regarding health promotion in the elderly, general practitioners (GPs) have a key role. Nevertheless, evidence suggests a lack of health promotion by GPs, especially in this age group. The aim of our study was to assess self-perceived attitudes, barriers and facilitators of GPs to provide health promotion in the elderly. METHODS: We performed a qualitative focus group study with 37 general practitioners. The focus group interviews were recorded digitally, transcribed literally and analysed with ATLAS.ti, a software program for qualitative text analysis. RESULTS: Among the participating GPs, definitions of health promotion varied widely and the opinions regarding its effectiveness were very heterogeneous. The two most important self-perceived barriers for GPs to provide health promotion in the elderly were lack of time and insufficient reimbursement for preventive and health promotion advice. As intervention to increase health promotion in the elderly, GPs suggested, for example, integration of health promotion into under and postgraduate training. Changes at the practice level such as involving the practice nurse in health promotion and counselling were discussed very controversially. CONCLUSION: Health promotion, especially in the elderly, is crucial but in the opinion of the GPs we involved in our study, there is a gap between public health requirements and the reimbursement system. Integration of health promotion in medical education may be needed to increase knowledge as well as attitudes of GPs regarding this issue.


We examined the response of 11 Los Angeles County (LAC) hospitals designated as Disaster Resource Centers
(DRCs) to a statewide, earthquake preparedness drill, LAC’s most comprehensive earthquake disaster drill to date. Semistructured interviews were conducted with the coordinators of 11 of the 14 LAC DRCs within 3 weeks of the drill. Interviews were transcribed and thematic analysis was supported by analytical software (ATLAS.ti).

Except for one pediatric specialty DRC, most DRCs did little to fully test their institutions’ capacity to manage pediatric patients. Few DRCs included children as mock victims. Little or no attention was focused on pediatric triage and other pediatric clinical, psychological, and resource issues. Respondents maintained that community readiness is hampered by compartmentalizing the preparedness planning, training, and drilling. Without a mandate to coordinate with other agencies, few DRCs reported coordination with other community entities. Those that did were in smaller submunicipalities within LAC. Community coordination is critical to effective response to disasters, yet disaster preparedness planning and drills are most often uncoordinated and compartmentalized. Drills and training need to be transdisciplinary and coordinated with other community entities likely to play a role in pediatric disaster management.


Obesity disproportionately affects African American adolescents, particularly
girls. While ethnically targeted marketing of unhealthful food products contributes to this disparity, it is not known how African Americans perceive the food marketing environment in their communities. Qualitative methods, specifically photovoice and group discussions, were used to understand perceptions of African American adults and teen girls regarding targeted food marketing to adolescent girls. An advisory committee of four students, two faculty, and two parents was formed, who recruited peers to photograph their environments and participate in group discussions to answer "what influences teen girls to eat what they do." Seven adults and nine teens (all female) participated in the study. Discussions were transcribed, coded, and analyzed with ATLAS.ti to identify common and disparate themes among participants. Results indicated that adults and teens perceived the type of food products, availability of foods, and price to influence the girls' choices. The girls spoke about products that were highly convenient and tasty as being particularly attractive. The adults reported that advertisements and insufficient nutrition education were also influencers. The teens discussed that the places in which food products were available influenced their choices. Results suggest that the marketing of highly available, convenient food at low prices sell products to teen girls. Future work is needed to better understand the consumer's perspective on the food and beverage marketing strategies used.


This study reports the results of a content analysis of interviews with 28 Norwegian world-class athletes and 28 controls, matched for gender, age, and type of sport. Semi-structured interviews explored their perceptions of their best performance. The interviews were analyzed using the ATLAS.ti and yielded 20 higher-order codes. Nine higher-order codes were categorized as inner-oriented, five were categorized as outer-oriented, and six were a combination of inner- and outer-oriented. Statistical analysis, using the Mann-Whitney test, showed significant group differences for seven higher-order codes: (a) two outer-oriented codes relating to "mastery - achievements" and "training - outer"; and (b) five inner-oriented codes relating to "mental preparation," "self-reliance," "training - inner," "wholeness," "performance - inner," and "growth orientation." These findings highlight the importance of both inner- and outer-oriented development for high-level achievement in sports - the "mental game" is as important as the physical game, both during training and competitions. Previously published quantitative data reported higher levels of brain integration, faster habituation to a loud tone, and higher ego and moral development in these world-class athletes. These findings are interpreted in light of a Unified Theory of Performance, which proposes that higher mind-brain development provides a basis for higher performance in any activity.

The purpose of this study was to identify barriers to accessing sexual health services among gay, bisexual and heterosexual-identifying men who have sex with men and male-to-female transgender persons in Guatemala City, to inform the development of high quality and population-friendly services. In-depth, semi-structured interviews were conducted with 29 purposively sampled individuals, including 8 transgender, 16 gay/bisexual and 5 heterosexual-identifying participants. Topical codes were applied to the data using software ATLAS.ti to compare data between sub-groups. Analysis revealed that public clinics were most commonly used due to their lower cost and greater accessibility, but many participants experienced discrimination, violation of confidentiality and distrust of these services. Transgender and gay/bisexual-identifying participants preferred clinics where they felt a sense of belonging, while heterosexual-identifying participants preferred clinics unassociated with the men who have sex with men community. The most prominent barriers to sexual health services included fear of discrimination, fear of having HIV, cost and lack of social support. Findings highlight the need to strengthen existing public sexually transmitted infection clinics so that they address the multiple layers of stigma and discrimination that men who have sex with men and transgender persons experience.


Objective: To understand the practices medical care providers and health care staff utilize in managing and preventing Adverse Drug Reactions of Long Latency (ADRLLs) among their patients on medications such as glucocorticoids. Design: Qualitative study of key informant interviews. Setting: Denver Department of Veterans Affairs (VA) Medical Center. Participants: Fourteen physician providers and health care staff (nurses and pharmacists) in primary care and rheumatology. Methods: A trained interviewer conducted semi-structured interviews in which providers and health care staff were asked about their processes for tracking and averting ADRLLs. Participants were asked about barriers and facilitators to monitoring ADRLLs and solicited for suggestions to improve existing processes. Interviews were analyzed using ATLAS.ti software. Results: Providers overwhelmingly commented on barriers, rather than facilitators. Six core themes emerged regarding ADRLL management barriers: patient noncompliance, provider workload, complications coordinating care, provider unfamiliarity with ADRLLs, lack of a standardized monitoring system, and communication failures. Ideas to im-
prove the monitoring of ADRLLs fell into two domains: improving automated computer generated reminders or assigning a specific person to monitor potential ADRLLs. Conclusions: Interviewees strongly endorsed a more systematic approach to ADRLL management, either through less intrusive computer-generated system reminders or through a dedicated staff person, such as a pharmacist, who could more closely monitor potential ADRLLs. There was disagreement among interviewees about who is responsible for monitoring ADRLLs (specialists versus primary care providers, VA versus non-VA providers, residents versus attending physicians).


OBJECTIVES: Our objective is to explore how vasculitis affects patients' friendships and social participation.

METHODS: Vasculitis patients (n=221) completed an online questionnaire that asked if, and how, relationships with friends have changed since receiving a vasculitis diagnosis. Participants' written responses were imported into ATLAS.ti, and two independent researchers used both structured and unstructured coding to identify themes. After reaching 100% consensus on the themes present in each participant's responses, the coders determined how themes were interrelated across participants.

RESULTS: Over half of patients (52%) expressed that vasculitis negatively impacted their friendships and 25% noted a negative impact on their social participation. At times, this negative impact was related to structural changes in patients' social networks due to loss of friendships. Reduced social participation was also associated with friends' inability to understand vasculitis and its effects, vasculitis-related fatigue, and lifestyle changes such as not being able to drink alcohol and avoiding infection-prone events. Additionally, patients withdrew from social engagements due to fatigue or because of physical symptoms and side effects. CONCLUSIONS: The unique circumstances associated with a rare chronic illness like vasculitis can create significant barriers to friendships, including loss of these relationships. Interventions designed to help patients cope with the social impact of vasculitis are implicated, especially if they increase patients' ability to engage in dialogue about their illness with their friends.


INTRODUCTION: In Colombia, there are no specific studies on the prevalence of heroin use. This paper reviews the patterns of substance use in a consumer group in the city of Medellin and its metropolitan area, showing that consumption is becoming a threat to public health due to the particular forms of consumption, among which risk practices are included. OBJECTIVE: To evaluate the use of heroin in the city of Medellin and its metropolitan area.

METHODS: The study took a
mixed approach using multiple-case study to cover each of the variables and categories proposed; 42 heroin users of treatment centers in the city of Medellin and its metropolitan area were accessed between July and September 2008, using the "snowball", technique. Information was collected by a structured, face to face interview, asking about the type of heroin consumed, routes of administration, frequency of consumption, equipment used, consumption practices and rituals that accompany these practices. Quantitative data were analyzed using the EPI-Info statistical package 2,000 and ATLAS.ti qualitative, version 5.5, for Windows. RESULTS: Consumers were predominantly male, single, aged between 18 and 23 years, childless and many had not completed college. Most respondents were in the middle socioeconomic stratum, had a family history of psychoactive substance use and had started heroin use between 15 and 17 years. There are special forms to name heroine, consumers, and rituals to consume the substance. The article gives details of the heroin consumed, the paraphernalia and associated practices. CONCLUSIONS: The use of heroin is an emerging reality in Colombia. Qualitative-quantitative studies are necessary to allow us to acknowledge and understand more about this phenomenon in order to decrease the impact on public health.


OBJECTIVE: To analyze the importance attributed to manganese (Mn) in the health-disease-death process and possibilities for participation in risk management of women from two communities who live near the plant in the Molango mining district. MATERIALS AND METHODS: Qualitative study based on 6 focus groups with women of different ages. Audio recordings were made of the sessions, after verbal informed consent, and were transcribed with a word processor. The analysis was conducted according to theme, taking into account the age group and community to which the women belonged, using the ATLAS.ti (v.5.0) program. RESULTS: The youngest women from Chiconcoac attribute the cause of headaches and chest pain to manganese, while women from the Tolago community believe it exacerbates disease in general. Women between 31 and 40 years old from Chiconcoac attribute the cause of "brain" pain, burning eyes and coughs to manganese, and those in Tolago report that it causes memory problems. The oldest women in Tolago believe Mn causes learning difficulties and affects children's growth and development. The women of all ages in Tolago believe Mn has decreased the production of fruit and vegetables in the region. Some of the obstacles to participation in risk management are: women are not allowed to attend meetings at which men discuss the Mn problem and they perceive the mine as a source of employment for the community. CONCLUSIONS: The women
perceive Mn to have serious effects on health and the local environment and have fewer opportunities than men to participate in risk management. Some of the health consequences attributed to Mn are consistent with those reported by neurological studies, nevertheless, other risks are overestimated. Spaces for communication need to be created to listen to the women's interests and concerns and empower them to participate in the risk management plan.


The objective of this article was to describe factors that contribute to successful translation of science into evidence-based practices and their implementation in public health practice agencies, based on a review of the literature and evidence from a series of case studies. The case studies involved structured interviews with key informants in 4 health departments and with 4 corresponding partners from academic institutions. Interviews were recorded and transcribed, coded by 2 independent, trained coders, using a standard codebook. A thematic analysis of codes was conducted. Coding was entered into ATLAS.ti® software for further analysis. Results from the literature review indicated that only approximately half of programs implemented in state and local health departments were evidence based. Lack of time, inadequate funding, and absence of cultural and managerial support— including incentives— are among the most commonly cited barriers to implementing evidence-based practices. Findings from the case studies suggest that these health departments, successful in implementing evidence-based practices, have strong relationships and good communication channels established with their academic partner(s). There is strong leadership engagement from within the health department and in the academic institution. Implementation of evidence-based programs was most often related to high priority community needs and the availability of resources to address these needs. The practice agencies operate with a culture of quality improvement throughout the agency. Information technology, training, how the interventions are bundled, including their complexity and ability to be customized and resource requirements are all fruitful avenues for further research.

Coetzee, B., Kagee, A., Tomlinson, M., War-

ich, L., & Ikediobi, O. (2012). Reac-


In order to optimize treatment outcome among antiretroviral therapy users, there is a strong imperative to engage in continued monitoring and maintenance of therapeutic drug levels in patients. The aim of this study was to document the perspectives, beliefs,
and concerns of South African antiretroviral therapy users providing hair specimens to determine antiretroviral drug levels. Twenty-one women living with HIV were recruited from a community health center in the Western Cape. Interviews were recorded and transcribed, and analyzed using ATLAS.ti version 6. Although participants identified several cultural beliefs influencing their decision to provide hair specimens for drug level measurement, nearly all agreed that they would be willing to do so if provided with enough information by the researcher.


**BACKGROUND:** Leadership is widely regarded as central to effective healthcare systems, and resources are increasingly devoted to the cultivation of strong health-care leadership. Nevertheless, the literature regarding leadership capacity building has been developed primarily in the context of high-income settings. Less research has been done on leadership in low-income settings, including sub-Saharan Africa, particularly in health care, with attention to historical, political and sociocultural context. We sought to characterize the experiences of individuals in key health-care leadership roles in sub-Saharan Africa. **METHODS:** We conducted a qualitative study using in-person interviews with individuals (n = 17) in health-care leadership roles in four countries in sub-Saharan Africa: the Federal Democratic Republic of Ethiopia, the Republic of Ghana, the Republic of Liberia and the Republic of Rwanda. Individuals were identified by their country’s minister of health as key leaders in the health sector and were nominated to serve as delegates to a global health leadership conference in June 2010, at Yale University in the United States. Interviews were audio recorded and professionally transcribed. Data analysis was performed by a five-person multidisciplinary team using the constant comparative method, facilitated by ATLAS.ti 5.0 software. **RESULTS:** Five key themes emerged as important to participants in their leadership roles: having an aspirational, value-based vision for improving the future health of the country, being self-aware and having the ability to identify and use complementary skills of others, tending to relationships, using data in decision making, and sustaining a commitment to learning. **CONCLUSIONS:** Current models of leadership capacity building address the need for core technical and management competencies. While these competencies are important, skills relevant to managing relationships are also critical in the sub-Saharan African context. Developing such skills may require more time and a deeper level of engagement and collaboration than is typically invested in efforts to strengthen health systems.

BSTRACT: INTRODUCTION: Mexican-origin women in the U.S. living in colonias (new-destination Mexican-immigrant communities) along the Texas-Mexico border suffer from a high incidence of food insecurity and diet-related chronic disease. Understanding environmental factors that influence food-related behaviors among this population will be important to improving the well-being of colonia households. This article focuses on cultural repertoires that enable food choice and the everyday uses of technology in food-related practice by Mexican-immigrant women in colonia households under conditions of material hardship. Findings are presented within a conceptual framework informed by concepts drawn from sociological accounts of technology, food choice, culture, and material hardship. METHODS: Field notes were provided by teams of promotora-researchers (indigenous community health workers) and public-health professionals trained as participant observers. They conducted observations on three separate occasions (two half-days during the week and one weekend day) within eight family residences located in colonias near the towns of Alton and San Carlos, Texas. English observations were coded inductively and early observations stressed the importance of technology and material hardship in food-related behavior. These observations were further explored and coded using the qualitative data package ATLAS.ti. RESULTS: Technology included kitchen implements used in standard and adapted configurations and household infrastructure. Residents employed tools across a range of food-related activities identified as forms of food acquisition, storage, preparation, serving, feeding and eating, cleaning, and waste processing. Material hardships included the quality, quantity, acceptability, and uncertainty dimensions of food insecurity, and insufficient consumption of housing, clothing and medical care. Cultural repertoires for coping with material hardship included reliance on inexpensive staple foods and dishes, and conventional and innovative technological practices. These repertoires expressed the creative agency of women colonia residents. Food-related practices were constrained by climate, animal and insect pests, women’s gender roles, limitations in neighborhood and household infrastructure, and economic and material resources. CONCLUSIONS: This research points to the importance of socioeconomic and structural factors such as gender roles, economic poverty and material hardship as constraints on food choice and food-related behavior. In turn, it emphasizes the innovative practices employed by women residents of colonias to prepare meals under these constraints.


BACKGROUND: In Mexico 87% of births are attended by physicians. However, the decline in the national maternal mortality rate has been slo-
lower than expected. The Mexican Ministry of Health’s 2009 strategy to reduce maternal mortality gives a role to two non-physician models that meet criteria for skilled attendants: obstetric nurses and professional midwives. This study compares and contrasts these two provider types with the medical model, analyzing perspectives on their respective training, scope of practice, and also their perception and/or experiences with integration into the public system as skilled birth attendants. METHODOLOGY: This paper synthesizes qualitative research that was obtained as a component of the quantitative and qualitative study that evaluated three models of obstetric care: professional midwives (PM), obstetric nurses (ON) and general physicians (GP). A total of 27 individual interviews using a semi-structured guide were carried out with PMs, ONs, GPs and specialists. Interviews were transcribed following the principles of grounded theory, codes and categories were created as they emerged from the data. We analyzed data in ATLAS.ti. RESULTS: All provider types interviewed expressed confidence in their professional training and acknowledge that both professional midwives and obstetric nurses have the necessary skills and knowledge to care for women during normal pregnancy and childbirth. The three types of providers recognize limits to their practice, namely in the area of managing complications. We found differences in how each type of practitioner perceived the concept and process of birth and their role in this process. The barriers to incorporation as a model to attend birth faced by PMs and ONs are at the individual, hospital and system level. GPs question their ability and training to handle deliveries, in particular those that become complicated, and the professional midwifery model particularly as it relates to a clinical setting, is also questioned. CONCLUSIONS: Hospitals in the Mexican public health sector have a heavy obstetric workload; physicians carry the additional burden of non-obstetric cases. The incorporation of a non-physician model at the primary health center level to attend low-risk, normal deliveries would contribute to the reduction of non-necessary referrals. There is also a role for these providers at the hospital level.

Ferreira Ido, R., Vosgerau, D. S., Moyses, S. J., & Moyses, S. T. (2012). [Normative measures of the Health in the School Program: content analysis associated with ATLAS.TI software]. Cien Saude Colet, 17(12), 3385-3398. The scope of this study was to analyze the normative measures issued about the Health in the School Program in order to ascertain the contribution and participation of the health and education sectors in the creation and implementation of the Program, since its success was based upon intersectoral action between them. The technique of content analysis proposed by Bardin, associated with ATLAS.TI 5.2 software was used to conduct the research. The study revealed that the participation of the health and education sectors in the Health in the School Program is not well-balanced, pointing to the predominant role of health in areas such as financing and the centralization of the adhesion and coordination process of the Intersectoral Commission on Edu-

The scope of this study was to analyze the normative measures issued about the Health in the School Program in order to ascertain the contribution and participation of the health and education sectors in the creation and implementation of the Program, since its success was based upon intersectoral action between them. The technique of content analysis proposed by Bardin, associated with ATLAS.TI 5.2 software was used to conduct the research. The study revealed that the participation of the health and education sectors in the Health in the School Program is not well-balanced, pointing to the predominant role of health in areas such as financing and the centralization of the adhesion and coordination process of the Intersectoral Commission on Education and Health in the School.


**OBJECTIVES:** The identification of patients most likely to benefit from care management programs-case finding-is a crucial determinant of their effectiveness regarding improved health outcomes and reduced costs. Until now, research has mainly focused on claims data-based case finding. This study aimed to explore how primary care physicians (PCPs) select patients for practice-based care management and how risk prediction may complement their case finding. **STUDY DESIGN:** Qualitative study. **METHODS:** We performed 12 semi-structured interviews with PCPs from 10 small- to middle-sized primary care practices in Germany. The interviews focused on their criteria for selecting patients as potential participants in an on-site care management program and how PCPs evaluate claims data-based risk prediction as a case-finding tool. All interviews were transcribed verbatim. We performed qualitative content analysis using the ATLAS.ti software. **RESULTS:** Three major categories emerged from the physicians interviewed: 1) the physicians' interpretation of the program's eligibility criteria, 2) physician-related criteria, and 3) patient-related criteria. The physician-related criteria included "sympathy/aversion" and "knowing the patient." Patient-related criteria concerned care sensitivity in terms of "willingness to participate," "ability to participate (eg, sufficient language skills, cognitive status)," and "manageable care needs." PCPs believed that their case finding could be supported by additional information from claims data-based risk prediction. **CONCLUSIONS:** Case finding for care management programs in primary care may benefit from a structured approach combining clinical judgment by PCPs and claims data-based risk modeling. However, further research is needed to identify the optimal case-finding strategy for practice-based care management.

AIMS: The aim of this study was to evaluate the impact of systemic lupus erythematosus (SLE) on the lives of patients in order to inform the development of a conceptual model. METHODS: Twenty-two participants with SLE (defined as meeting four of the 11 ACR criteria) were recruited for this study. Semi-structured, in-person interviews were conducted with each participant, exploring the symptoms experienced and the impact on the patient’s life. Thematic analysis of interview transcripts was conducted in ATLAS.ti software to identify areas of impact and explore the interrelationships between concepts to inform the development of a conceptual model. RESULTS: Almost all participants were female (95%); the sample was diverse in terms of age (mean age of 45.5 years; age range of 20-60 years), ethnicity (59% black/African American) and disease duration. Commonly reported symptoms were pain, fatigue/tiredness and skin problems. Qualitative analysis revealed seven themes relating to the impact of SLE symptoms on patient’s Health Related Quality of Life (HRQL): emotions, social, family and leisure activities, daily activities, cognition, appearance, employment activities and independence. The interrelationships between symptoms, impacts and symptom triggers are illustrated in a conceptual model. CONCLUSIONS: The conceptual model illustrates the wide-reaching impact of SLE symptoms on a patient's HRQL, and the potential broad impact of a treatment that improves SLE symptoms.


Bolivian nurses have not yet incorporated the scientific method and taxonomies into nursing care. This qualitative study aims at understanding the meaning that faculty and nursing professionals from the Department of Santa Cruz de la Sierra (Bolivia) attribute to the nursing process. Data collection was performed through interviews and participant observation. The analysis was performed using the theoretical and methodological framework of Symbolic Interactionism and Grounded Theory, utilizing ATLAS.ti 6.0. The following topics emerged from the data: difficulties in implementing the nursing process due to a lack of preparation and training in leadership, dominance by physicians, lack of records, and poor support from the institution. Advantages were that it combines criteria and language and facilitates the autonomous role of nursing. In conclusion, nurses should establish their professional expectations regarding the implementation of the nursing process and care plans, which is a cultural change that involves faculty, management and clinical nurses.

**PURPOSE/OBJECTIVES:** To explore barriers and facilitators of screening for colorectal cancer (CRC), as well as suggestions for improving screening among African Americans with first-degree relatives with CRC. **RESEARCH APPROACH:** A qualitative, descriptive approach involving focus groups. **SETTING:** A community healthcare clinic in Baltimore, MD. **PARTICIPANTS:** 14 African American men and women aged 40 or older with at least one first-degree family member affected by CRC. **METHODOLOGIC APPROACH:** In-depth focus groups were conducted until thematic saturation was achieved. Thematic analysis and data reduction were conducted using ATLAS.ti, version 5.0. **MAIN RESEARCH VARIABLES:** CRC screening barriers and facilitators. **FINDINGS:** The participants were mostly male, insured, and had a parent with CRC. Commonly reported barriers to CRC screening included fear of serious illness, mistrust of the medical establishment, potential screening discomfort, lack of information on CRC risk factors, lack of healthcare access, absence of symptoms, no knowledge of CRC screening benefits, community reticence about cancer, and CRC myths. Facilitating factors for CRC screening included a belief of personal risk for CRC, physician recommendations, and acknowledgment of age as a risk factor. Suggestions to increase screening rates included distribution of culturally appropriate and community-based efforts (e.g., mobile units, church-based interventions). Participants also suggested ways to increase motivation and provide social support for screening patients. **CONCLUSIONS:** Additional research is needed to identify and test effective screening approaches for this underserved group at increased risk for CRC. Study results suggest that cancer risk and screening education, coupled with screening opportunities in the community, may yield increased screening rates. **INTERPRETATION:** Lack of knowledge about CRC and CRC screening exists in the study population. Promoting screening across generations, developing and disseminating culturally appropriate educational materials within the community, and encouraging older individuals to screen to take care of their family may be appropriate interventions.


**OBJECTIVES:** Members of racially and ethnically diverse groups have been persistently underrepresented in biomedical research in general, possibly due to mistrust with the medical and research community. This article describes the perceptions, understandings, and expectations of Alaska
Native people about research involving the collection and storage of biological specimens. STUDY DESIGN: Stratified focus groups. METHODS: Twenty-nine focus groups with Alaska Native people (n = 178) were held in 14 locations using a semi-structured moderator guide. ATLAS.ti was used for thematic analysis through iterative readings and coding. Alaska Native peoples' perceptions, understandings, and expectations of researcher beneficence, informed consent processes, and provision of research findings were elicited. RESULTS AND CONCLUSIONS: Alaska Native people desired extensive disclosure of information beyond that typically provided in consent and results dissemination processes. Information germane to the motivation and intent of researchers and specifics of specimen storage and destruction were specifically requested. A clear and extensive process of informed consent and continued improvements in sharing results may enhance the transparency of research intent, conduct, and use of obtained results among Alaska Native people. Meeting expectations may improve relationships between researchers and the Alaska Native population which could result in increased research participation. Our findings offer a guide for researchers and communities when planning and implementing research with biological specimens.


Terminal kidney patients are faced with lower quality of life, restricted diets and higher morbidity and mortality rates while waiting for deceased donor kidney transplantation. Fortunately, living kidney donation has proven to be a better treatment alternative (e.g. in terms of waiting time and graft survival rates). We observed an inequality in the number of living kidney transplantations performed between the non-European and the European patients in our center. Such inequality has been also observed elsewhere in this field and it has been suggested that this inequality relates to, among other things, attitude differences towards donation based on religious beliefs. In this qualitative research we investigated whether religion might indeed (partly) be the explanation of the inequalities in living donor kidney transplants (LDKT) among non-European patients. Fifty patients participated in focus group discussions and in-depth interviews. The interviews were conducted following the focus group method and analyzed in line with Grounded Theory. The qualitative data analyses were performed in ATLAS.ti. We found that religion is not perceived as an obstacle to living donation and that religion actually promotes helping and saving the life of a person. Issues such as integrity of the body were not seen as barriers to LDKT. We observed also that there are still uncertainties and a lack of awareness about the position of religion regarding living organ donation within communities, confusion due to varying interpretations of Holy Scriptures and misconceptions regarding
the process of donation. Faith leaders play an important educational role and their opinion is influential. This study has identified modifiable factors which may contribute to the ethnic disparity in our living donation program. We argue that we need to strive for more clarity and awareness regarding the stance of religion on the issue of living donation in the local community. Faith leaders could be key figures in increasing awareness and alleviating uncertainty regarding living donation and transplantation.


Research increasingly supports promotion of nutrition and physical activity community resources to support individual-level health promotion interventions. However, even when such resources exist, they are often not well used. In this article, the authors describe the results of formative research regarding patient and health promotion professionals' perspectives on methods to encourage use of community resources among patients accessing family planning services at a local health department in eastern North Carolina. In March through May of 2010, the authors conducted qualitative in-depth interviews with 30 female patients, aged 18-44 years, and five local key informants. Interviews were transcribed verbatim, imported into ATLAS.ti for data management, and independently double-coded. Free, easily accessible, and family-friendly resources were most appealing to participants. Key informants offered creative ideas for promoting the use of resources, such as parks and farmers' markets, and included integration of such resources into health care provider prescriptions and taking group trips to resources. Results of this study can guide similar programs attempting to promote the use of resources among hard-to-reach groups.


BACKGROUND: Translating promising research findings into routine clinical care has proven difficult to achieve; even highly efficacious programmes remain unadopted. Critical to changing care is an understanding of the context within which the improvement effort occurs, including the climate or culture. Health care systems are multicultural due to the wide variety of professionals, subgroups, divisions and teams within them. Yet, little work describes and compares different stakeholders' views on their and others' roles in promoting successful quality improvement implementation. OBJECTIVE: To identify manager and frontline staff perspectives about which organizational stakeholders should play a role in implementation efforts as well as what implementation roles these stakeholders
should perform. METHODS: We conducted qualitative semi-structured interviews of a purposive sample of stakeholders at the clinic, medical centre and regional network levels. Participants included stakeholders across five clinics (n = 49), their four affiliated medical centres (n = 12) and three regional networks (n = 7). Working in coding teams, we conducted a content analysis utilizing ATLAS.ti Version 5. RESULTS: According to informants, individuals at each organizational level have unique and critical roles to play in implementing and sustaining quality improvement efforts. Informants advocated for participation of a wide range of organizational members, described distinct roles for each group, and articulated the need for and defined the characteristics of frontline programme champions. CONCLUSIONS: Involvement of multiple types of stakeholders is likely to be costly for health care organizations. Yet, if such organizations are to achieve the highest quality care, it is also likely that such involvement is essential.


PURPOSE: To develop a patient-reported outcome instrument for measuring anemia symptoms and their impact in patients with chemotherapy-induced anemia (CIA). METHODS: Qualitative research was conducted using six focus groups and 24 interviews with 46 CIA patients, eight interviews in patients receiving chemotherapy with no CIA history and two interviews in patients successfully treated for CIA. ATLAS.ti 5.0 was used to organize key concepts. Cognitive interviews with 16 CIA patients and assessment of relevance of each item to CIA by 10 clinicians were also conducted to evaluate content validity. RESULTS: Most CIA patients were white (76%) and female (83%), and the average age was 60 years. The most common cancer types were breast cancer (54%) and lung cancer (17%). Tiredness was the most prevalent symptom and rated as the most important by 83% of CIA patients; weakness, shortness of breath, lightheadedness, and dizziness were ranked next in importance. The final anemia impact measure (AIM) contains: (1) daily CIA symptom diary (9 items), and (2) impact of CIA-related tiredness (29 items covering daily living activities, social activities, cognitive function, and emotions). Cognitive interviews found that the AIM was relevant and easy to understand. CONCLUSIONS: The AIM assesses important patient-perceived CIA symptoms and their impact and was developed using extensive patient qualitative data.

AIMS: The study provides an in-depth qualitative understanding of the maintenance stage when recovering from alcohol dependence with a focus on the broader social context of change of addictive behaviour. It explores the recovery as a subjective process within the abstinence-oriented Polish treatment system organized on the basis of the Minnesota model and is probes for group differences between treated and non-treated populations. METHODS: The study is based on qualitative data from a media-recruited sample of 29 treated and non-treated former alcohol dependents (ICD-10) in Warsaw/Poland 2006/2007. They reported a recovery time of at least 2 years ($M_{\text{recovery}} = 11$, $SD = 9$). In-depth, semi-structured interviews were analyzed according to the problem-centred interview method using ATLAS.ti software. RESULTS: A wide range of maintenance strategies potentially contributing to the stabilization of recovery from alcohol dependence was identified. However, from the respondents' point of view, the change process is contingent upon the subjective weighing of specific maintenance factors and the importance attributed to their interplay. This includes time management as well as one's ability to invest available resources and strengths in shaping and pursuing personal goals. CONCLUSION: More commonalities than differences can be observed between groups during the maintenance stage, regardless of respondents' type of the pathway out of addiction. However, when confronting professional concepts of recovery with subjective accounts, only a subgroup conforms to the invasive, potentially normative definitions of recovery, while others do not link their recovery with identity transformation.


BACKGROUND: Manual medicine (MM) has high importance in the ambulant treatment of complaints of the musculoskeletal system. Although there are several randomized controlled trials and meta-analyses, evidence about its efficacy is limited due to different organizations offering MM courses teaching different techniques. The aim of this study was to gain an understanding of the motivation and experiences of physicians using MM in daily practice. METHODS: In a qualitative study, 21 semi-structured phone call interviews were performed with physicians who have an additional qualification in MM. Recruitment was done by sending an e-mail to every physician listed on the homepage of the German Society for Manual Medicine or known to be interested in MM research from a previous study. Interviews were performed, recorded, transcribed and evaluated content-analytically using the software program ATLAS.ti. RESULTS: One of the main motivations for using MM therapy was a better doctor-patient relationship because of improved patient access, with often rapid treatment success. Further advantages were the relative simplicity of the method, the independence from spatial or appara-
tus conditions and the associated low costs. Positive factors discussed as directly influencing the satisfaction with MM are the possibility to use own skills, the gratitude of the patient, and the possibility to influence the patient towards a healthy lifestyle. Factors negatively influencing the satisfaction were named as follows: the low gratification for the therapy, heterogeneous evidence, the indication in often self-limiting diseases, the risk of serious adverse effects and the risk of iatrogenic fixation. CONCLUSIONS: The results of this study show a wide range of mostly positive views and experiences of physicians when applying MM. The immediate curative action seems to be a welcome change for physicians who perceive the practice of their profession seen as distant from the patient.


OBJECTIVE: Our objective was to investigate key factors in promoting skin-to-skin contact (STSC) in the neonatal intensive care unit (NICU). METHODS: As part of a California Perinatal Quality Care Collaborative on improving nutrition and promoting breastmilk feeding of premature infants, a multidisciplinary group of representatives from 11 hospitals discussed the progress and barriers in pursuing the project. A key component of the collaborative project was promotion of STSC. Sessions were audio-recorded, transcribed, and assessed using qualitative research methods with the aid of ATLAS.ti software (ATLAS.ti Scientific Software Development GmbH, Berlin, Germany). Two primary investigators studied the transcripts for themes related to STSC. Using an iterative approach, selected themes were explored, and representative quotes were selected. RESULTS: Barriers to promoting STSC fell into broad themes of implementation, institutional, and familial factors. The main challenge identified in implementation was defining a clinically stable eligible population of patients. Key institutional factors were education and motivation of staff. Familial factors involved facilitation and sustained motivation of mothers. In response to these barriers, opportunities for promoting STSC were enacted or suggested by the group, including defining clinical stability for eligibility, facilitating documentation, strategies to increase parent and staff education and motivation, and encouraging maternal visitation and comfort. CONCLUSIONS: Our findings may be useful for institutions seeking to develop policies and strategies to increase STSC and breastmilk feeding in their NICUs.


Occupational safety researchers have increasingly recognized the important influence of social and structural factors on safety perception and behaviors in occupational settings. This quali-
A qualitative study was conducted to explore the nature of the safety climate of exotic dance clubs in Baltimore, Maryland and the mechanisms through which this sexual geography informs dancers’ perceptions of safety and experience of sex work. Structured observations and semi-structured qualitative interviews (N=40) were conducted with club dancers, doormen, managers, and bartenders from May through August, 2009. Data were analyzed using an inductive approach whereby themes emerged from the data itself. **ATLAS.ti** was used for data analysis. Perceptions of safety within exotic dance clubs were born from an interplay between the physical, social, and symbolic environments. These perceptions were closely tied to dancers’ construction of sex work inside versus outside the club. Understanding the contextual factors, which influence how dancers understand and prioritize risk in their work settings, is crucial for creating policies and programs, which effectively reduce risk in this environment.


**OBJECTIVE:** To evaluate urban youths’ use of and access to technology and solicit their opinions about using technology with healthcare providers. **STUDY DESIGN:** Urban youth (aged 14-24 years) were invited to participate in focus groups in which a trained focus group facilitator used a survey and a structured guide to elicit responses regarding the foregoing objective. All sessions were audiotaped and transcribed. Emergent themes were determined with the assistance of **ATLAS.ti**. Survey data were analyzed in SPSS (SPSS Inc, Chicago, Illinois). **RESULTS:** Eight focus groups including 82 primarily low-income urban African-American adolescents and young adults (mean age, 18.5 years) were completed. The participants reported fairly high access to and use of technology. However, they expressed some concerns regarding the use of technology with healthcare providers. Many worried about the confidentiality of conversations conducted using technology. Face-to-face meetings with a healthcare provider were preferred by most participants, who felt that the information provided would be better tailored to their individual needs and more credible. **CONCLUSION:** Although urban youth were high users of technology, they expressed reservations about using technology with health care providers. When developing new technology communication and information dissemination strategies, it is critical to understand and address these concerns while involving young people in the research and development process.


**OBJECTIVES:** Compared to other young Canadians, youth in the Northwest Territories understand the barriers and facilitators to positive, empowered, and safer sexual health.
Northwest Territories (NWT) suffer disproportionately from negative sexual health outcomes, including high rates of sexually transmitted infections and unintended pregnancies. This study aimed to identify the self-perceived barriers and facilitators to positive, empowered, and safer sexual health that impact female youth in the NWT.

**STUDY DESIGN AND METHODS:** A total of 12 females aged 15-19 who live in the NWT were recruited through purposive sampling to participate in semi-structured, face-to-face interviews. Inductive coding and thematic analysis of transcribed data occurred using ATLAS.ti.

**RESULTS:** Overall 4 main themes influenced the sexual health of these women: sexual health knowledge, relationships with the self and others, access to quality sexual health resources, and alcohol use/abuse.

**CONCLUSION:** Recommendations for future action include improving the content and delivery of sexual health education, enhancing parent-adolescent sexual health communication, providing workshops to empower young women to assert themselves within relationships, and supporting an environment that normalizes youth sexuality.


**OBJECTIVE:** To identify the consumption pathway and strategies of coping with antidepressants use from the patient perspective. **DESIGN:** Qualitative research. **SETTING:** Tenerife. **SAMPLING:** Theoretical sampling until saturation. **METHOD:** A total of 17 open interviews with patients who consumed antidepressants whether combined with tranquilisers or not. The age range was between 35-85 years, and there were 13 women. Ten lived in a more urban setting and the rest in rural areas. Interviews were audio-recorded, transcribed verbatim and analysed using a modified Grounded Theory supported by the software program ATLAS.ti.

**RESULTS:** The process identified as coping with antidepressants, was called "struggling internally and externally." It consisted of the individual assessment of the benefits and risks of medication use (internal struggle), addressing stigma and social pressure (external struggle). The outcome of the assessment made by patients may lead to different strategies for adjusting to drug treatment: "unconditional acceptance", "resigned acceptance" or "forced acceptance".

**CONCLUSIONS:** Understanding the evaluation process that the patient needs to go through, given the internal and external struggle in which they are immersed, can be useful to develop interventions that improve medication use. In fact, physicians have an important role, although not always explicitly sought in resolving the dilemma posed by patients using antidepressant drugs and, therefore, reducing the length of patient suffering.

BACKGROUND: In 2003, 11 public health epidemiologists were placed in North Carolina's largest hospitals to enhance communication between public health agencies and healthcare systems for improved emergency preparedness. We describe the specific services public health epidemiologists provide to local health departments, the North Carolina Division of Public Health, and the hospitals in which they are based, and assess the value of these services to stakeholders.

METHODS: We surveyed and/or interviewed public health epidemiologists, communicable disease nurses based at local health departments, North Carolina Division of Public Health staff, and public health epidemiologists' hospital supervisors to 1) elicit the services provided by public health epidemiologists in daily practice and during emergencies and 2) examine the value of these services. Interviews were transcribed and imported into ATLAS.ti for coding and analysis. Descriptive analyses were performed on quantitative survey data.

RESULTS: Public health epidemiologists conduct syndromic surveillance of community-acquired infections and potential bioterrorism events, assist local health departments and the North Carolina Division of Public Health with public health investigations, educate clinicians on diseases of public health importance, and enhance communication between hospitals and public health agencies. Stakeholders place a high value on the unique services provided by public health epidemiologists. CONCLUSIONS: Public health epidemiologists effectively link public health agencies and hospitals to enhance syndromic surveillance, communicable disease management, and public health emergency preparedness and response. This comprehensive description of the program and its value to stakeholders, both in routine daily practice and in responding to a major public health emergency, can inform other states that may wish to establish a similar program as part of their larger public health emergency preparedness and response system.


This phenomenological investigation was undertaken to gain a better understanding of multiple sclerosis (MS) patients’ experience with natalizumab (Tysabri; Biogen Idec Inc, Cambridge, MA) treatment and its impact on their quality of life (QOL). Twenty MS patients who were receiving natalizumab treatment were recruited by the physicians, nurse practitioners, nurses, and social worker of the William C. Baird Multiple Sclerosis Center in Buffalo, New York, between March 2009 and November 2009. Patients were invited to participate if they had relapsing-remitting MS, had received at least six treatments of natalizumab, and could articulate their experience. An interviewer obtained informed consent, gathered basic demographic information,
and then tape-recorded the participants’ accounts of their experience with natalizumab. The audio-recorded interviews were transcribed and deidentified before being submitted to the investigators for analysis. The ATLAS.ti qualitative data analysis program (Scolari, Berlin, Germany) was used to manage the data. Patients found natalizumab easy to tolerate and effective; moreover, they described improvement in their QOL. Patients must weigh the benefits of control of their MS against the increased risk of developing progressive multifocal leukoencephalopathy with natalizumab treatment. Information from this study will be used to educate professionals involved in MS patient care as well as patients and families considering treatment with natalizumab.


BACKGROUND: There is a major gradient in burden of disease between Central and Eastern Europe compared to Western Europe. Many of the underlying causes and risk factors are amenable to public health interventions. The purpose of the study was to explore perceptions of public health experts from Central and Eastern European countries on public health challenges in their countries. METHODS: We invited 179 public health experts from Central and Eastern European countries to a 2-day workshop in Berlin, Germany. A total of 25 public health experts from 14 countries participated in May 2008. The workshop was structured into 8 sessions of 1.5 hours each, with the topic areas covering coronary heart disease, stroke, prevention, obesity, alcohol, tobacco, tuberculosis, and HIV/AIDS. The workshop was recorded and the proceedings transcribed verbatim. The transcripts were entered into ATLAS.ti for content analysis and coded according to the session headings. After analysis of the content of each session discussion, a re-coding of the discussions took place based on the themes that emerged from the analysis. RESULTS: Themes discussed recurred across disease entities and sessions. Major themes were the relationship between clinical medicine and public health, the need for public health funding, and the problems of proving the effectiveness of disease prevention. Areas for action identified included the need to engage with the public, to create a better scientific basis for public health interventions, to identify "best practices" of disease prevention, and to implement registries/surveillance instruments. The need for improved data collection was seen throughout all areas discussed, as was the need to harmonize data across countries. CONCLUSIONS: To reduce the burden of disease across Europe, closer collaboration of countries across Europe seems important in order to learn from each other. A more credible scientific basis for effective public health interventions is urgently needed. The monitoring of health trends is crucial to evaluate the impact of public health programmes.

**BACKGROUND:** Subjective explanations of illness concepts and disease can differ from culture to culture. We examined explanatory models of West African patients with schizophrenia in a community-centred department of psychiatry in Mali, West Africa. **METHODS:** Patients and experts volunteered to be interviewed in the Department of Psychiatry of the University Hospital, Pont G, in Bamako, the capital of Mali. We used semi-structured interviews to explore key psychotic symptoms and explanatory models of psychosis in five experts and fifteen patients with schizophrenia. All interviews were analysed using computer assisted content-analysis with the program ATLAS.ti. **RESULTS:** African patients displayed key symptoms of schizophrenia such as commenting and imperative voices, inserted thoughts and other phenomena of alien control, which were often subjectively explained as obsession by witches or jinns. Explanatory models differed depending on occidental migration experience and age. The involvement of family members in the treatment-setting facilitates inclusion and recovery. Experts emphasized the need to integrate traditional and ethno-pharmacological approaches and modern medicine to treat their patients in a culture sensitive manner. **DISCUSSION:** Our data suggests a strong influence of illness concepts on the experience of psychotic symptoms, treatment expectations and health-related behaviour.


**BACKGROUND:** Due to a paucity of data regarding the availability and efficiency of equipment, health promotion methods and materials currently used by health professionals for the management of patients with non-communicable diseases (NCDs) at primary health care (PHC) facilities in Cape Town, an audit was undertaken. **METHODS:** A multi-centre cross-sectional study was undertaken to interview patients (n = 580) with NCDs at 30 PHC facilities. A questionnaire was used to obtain information on preferences for health promotion methods for lifestyle modification. Individual semi-structured interviews were conducted with selected health professionals (n = 14) and captured using a digital recorder. Data were transferred to the ATLAS.ti software programme and analysed using a thematic content analysis approach. **RESULTS:** Blood pressure measurement (97.6%) was the most common diagnostic test used, followed by weight measurement (88.3%), urine (85.7%) and blood glucose testing (80.9%). Individual lifestyle modification counselling was the preferred health education method of choice for the majority of patients. Of the 64% of patients that selected chro-
nic clubs/support groups as a method of choice, only a third rated this as their first choice. Pamphlets, posters and workshops/group counselling sessions were the least preferred methods with only 9%, 13% and 11% of patients choosing these as their first choice, respectively. In an individual counselling setting 44.7% of patients reported that they would prefer to be counselled by a doctor, followed by a nurse (16.9%), health educator (8.8%) and nutrition advisor (4.8%). Health professionals identified numerous barriers to education and counselling. These can be summarised as a lack of resources, including time, space and equipment; staff-related barriers such as staff shortage and staff turnover; and patient-related barriers such as patient load and patient non-compliance.

CONCLUSION: The majority of patients attending PHC facilities want to receive lifestyle modification education. There is not however, one specific method that can be regarded as the gold standard. Patients' preferences regarding health education methods differ, and they are more likely to be susceptible to methods that do not involve much reading. Health education materials such as posters, pamphlets and booklets should be used to supplement information received during counselling or support group sessions.


OBJECTIVE: To develop deeper understandings about nurses' perceptions of meaningful work and the contextual factors that impact finding meaning in work. BACKGROUND: Much has been written about nurses' job satisfaction and the impact on quality of health care. However, scant qualitative evidence exists regarding nurses' perceptions of meaningful work and how factors in the work environment influence their perceptions. The literature reveals links among work satisfaction, retention, quality of care, and meaningfulness in work. METHODS: Using a narrative design, researchers interviewed 13 public health nurses and 13 acute care nurses. Categorical-content analysis with ATLAS.ti data management software was conducted separately for each group of nurses. This article reports results for acute care nurses.

RESULTS: Twenty-four stories of meaningful moments were analyzed and categorized. Three primary themes of meaningful work emerged: connections, contributions, and recognition. Participants described learning-focused environment, teamwork, constructive management, and time with patients as facilitators of meaningfulness and task-focused environment, stressful relationships, and divisive management as barriers. Meaningful nursing roles were advocate, catalyst and guide, and caring presence.

CONCLUSIONS: Nurse administrators are the key to improving quality of care by nurturing opportunities for nurses to find meaning and satisfaction in their work. Study findings provide nurse leaders with new avenues for improving work environments and job satisfaction to potentially enhance healthcare outcomes.

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AIMS AND OBJECTIVES: The purpose of this qualitative descriptive study was to explore the views of head and staff nurses about nursing practice in the hospitals of Armenia. BACKGROUND: Armenia inherited its nursing frameworks from the Soviet Union. After the Soviet collapse, many changes took place to reform nursing. However, to date little has been systematically documented about nursing practice in Armenia. DESIGN: Qualitative descriptive design was implemented. METHODS: Three major hospitals in Yerevan, the capital city of Armenia, participated in the study. Purposeful sampling was used. Forty-three nurses participated, 29 staff and fourteen head nurses. Data were collected through five focus groups comprised of seven to ten participants. A focus group guide was developed. The researcher facilitated the discussions in Armenian, which were audio taped. The research assistant took notes. Data were transcribed and translated into English, imported into *atlas.ti* 6.1 qualitative software, and analysed by three authors. RESULTS: Five themes were extracted. Lack of role clarity theme was identified from the head nurse data. The practice environment theme was identified from the staff nurse data. Nursing education, value, respect and appreciation of nursing, and becoming a nurse were common themes identified from both head and staff nurse data. Head nurses lack autonomy, do not have clear roles and are burdened with documentation. Staff nurses practice in challenging work environments with inadequate staffing and demanding workloads. All nurses reported the need to improve nursing education. CONCLUSIONS: This is the first study conducted in Armenia exploring nursing practice in the hospitals from the nurses' perspectives. Nurses face challenges that may impact their wellbeing and patient care. RELEVANCE TO CLINICAL PRACTICE: Understanding challenges nursing practice faces in the hospitals in Armenia will help administrators and care providers to take actions to improve nursing practice and subsequently patient care.


OBJECTIVES: The purpose of this study was to examine the implementation and acceptability of Mindful Awareness in Body-oriented Therapy (MABT), a novel adjunctive approach to substance use disorder (SUD) treatment. The primary aims of the study were to examine implementation of MABT as an adjunct to addiction treatment, and MABT acceptability to study participants and treatment staff. METHODS: MABT was delivered to participants randomly assigned to the intervention in a larger ongoing trial. This study focuses only on the implementa-
tion and acceptability of the intervention, as outcomes are not yet available. MABT was delivered once weekly for 8 weeks (1.5-hour sessions) and spanned inpatient and outpatient programs at a women-only treatment facility. Descriptive statistics were used to examine participant recruitment and retention to the intervention. To measure MABT acceptability, survey and written questionnaires were administered; analysis involved descriptive statistics and content analysis using ATLAS.ti software. RESULTS: Thirty-one (31) of the women enrolled in the study were randomized to MABT. Eighteen (18) participants completed 75%-100% of the MABT sessions. Intervention implementation required flexibility on the part of both the researchers and the clinic staff, and minor changes were made to successfully implement MABT as an adjunct to usual care. MABT was perceived to increase emotional awareness and provide new tools to cope with stress, and to positively influence SUD treatment by facilitating emotion regulation. CONCLUSIONS: It was feasible to implement MABT and to recruit and retain women to MABT in women's chemical-dependency treatment. MABT acceptability and perceived benefit was high.


AIMS: The average US adolescent is exposed to 34 references to alcohol in popular music daily. Although brand recognition is an independent, potent risk factor for alcohol outcomes among adolescents, alcohol brand appearances in popular music have not been assessed systematically. We aimed to determine the prevalence of and contextual elements associated with alcohol brand appearances in US popular music. DESIGN: Qualitative content analysis. SETTING: We used Billboard Magazine to identify songs to which US adolescents were most exposed in 2005-07. For each of the 793 songs, two trained coders analyzed independently the lyrics of each song for references to alcohol and alcohol brand appearances. Subsequent in-depth assessments utilized ATLAS.ti to determine contextual factors associated with each of the alcohol brand appearances. MEASUREMENTS: Our final code book contained 27 relevant codes representing six categories: alcohol types, consequences, emotional states, activities, status and objects. FINDINGS: Average inter-rater reliability was high (kappa = 0.80), and all differences were easily adjudicated. Of the 793 songs in our sample, 169 (21.3%) referred explicitly to alcohol, and of those, 41 (24.3%) contained an alcohol brand appearance. Consequences associated with alcohol were more often positive than negative (41.5% versus 17.1%, P < 0.001). Alcohol brand appearances were associated commonly with wealth (63.4%), sex (58.5%), luxury objects (51.2%), partying (48.8%), other drugs (43.9%) and vehicles (39.0%). CONCLUSIONS: One in five songs sampled from US popular music had explicit references to alcohol, and one-quarter of these mentioned a specific alcohol brand. These alcohol brand...
appearances are associated commonly with a luxury life-style characterized by wealth, sex, partying and other drugs.


In view of health inequities disfavoring Haitians, substances given by Florida Haitian picuristes/informal injectionists were investigated. Semi-structured interviews of 10 picuristes and 25 clients were obtained, transcribed, and analyzed using ATLAS.ti and SPSS. The most commonly injected substances were antibiotics (reported by eight of 10 picuristes, who sometimes compose substances when conventional pharmaceuticals are inaccessible). Haitian picuristes give injections based on clients’ reported symptoms, and no clear or consistent protocol appears to exist for diagnosis, insuring injection safety, determining amount, or frequency of substances injected. Findings indicate frequent use and misuse of antibiotics. While not limited to this sample of Haitian immigrants, frequent and unmonitored use of antibiotics may add to health disparities by increasing antibiotic resistance among them and among others with similar health practices. A harm reduction approach for mitigating effects of antibiotic overuse is suggested.


The purpose of this study was to understand the factors which promoted the demand for iPads by physicians in two Emergency departments (ED) prior to a system wide implementation of an electronic medical record (EMR). A grounded theory design was employed and 14 semi-structured interviews conducted with ED physicians. Analysis of the interview transcripts was completed using ATLAS.ti qualitative software, which revealed that physicians' perceptions of iPad use in the ED stemmed from their personal use of iPads along with three perceived ease of use factors. Physicians perceived that improved patient-physician interaction, improved workflow and structural iPad benefits promoted their demand. Physicians perceived the structural benefits of iPads would improve patient physician interaction and improve workflow in the ED. As interest in handheld devices such as iPads increases, these findings could direct and encourage other iPad implementations at other hospital EDs'.


This study's goal was to describe and begin to understand the experience of bereaved parents whose deceased child had received pediatric oncology
services at a tertiary comprehensive cancer center. Focus groups were conducted with parents whose children were age 10 years and older at the time of death. Potential participants were contacted by mail and telephone. Sessions were audiotaped and transcribed verbatim. The ATLAS.ti qualitative software program was used to identify and analyze dominant themes. Fourteen parents identified four major themes: standards of care, emotional care, communication, and social support. Bereaved parents discussed the challenges associated with institutional procedures and interpersonal aspects of care in anticipation of and following their child’s death. The results of these personal narratives may be used to guide care plans and deliver pediatric palliative and end-of-life interventions.


OBJECTIVES: To explore barriers, challenges and best practice within patient and public engagement (PPE) in sexual and reproductive health and HIV (SRHH) services in London. METHODS: Consultation exercise using qualitative interviews with 27 stakeholders including commissioners, managers, voluntary/community organizations (VCOs) clinicians and patients, analysed using Framework Analysis and ATLAS.ti software. RESULTS: Participants recognized PPE’s importance, echoing recent political and NHS drives, and highlighted the need for meaningful, empowering PPE, including user-designed methods, peer research and participatory approaches. Although challenging in SRHH and requiring training and support, PPE may help tackle stigma, and promote self-management and patient-centred-care, including peer education and role modelling. Expertise may come from experienced VCOs. Themes in priority order were: organizational commitment (including lack of dedicated staff, time and money); motivating patients; changing NHS philosophy; informing patients/public; using public awareness/education campaigns; overcoming stigma; working with VCOs. 'Reaching out' to engage underrepresented groups in this sensitive area was emphasized through community outreach, incentivization and linking with existing organizations. Making engagement easy and addressing issues of public value were also important. Stigma was less hindering than anticipated, except for ethnic minorities. PPE was seen to improve patient satisfaction, increase service uptake and reduce inequalities, key priorities in SRHH, and identify innovative service delivery ideas. CONCLUSIONS: PPE is crucial in creating a patient-led NHS and responsible society. If organizations, including the NHS, commit to implementing meaningful PPE which actively targets those at risk of poor SRHH, services can be truly patient-led and patients and communities empowered to tackle the stigma of SRHH.

Rodriguez Vega, B., Orgaz Barnier, P., Bayon, C., Palao, A., Torres, G., Hospital,

**BACKGROUND:** This study aims to explore differences in personal narratives of the experience of illness and treatment in depressed oncologic patients who received either combined treatment for depression (psychotherapy plus antidepressants) or standard treatment (antidepressants alone).

**METHODS:** We employed a qualitative research design based on grounded theory. Data were collected from eight videotaped focus groups and semi-structured interviews with a total of 28 participants. The research team reviewed interview transcripts and categorized the participants' responses using the ATLAS.ti (ATLAS.ti Scientific Software Development GmbH Hardenbergstr. 7 D-10623, Berlin) software package. **RESULTS:** Compared with patients in the standard treatment group, patients in the combined treatment group were better able to relate their experiences of physical and emotional discomfort and find meaning in the experience of illness by viewing cancer as a transformative experience. In addition, patients in the combined treatment group tended to use more active coping strategies based on acceptance of their situation and emphasized that psychotherapy had been helpful. **CONCLUSIONS:** Qualitative analysis is an efficient method of examining the meaning of quantitative results in depth, particularly patients' perspectives on quality of life. Patients undergoing combined treatment consider psychotherapy to be a helpful tool and exhibit more personal growth than do patients undergoing standard treatment.


**PURPOSE OF THE STUDY:** This article explores a clash between incoming Baby Boomers and older residents in an active adult retirement community (AARC). We examine issues of social identity and attitudes as these groups encounter each other. **DESIGN AND METHODS:** Data are drawn from a multiyear ethnographic study of social relations in senior housing. Research at this site included in-depth, open-ended interviews (47), field notes (25), and participant observation in the field (500 hr). Research team biweekly discussions and ATLAS.ti software program facilitated analysis. **FINDINGS:** We begin with a poignant incident that has continued to engender feelings of rejection by elders with each retelling and suggests the power and prevalence of ageism in this AARC. We identify three pervasive themes: (a) social identity and image matter, (b) significant cultural and attitudinal differences exist between Boomers and older residents, and (c) shared age matters less than shared interests. **IMPLICATIONS:** Our data clearly show the operation of ageism in this community...
and an equating of being old with being sick. The conflict between these two age cohorts suggests that cohort consciousness among Boomers carries elements of age denial, shared by the older old. It also challenges the Third Age concept as a generational phenomenon.


**BACKGROUND:** Despite high vaccination coverage, there have recently been epidemics of vaccine preventable diseases in the Netherlands, largely confined to an orthodox protestant minority with religious objections to vaccination. The orthodox protestant minority consists of various denominations with either low, intermediate or high vaccination coverage. All orthodox protestant denominations leave the final decision to vaccinate or not up to their individual members. **METHODS:** To gain insight into how orthodox protestant parents decide on vaccination, what arguments they use, and the consequences of their decisions, we conducted an in-depth interview study of both vaccinating and non-vaccinating orthodox protestant parents selected via purposeful sampling. The interviews were thematically coded by two analysts using the software program **ATLAS.ti**. The initial coding results were reviewed, discussed, and refined by the analysts until consensus was reached. Emerging concepts were assessed for consistency using the constant comparative method from grounded theory. **RESULTS:** After 27 interviews, data saturation was reached. Based on characteristics of the decision-making process (tradition vs. deliberation) and outcome (vaccinate or not), 4 subgroups of parents could be distinguished: traditionally non-vaccinating parents, deliberately non-vaccinating parents, deliberately vaccinating parents, and traditionally vaccinating parents. Except for the traditionally vaccinating parents, all used predominantly religious arguments to justify their vaccination decisions. Also with the exception of the traditionally vaccinating parents, all reported facing fears that they had made the wrong decision. This fear was most tangible among the deliberately vaccinating parents who thought they might be punished immediately by God for vaccinating their children and interpreted any side effects as a sign to stop vaccinating. **CONCLUSIONS:** Policy makers and health care professionals should stimulate orthodox protestant parents to make a deliberate vaccination choice but also realize that a deliberate choice does not necessarily mean a choice to vaccinate.


**BACKGROUND:** This study reviews the state of diabetes information technology (IT) initiatives and presents a
set of recommendations for improvement based on interviews with commercial IT innovators. MATERIALS AND METHODS: Semistructured interviews were conducted with 10 technology developers, representing 12 of the most successful IT companies in the world. Average interview time was approximately 45 min. Interviews were audio-recorded, transcribed, and entered into ATLAS.ti for qualitative data analysis. Themes were identified through a process of selective and open coding by three researchers. RESULTS: We identified two practices, common among successful IT companies, that have allowed them to avoid or surmount the challenges that confront healthcare professionals involved in diabetes IT development: (1) employing a diverse research team of software developers and engineers, statisticians, consumers, and business people and (2) conducting rigorous research and analytics on technology use and user preferences. CONCLUSIONS: Because of the nature of their respective fields, healthcare professionals and commercial innovators face different constraints. With these in mind we present three recommendations, informed by practices shared by successful commercial developers, for those involved in developing diabetes IT programming: (1) include software engineers on the implementation team throughout the intervention, (2) conduct more extensive baseline testing of users and monitor the usage data derived from the technology itself, and (3) pursue Institutional Review Board-exempt research.


BACKGROUND: Scant knowledge exists describing health care providers' and staffs' experiences sharing imaging studies. Additional research is needed to determine the extent to which imaging studies are shared in diverse health care settings, and the extent to which provider or practice characteristics are associated with barriers to viewing external imaging studies on portable media. OBJECTIVE: This analysis uses qualitative data to 1) examine how providers and their staff accessed outside medical imaging studies, 2) examine whether use or the desire to use imaging studies conducted at outside facilities varied by provider specialty or location (urban, suburban, and small town) and 3) delineate difficulties experienced by providers or staff as they attempted to view and use imaging studies available on portable media. METHODS: Semi-structured interviews were conducted with 85 health care providers and medical facility staff from urban, suburban, and small town medical practices in North Carolina and Virginia. The interviews were audio recorded, transcribed, then systematically analyzed using ATLAS.ti.

RESULTS: Physicians at family and pediatric medicine practices rely primarily on written reports for medical studies other than X-rays; and thus do not report difficulties accessing outside imaging studies. Subspecialists in ur-
ban, suburban, and small towns view imaging studies through internal communication systems, internet portals, or portable media. Many subspecialists and their staff report experiencing difficulty and time delays in accessing and using imaging studies on portable media. CONCLUSION: Subspecialists have distinct needs for viewing imaging studies that are not shared by typical primary care providers. As development and implementation of technical strategies to share medical records continue, this variation in need and use should be noted. The sharing and viewing of medical imaging studies on portable media is often inefficient and fails to meet the needs of many subspeciality physicians, and can lead to repeated imaging studies.


BACKGROUND: Some researchers think that patients with higher expectations for CAM therapies experience better outcomes and that enthusiastic providers can enhance treatment outcomes. This is in contrast to evidence suggesting conventional medical providers often reorient patient expectations to better match what providers believe to be realistic. However, there is a paucity of research on CAM providers’ views of their patients’ expectations regarding CAM therapy and the role of these expectations in patient outcomes. METHODS: To better understand how CAM providers view and respond to their patients' expectations of a particular therapy, we conducted 32 semi-structured, qualitative interviews with acupuncturists, chiropractors, massage therapists and yoga instructors identified through convenience sampling. Interviews were recorded, transcribed and analyzed thematically using ATLAS.ti version 6.1. RESULTS: CAM providers reported that they attempt to ensure that their patients' expectations are realistic. Providers indicated they manage their patients' expectations in a number of domains- roles and responsibilities of providers and patients, treatment outcomes, timeframe for improvement, and treatment experience. Providers reported that patients' expectations change over time and that they need to continually manage these expectations to enhance patient engagement and satisfaction with treatment. CONCLUSIONS: Providers of four types of CAM therapies viewed patients' expectations as an important component of their experiences with CAM therapy and indicated that they try to align patient expectations with reality. These findings suggest that CAM providers are similar in this respect to conventional medical providers.


OBJECTIVE: To identify professional musicians’ representation of health and
illness and to identify its perceived impact on musical performance. METHODS: A total of 11 professional musicians participated in this phenomenological study. Five of the musicians were healthy, and the others suffered debilitating physical health problems caused by playing their instruments. Semi-structured interviews were conducted, transcribed verbatim and analysed. Thematic analysis, including a six-step coding process, was performed (ATLAS.ti 6). RESULTS: Three major themes emerged from the data: music as art, the health of musicians, and learning through experience. The first theme, music as art, was discussed by both groups; they talked about such things as passion, joy, sense of identity, sensitivity, and a musician's hard life. Discussions of the second theme, the health of musicians, revealed a complex link between health and performance, including the dramatic impact of potential or actual health problems on musical careers. Not surprisingly, musicians with health problems were more concerned with dysfunctional body parts (mostly the hand), whereas healthy musicians focused on maintaining the health of the entire person. The third theme, learning through experience, focused on the dynamic nature of health and included the life-long learning approach, not only in terms of using the body in musical performance but also in daily life. CONCLUSIONS: The centre of a musician's life is making music in which the body plays an important part. Participants in this study evidenced a complex link between health and musical performance, and maintaining health was perceived by these musicians as a dynamic balance. Our results suggest that learning through experience might help musicians adapt to changes related to their bodies.


This qualitative study aimed to study the process of disclosure by examining adolescents from the general population who had experienced child sexual abuse (CSA). Twenty-six sexually victimized adolescents (23 girls, 3 boys; age: 15-18 years) participated in a qualitative face-to-face in-depth interview on different aspects of disclosure. A qualitative content analysis was conducted following Mayring and using the qualitative data analysis program ATLAS.ti. In addition, quantitative correlation analyses were calculated to identify factors associated with disclosure. Less than one third of participants immediately disclosed CSA to another person. In most cases, recipients of both immediate and delayed disclosure were peers. More than one third of participants had never disclosed the abuse to a parent. Main motives for nondisclosure to parents were lack of trust or not wanting to burden the parents. Factors that correlated positively with disclosure were extrafamilial CSA, single CSA, age of victim at CSA, and having parents who were still living together. Negative associations with disclosure were found for feelings of guilt and shame.
and the perpetrator's age. Many adolescent survivors of CSA have serious concerns about disclosure to their parents and consider friends as more reliable confidants. These findings have two main implications for prevention: (1) In order to facilitate disclosure to parents, the strengthening of the child-parent relationship should be given specific attention in prevention programs, and (2) prevention programs should aim at teaching adolescents how they can help a victim if they become a recipient of disclosure.


Shapira-Lishchinsky, O. (2012) Journal of Nursing Management Simulations in nursing practice: toward authentic leadership Aim This study explores nurses' ethical decision-making in team simulations in order to identify the benefits of these simulations for authentic leadership. Background While previous studies have indicated that team simulations may improve ethics in the workplace by reducing the number of errors, those studies focused mainly on clinical aspects and not on nurses' ethical experiences or on the benefits of authentic leadership. Methods Fifty nurses from 10 health institutions in central Israel participated in the study. Data about nurses' ethical experiences were collected from 10 teams. Qualitative data analysis based on Grounded Theory was applied, using the *atlas.ti* 5.0 software package. Findings Simulation findings suggest four main benefits that reflect the underlying components of authentic leadership: self-awareness, relational transparency, balanced information processing and internalized moral perspective. Conclusions Team-based simulation as a training tool may lead to authentic leadership among nurses. Implications for nursing management Nursing management should incorporate team simulations into nursing practice to help resolve power conflicts and to develop authentic leadership in nursing. Consequently, errors will decrease, patients' safety will increase and optimal treatment will be provided.


BACKGROUND: South Africa's maternal mortality rate (625 deaths/100,000 live births) is high for a middle-income country, although over 90% of pregnant women utilize maternal health services. Alongside HIV/AIDS, barriers to Comprehensive Emergency Obstetric Care currently impede the country's Millenium Development Goals (MDGs) of reducing child mortality and improving maternal health. While health system barriers to obstetric care have been well documented, "patient-oriented" barriers have been neglected. This article explores affordability, availability and acceptability barriers to obstetric care in South Africa from the perspectives of women who had recently used, or attempted to use, these services. METHODS: A mixed-method study design combined 1,231 quantita-
tive exit interviews with sixteen qualitative in-depth interviews with women (over 18) in two urban and two rural health sub-districts in South Africa. Between June 2008 and September 2009, information was collected on use of, and access to, obstetric services, and socioeconomic and demographic details. Regression analysis was used to test associations between descriptors of the affordability, availability and acceptability of services, and demographic and socioeconomic predictor variables. Qualitative interviews were coded deductively and inductively using ATLAS.ti 6. Quantitative and qualitative data were integrated into an analysis of access to obstetric services and related barriers. RESULTS: Access to obstetric services was impeded by affordability, availability and acceptability barriers. These were unequally distributed, with differences between socioeconomic groups and geographic areas being most important. Rural women faced the greatest barriers, including longest travel times, highest costs associated with delivery, and lowest levels of service acceptability, relative to urban residents. Negative provider-patient interactions, including staff inattentiveness, turning away women in early-labour, shouting at patients, and insensitivity towards those who had experienced stillbirths, also inhibited access and compromised quality of care. CONCLUSIONS: To move towards achieving its MDGs, South Africa cannot just focus on increasing levels of obstetric coverage, but must systematically address the access constraints facing women during pregnancy and delivery. More needs to be done to respond to these “patient-oriented” barriers by improving how and where services are provided, particularly in rural areas and for poor women, as well as altering the attitudes and actions of health care providers.


Custodians represent one of the largest occupational groups using cleaning agents, and yet their voices are infrequently heard in relation to the introduction of “green” cleaners and the laws regarding environmentally preferable products (EPP). This study reflects worker voices on use and effectiveness of chemicals, as well as incentives and obstacles for green cleaning programs. Sixty-four custodians and staff participated in 10 focus groups. Data were entered into ATLAS.ti and the constant comparative method of qualitative data analysis was used to identify themes. Themes included satisfaction in a “well-done” job, more effort required for job, lack of involvement in EPP selection process, EPP’s ease of use for workers with English as a Second Language (ESL), misuse of disinfectants, health complaints, and need for training. This study shows that custodians have a voice, and that improved communication and feedback among all the stakeholders are needed to make the transition to green cleaning more effective.

Taylor, K. D., Adedokun, A., Awobusuyi, O.,

**OBJECTIVE:** To elicit the explanatory models (EM) of hypertension among patients in a hospital-based primary care practice in Nigeria. Design. Semi-structured in-depth individual interviews and focus groups were conducted with 62 hypertensive patients. Interviews and focus groups were audio-taped and transcribed verbatim. Data analysis was guided by phenomenology and content analysis using qualitative research software ATLAS.ti 5.0.

**RESULTS:** Patients expressed four categories of EM of hypertension: (1) perceptions of hypertension, (2) consequences, (3) effect on daily life, and (4) perception of treatment. Focus group discussions and individual interviews yielded a wide range of insights into the social and cultural factors influencing patients' beliefs and health behavior. Participants were aware of the risks of hypertension. There was disagreement between participants' own understanding of the serious nature of hypertension, the need for long-term treatment, and the desire to take long-term medication. Participants acknowledged the use of traditional medicine (e.g., teas and herbs) and healers. Different themes emerged for men versus women such that women often focused on family issues while men tended to discuss external stressors stemming from work as a cause of hypertension. Men were concerned with frequent urination, decreased libido, and erectile dysfunction. **CONCLUSION:** Knowledge gained will inform development of patient-centered treatment plans and targeted behavioral and educational interventions.


This paper explores opportunities for administrative discretion in decision-making for natural resource management. We carried out an exploratory study in the USDA Forest Service to understand factors affecting administrative actions related to recreation use in riparian areas. We conducted semi-structured interviews with 27 resource professionals from a national forest in the northwest region of the United States. Questions focused on professional judgments about recreation in riparian areas, administrative actions related to management of these activities, and the potential for personal values to influence decisions. We analyzed the transcribed interviews using ATLAS.ti, coding the data for salient themes. In this paper, we discuss perceptions of resource professionals about the potential for personal values to influence administrative actions and decisions. We highlight four distinct realms in the planning process where expanded discretionary capacity exists and values may emerge. Finally, we suggest ways to reduce the potential influence of value-based judgments in decision-making.
BACKGROUND: Patients with fibromyalgia syndrome are often severely restricted in their ability to participate in everyday activities and in social interaction. The aim of this study was to document female patients' subjectively-perceived limitations in participation and to develop material to generate items for a specific participation questionnaire. MATERIAL AND METHODS: We collected data from 8 groups of women with fibromyalgia syndrome (n=38), and developed a hierarchical system of categories using the patients' statements (ATLAS.ti; Qualitative Data Analysis). RESULTS: Our final group of categories contains 10 superordinate categories. Women with fibromyalgia syndrome often describe restrictions in their relationships with other people, and the impaired ability to engage in social and leisure activities. They speak of difficulties at the workplace, while doing housework, and complain about a lack of understanding and awareness on the part of the general public. CONCLUSION: Fibromyalgia syndrome patients admit to being extremely impaired in a variety of social roles. Their statements have enabled us to develop a questionnaire that reflects the range of factors restricting participation from the patient's perspective.


OBJECTIVE: To assess barriers and facilitators to implementation of an occupational health guideline aimed at preventing weight gain. METHODS: Barriers and facilitators to implementation were assessed among 14 occupational physicians (OPs) and employers and analyzed following a systematic approach using ATLAS.ti. RESULTS: Barriers and facilitators mentioned by OPs and employers were related to the sociopolitical context, organization, OP, and guideline. Recommendations include the formation of a linkage group, collaboration with other experts, formation of peer support groups, and communicating benefits of investments, expectations, and ethical considerations. Results of this study recommend incorporating these barriers and facilitators in the guideline, including strategies about how to overcome barriers and stimulate facilitators. CONCLUSIONS: The identified barriers and facilitators can be used to increase the chance of successful implementation of the final guideline into occupational health practices throughout the Netherlands.


A small, self-selected convenience
sample of male and female contraceptive users in the United Kingdom (n = 34) were interviewed between 2006 and 2008 concerning their feelings about the body and their contraceptive attitudes and experiences. The interviewees were a sub-sample of respondents (n = 188) who completed a paper-based questionnaire on similar topics, who were recruited through a poster placed in a family planning clinic, web-based advertisements on workplace and university websites, and through direct approaches to social groups. The bodily metaphors used when discussing contraception were analyzed using an interpretative phenomenological analytical approach facilitated by ATLAS.ti software. The dominant bodily metaphor was mechanistic (i.e., "body as machine"). A subordinate but influential bodily metaphor was the "natural" body, which had connotations of connection to nature and a quasi-sacred bodily order. Interviewees drew upon this "natural" metaphorical image in the context of discussing their anxieties about hormonal contraception. Drawing upon a "natural," non-mechanistic body image in the context of contraceptive decision-making contributed to reluctance to use a hormonal form of contraception. This research suggests that clinicians could improve communication and advice about contraception by recognizing that some users may draw upon non-mechanistic body imagery.


PURPOSE: Depression is highly prevalent in palliative care patients. In clinical practice, there is concern about both insufficient and excessive diagnosis and treatment of depression. In the Netherlands, family physicians have a central role in delivering palliative care. We explored variation in family physicians' opinions regarding the recognition, diagnosis, and management of depression in palliative care patients.

METHODS: We conducted a focus group study in a sample of family physicians with varied practice locations and varying expertise in palliative care. Transcripts were analyzed independently by 2 researchers using constant comparative analysis in ATLAS.ti. RESULTS: In 4 focus group discussions with 22 family physicians, the physicians described the diagnostic and therapeutic process for depression in palliative care patients as a continuous and overlapping process. Differentiating between normal and abnormal sadness was viewed as challenging. The physicians did not strictly apply criteria of depressive disorder but rather relied on their clinical judgment and strongly considered patients' context and background factors. They indicated that managing depression in palliative care patients is mainly supportive and non-specific. Antidepressant drugs were seldom prescribed. The physicians described difficulties in diagnosing and treating depression in palliative care, and gave suggestions to improve management of depression in palliative care patients in primary care. CON-
CLUSIONS: Family physicians perceive the diagnosis and management of depression in palliative care patients as challenging. They rely on open communication and a long-standing physician-patient relationship in which the patient's context is of great importance. This approach fits with the patient-centered care that is promoted in primary care.


Previous research has documented the practice of transactional sex in sub-Saharan Africa and its association with gender-based violence, gender inequalities and HIV risk. At the same time, it has been suggested that women may use transactional sex to obtain a greater sense of control over their lives and their sexualities, and to garner access to resources. The aim of this study was to better understand the practice of exchanging alcohol for sex in alcohol-serving venues in a township in Cape Town, South Africa. Data were collected between June 2009 and October 2010. Six venues were included and observations were conducted in each for four one-week periods over the course of a year. In-depth qualitative interviews included 31 women and 13 men whom interviewers had observed as regular venue customers. Follow-up interviews were conducted with 24 respondents to explore emerging themes. Interviews were recorded and transcribed. Using a grounded theory approach, ATLAS.ti was used to code transcripts, field notes, and analytical memos written about each document. Results revealed that alcohol was commonly used as a currency of sexual exchange in this setting, and both women and men understood that accepting alcohol from a man implied consent for sexual favors. Women reported a sense of agency in participating in the transactional sex dynamic, especially when they were able to manipulate it to meet their own ends without fulfilling the men's sexual expectations. At the same time, data revealed that the norm of transactional sex reinforced the undervaluing and commoditization of women. As identified elsewhere, transactional sex put both women and men at greater risk of HIV through multiple partners and inconsistent use of condoms, and the possibility of rape. Interventions are needed to address sexual risk behaviors and substance use within this context to prevent new HIV infections.


BACKGROUND: Students may encounter difficulties when they have to apply clinical skills trained in their pre-clinical studies in clerkships. Early clinical exposure in the pre-clinical phase has been recommended to reduce these transition problems. The aim of this
study is to explore differences in students’ experiences during the first clerkships between students exclusively trained in a skills laboratory and peers for whom part of their skills training was substituted by early clinical experiences (ECE). METHODS: Thirty pre-clinical students trained clinical skills exclusively in a skills laboratory; 30 peers received part of their skills training in PHC centers. Within half a year after commencing their clerkships all 60 students shared their experiences in focus group discussions (FGDs). Verbatim transcripts of FGDs were analyzed using ATLAS.ti software.

RESULTS: Clerkship students who had participated in ECE in PHC centers felt better prepared to perform their clinical skills during the first clerkships than peers who had only practiced in a skills laboratory. ECE in PHC centers impacted positively in particular on students' confidence, clinical reasoning, and interpersonal communication. CONCLUSION: In the Indonesian setting ECE in PHC centers reduce difficulties commonly encountered by medical students in the first clerkships.


Developing clinical reasoning skills early in medical education is important. However, research to uncover students' educational needs for learning clinical reasoning during clerkships is limited. The aim of our study was to investigate these needs. Focus group discussions with an independent moderator were conducted. Students were included directly after 10 weeks of clerkships. The (verbatim) transcripts were coded manually and discussed by the authors until consensus was reached. Saturation was reached after three focus groups, including 18 students in total. Statistical analysis indicated our sample matched the approached group of 61 students. After a consistency and redundancy check in ATLAS.ti, 79 codes could be identified. These could be grouped into seven key themes: (1) transition to the clinical phase, (2) teaching methods, (3) learning climate, (4) students' motivation, (5) teacher, (6) patient and (7) strategies in clinical reasoning. Students can adequately describe their needs; of the seven key themes relevant to clinical reasoning five are in line with literature. The remaining two (patient factors and the need for strategy for clinical reasoning) have not been identified before.


BACKGROUND: Expansions to public and private coverage opportunities under the Affordable Care Act and the Children's Health Insurance Program are meant to provide greater access to medical services, particularly for the 10 million US children with special health care needs (CSHCN). OBJECTIVE/HYPOTHESIS: We used qualitative methods to explore the nuanced processes of obtaining access to specialty care for children with special health care needs.
care for publicly and privately insured CSHCN.

**METHODS:** From May 2009 to February 2010, 30 in-depth qualitative interviews (60-90 minutes in length) were conducted with English-speaking family caregivers of CSHCN covered by public insurance (n = 15), private insurance (n = 6), or both (n = 9) in Cook County, IL. We used purposive quota sampling techniques to recruit parents from a group of 102 respondents from a related telephone survey who agreed to follow-up contact. All audio transcriptions and field notes were entered into ATLAS.ti software and analyzed by the authors through a thematic coding scheme.

**RESULTS:** Respondents varied in their success in obtaining requested specialty care. Several themes emerged that shape access to specialty care for CSHCN in this study: marked differences based upon insurance type, the acuity of a child’s health condition, and the presence of language and cultural barriers in scheduling and attending appointments.

**CONCLUSIONS:** Qualitative interviews with families illuminated current perceptions of inequities in access to outpatient specialty care for CSHCN. Such findings generate questions and concerns about parity across public and private coverage systems for vulnerable children and suggest areas for future research and policy consideration for ensuring access to both primary and specialty care.

**YEAR 2011**


The aim of this study is to explore the effects of clinical supervision, and assessment characteristics on the study strategies used by undergraduate medical students during their clinical rotations. We conducted a qualitative phenomenological study at King Saud Bin Abdulaziz University for Health Sciences, College of Medicine, Riyadh, Saudi Arabia during the period from November 2007 to December 2008. We conducted semi-structured focus groups interviews with students and conducted individual interviews with teachers and students to explore students’ and clinical teachers’ perceptions and interpretations of factors influencing students’ study strategies. Data collection was continued until saturation was reached. We used ATLAS.ti Computer Software (Version 5.2) to analyse the data, apply the obtained themes to the whole dataset and rearrange the data according to the themes and sub-themes. Analysis of data from interviews with twenty-eight students and thirteen clinical supervisors yielded three major themes relating to factors affecting students’ study strategies: "clinical supervisors and supervision", "stress and anxiety" and "assessment". The three themes we identified played a role in students' adoption of different study strategies in the "community of clinical practice". It appeared that teachers played a key role, particularly as assessors, clinical
supervisors and as a source of stress to students.


**BACKGROUND AND PURPOSE:** Because the substructures of the thalamus are not visible on standard T1- and T2-weighted MR images, planning of deep brain stimulation implantation relies on stereotactic atlas coordinates. The goal of the present work was to test whether an optimized 3D MPRAGE protocol can depict thalamus substructures. **MATERIALS AND METHODS:** After optimization of the TI to maximize contrast between gray matter and white matter, 6 healthy subjects were scanned at 3T with the optimized 3D MPRAGE. The results were compared with stereotactic atlases, and 2 expert readers trained in thalamic anatomy identified the 4 large thalamic nuclei groups. **RESULTS:** There was a high agreement between the different atlases and the resulting MR images. The 4 large thalamic nuclei groups (anterior, lateral, medial, posterior) could be detected reliably. The inter-reader consistency on the size and location was 75%-92%. **CONCLUSIONS:** The optimized 3D MPRAGE protocol improves contrast in the thalamus, and the 4 large thalamic nuclei groups can be identified with high inter-reader agreement.


**OBJECTIVES:** Women with a history of gestational diabetes mellitus (GDM) have an increased risk of developing type 2 diabetes (T2DM) but often do not return for follow-up care. We explored barriers to and facilitators of postpartum follow-up care in women with recent GDM. **METHODS:** We conducted 22 semistructured interviews, 13 in person and 9 by telephone, that were audiotaped and transcribed. Two investigators independently coded transcripts. We identified categories of themes and subthemes. **ATLAS:** ATLAS.ti qualitative software (Berlin, Germany) was used to assist data analysis and management. **RESULTS:** Mean age was 31.5 years (standard deviation) [SD] 4.5), 63% were nonwhite, mean body mass index (BMI) was 25.9 kg/m(2) (SD 6.2), and 82% attended a postpartum visit. We identified four general themes that illustrated barriers and six that illustrated facilitators to postpartum follow-up care. Feelings of emotional stress due to adjusting to a new baby and the fear of receiving a diabetes diagnosis at the visit were identified as key barriers; child care availability and desire for a checkup were among the key facilitators to care. **CONCLUSIONS:** Women with recent GDM report multiple barriers and facilitators to postpartum follow-up care. Our results will inform the development of interventions to improve care for these women.
to reduce subsequent diabetes risk.


**BACKGROUND:** Effective management of modern public health emergencies requires the coordinated efforts of multiple agencies representing various disciplines. Organizational culture differences between public health (PH) and emergency management (EM) entities may hinder interagency collaboration. We examine how PH and EM differ in their approach to PH law and how such differences affect their collaboration towards PH preparedness. **METHODS:** We conducted 144 semi-structured interviews with local and state PH and EM officials between April 2008 and November 2009. Thematic qualitative analysis in ATLAS.ti was used to extract characteristics of each agency's approach to PH legal preparedness. **RESULTS:** Two conflicting approaches to the law emerge. The PH approach is characterized by perceived uncertainty regarding legal authority over preparedness planning tasks; expectation for guidance on interpretation of existing laws; and concern about individual and organizational liability. The EM approach reveals perception of broad legal authority; flexible interpretation of existing laws; and ethical concerns over infringement of individual freedoms and privacy. **CONCLUSIONS:** Distinct interpretations of preparedness law impedes effective collaboration for PH preparedness. Clarification of legal authority mandates, designation within laws of scope of preparedness activities, and guidance on interpretation of current federal and state laws are needed.


This study explores family relationships and support needs when adapting to a relative’s advanced-multiple sclerosis (MS) around transition into care. A multi-site qualitative study of relatives of people with advanced-MS was conducted. A purposive sample of 25 relatives was selected and interviewed either in the care home or participants' homes. Interviews were recorded, transcribed and analysed using grounded theory methodology and ATLAS.ti 5.2 software. Data quality enhancement involved: a self-report questionnaire; triangulation and member-checking. Themes derived from the data were: information, communication and understanding; family relationships, roles and responsibilities; emotions, coping and support; life outlook and reflection. Provision of information and support for families around the transition into care appears to be inconsistent despite there being a need for family members to ask questions and discuss the impact of the condition. Relatives reported that as a family and as individuals they faced significant challenges and were in great need of support at times, but reflected that they would ha-
ve found it very difficult to accept. Relatives were also often unsure what type of support would have helped. For care providers, there needs to be a shift from the traditional health care professional 'patient-centred' mindset towards more proactive family-centred approaches and steps to encourage this are articulated.


**OBJECTIVES:** To study the characteristics of drug abuse in the adolescent population of Llefia, in order to be able to develop new prevention strategies. **DESIGN:** Qualitative study by focus groups. **EMPLACEMENT:** ABS Badalona-6 (Llefia). **PARTICIPANTS:** Four working groups were established: 14-18 year-old teenagers, parents of teenagers, teachers and sanitary professionals on ABS Llefia. **METHOD:** Group meetings took place up to information saturation, achieved after 15 meetings, with an average duration of one hour. The meetings were then transcribed, and data was processed using the "**ATLAS.ti**" program. Verbal labels were given to segment the information and the conclusions that come out of the text, obtaining a map of meanings on each working group. **RESULTS:** Using the information extracted from the opinion of participants, we obtained variables that allowed us to describe the characteristics, pattern, sociofamilial context, accessibility and problematics derived from consumption, the profile of the adolescent consumer, available health resources, information about abuse drugs and the perception of its use on the part of health professionals, teachers and parents. **CONCLUSIONS:** Adolescent have easy access to drugs of abuse and their use is widespread. Health professionals demonstrate a lack of specific training, and complain about insufficient available resources. A great sociofamilial permissiveness is observed. The prevention must be orientated to families, since a good sociofamilial environment protects from drug abuse.


In this study we explored the level of awareness and practice on HIV prevention among married couples from selected communities in Malawi. **METHODS:** We carried out the study from October to December, 2008 in four communities, two each from Chiradzulu and Chikhwawa districts of Malawi. We conducted face-to-face in-depth interviews with 30 couples in each district using a semi-structured interview guide. The interviews lasted approximately 60-90 minutes. The husbands and wives were interviewed separately. The interviews were audio taped using a digital recorder. We wrote field notes during data collection and later reviewed them to provide insights into the data collection process. We computed descriptive statistics from the demographic data using SPSS version 16.0. We analyzed qualitative data using
ATLAS.ti 5.0 computer software. The coded data generated themes and we present the themes in qualitative narration. RESULTS: The couples’ ages ranged from 20 to 53 years, the majority (52%) being in the 20-31 year age group. Most of the couples (67%) attained only primary school education and 84% had been married only to the current partner. Most couples (83%) depended upon substance farming and 47% had been married for 3 to 9 years. The number of children per couple ranged from 1 to 10, most couples (83%) having between 1 and 5 children. All couples were aware of HIV prevention methods and talked about them in their marriages. Both wives and husbands initiated the discussions. Mutual fidelity and HIV testing were appropriate for couples to follow the HIV prevention methods. For most couples (54) there was mutual trust between husbands and wives, and members of only a few couples (6) doubted their partners' ability to maintain mutual fidelity. Actual situations of marital infidelity were however detected among 25 couples and often involved the husbands. A few couples (5) had been tested for HIV. All couples did not favor the use of condoms with a marriage partner as an HIV prevention method. CONCLUSION: The level of HIV prevention awareness among couples in Malawi is high and almost universal. However, there is low adoption of the HIV prevention methods among the couples because they are perceived to be couple unfriendly due to their incompatibility with the socio-cultural beliefs of the people. There is a need to target couples as units of intervention in the adoption of HIV prevention methods by rural communities.


BACKGROUND: Cancer often has a profound and enduring impact on sexuality, affecting both patients and their partners. Most healthcare professionals in cancer and palliative care are struggling to address intimate issues with the patients in their care. METHODS: Study 1: An Australian study using semi-structured interviews and documentary data analysis. Study 2: Building on this Australian study, using a hermeneutic phenomenological approach, data were collected in the Netherlands through interviewing 15 cancer patients, 13 partners and 20 healthcare professionals working in cancer and palliative care. The hermeneutic analysis was supported by ATLAS.ti and enhanced by peer debriefing and expert consultation. RESULTS: For patients and partners a person-oriented approach is a prerequisite for discussing the whole of their experience regarding the impact of cancer treatment on their sexuality and intimacy. Not all healthcare professionals are willing or capable of adopting such a person-oriented approach. CONCLUSION: A complementary team approach, with clearly defined roles for different team members and clear referral pathways, is required to enhance communication about sexuality and intimacy in cancer and palliative care.
care. This approach, that includes the acknowledgment of the importance of patients’ and partners’ sexuality and intimacy by all team members, is captured in the Stepped Skills model that was developed as an outcome of the Dutch study.


BACKGROUND: Many people with chronic nonspecific musculoskeletal pain (CMP) have decreased work ability. The majority, however, stays at work despite their pain. Knowledge about workers who stay at work despite chronic pain is limited, narrowing our views on work participation. The aim of this study was to explore why people with CMP stay at work despite pain (motivators) and how they manage to maintain working (success factors).

METHODS: A semi-structured interview was conducted among 21 subjects who stay at work despite CMP. Participants were included through purposeful sampling. Interviews were audio-recorded, transcribed verbatim, and imported into computer software ATLAS.ti. Data was analyzed by means of thematic analysis. The interviews consisted of open questions such as: "Why are you working with pain?" or "How do you manage working while having pain?"

RESULTS: A total of 16 motivators and 52 success factors emerged in the interviews. Motivators were categorized into four themes: work as value, work as therapy, work as income generator, and work as responsibility. Success factors were categorized into five themes: personal characteristics, adjustment latitude, coping with pain, use of healthcare services, and pain beliefs.

CONCLUSIONS: Personal characteristics, well-developed self-management skills, and motivation to work may be considered to be important success factors and prerequisites for staying at work, resulting in behaviors promoting staying at work such as: raising adjustment latitude, changing pain-coping strategies, organizing modifications and conditions at work, finding access to healthcare services, and asking for support. Motivators and success factors for staying at work may be used for interventions in rehabilitation and occupational medicine, to prevent absenteeism, or to promote a sustainable return to work. This qualitative study has evoked new hypotheses about staying at work; quantitative studies on staying at work are needed to obtain further evidence.


BACKGROUND: Many physicians do not routinely inquire about intimate partner violence. PURPOSE: This qualitative study explores the process of academic detailing as an intervention to change physician behavior with regard to intimate partner violence (IPV)
identification and documentation. METHOD: A non-physician academic detailer provided a seven-session modular curriculum over a two-and-a-half month period. The detailer noted written details of each training session. Audiotapes of training sessions and semi-structured exit interviews with each physician were recorded and transcribed. Transcriptions were qualitatively and thematically coded and analyzed using ATLAS.ti(R). RESULTS: All three study physicians reported increased clarity with regard to the scope of their responsibility to their patients experiencing IPV. They also reported increased levels of comfort in the effective identification and appropriate documentation of IPV and the provision of ongoing support to the patient, including referrals to specialized community services. CONCLUSION: Academic detailing, if presented by a supportive and knowledgeable academic detailer, shows promise to improve physician attitudes and practices with regards to patients in violent relationships.


OBJECTIVE: The objective of this study was to develop a patient-reported outcome (PRO) to assess reduced muscle strength in sarcopenia. DESIGN: Qualitative research study. SETTING: University of Arkansas for Medical Sciences. PARTICIPANTS: Subjects with sarcopenia. MEASUREMENTS: Adults aged 55 years and older with sarcopenia (n = 12) attended open-ended, concept elicitation interviews to characterize the functional effects of reduced muscle strength on their lives. The resulting qualitative data were analyzed using a qualitative analysis software program (ATLAS.ti [ATLAS.ti GmbH, Berlin, Germany]) and a common set of codes was developed to summarize the data. Subsequently, the initial PRO measure was drafted. Cognitive interviews were then conducted with additional sarcopenia subjects (n = 12) to refine the measure. RESULTS: Qualitative interviews identified key concepts (eg, impacts) in the areas of activities of daily living, emotions, social activities, energy, balance, coordination, sleep, and strength. Based on data from the cognitive debriefing interviews (eg, understandability, relevance, suggestions to reword items), the PRO measure development team came to consensus on which items or parts of the instructions to retain, revise, or delete. The final measure included 14 items. CONCLUSION: The final PRO measure, the Age-Related Muscle Loss Questionnaire, can be used in both clinical practice and clinical trial settings to assess functional impacts of reduced muscle strength in sarcopenia.


INTRODUCTION: Research on part-
nernships between parents and health care professionals (HCPs) to improve adolescent health is limited. In this study, we have developed an empirically derived framework to guide research in this particular area. METHODS: We conducted a qualitative study using focus groups and in-depth semi-structured interviews. A total of 85 participants (51 HCPs, 17 mothers of patients of ages 12-18 years, and 17 adolescents) were recruited from three free-standing adolescent health clinics and five school-based health centers across North Carolina. We independently explored the perceptions of HCPs and mothers regarding the roles of parents, HCPs, and parent-HCP partnerships in preventing and addressing adolescent health problems. We then elicited feedback of adolescents on mother and HCP perceptions. We identified common and informative themes during content analysis using ATLAS.ti, and triangulated perspectives of HCPs, mothers, and adolescents to develop a framework for building parent-HCP partnerships to improve adolescent health. RESULTS: A general framework emerged that conceptualizes both direct and indirect strategies for building parent-HCP partnerships. Direct strategies involve strengthening relationships and/or communication between parents and HCPs in both practice and community settings. Indirect strategies involve opportunities for HCPs to influence parent-adolescent relationships and/or communication within the context of adolescent visits. For example, HCPs can discuss the importance of parental involvement and monitoring with adolescents, encourage and facilitate parent-adolescent communication, and deliver tailored parental guidance while also respecting adolescents' desires for confidential health care when appropriate. CONCLUSIONS: Interventions that directly strengthen parent-HCP relationships and/or communication, and those that indirectly support parent-HCP partnerships within the context of adolescent health care, should be designed targeting health outcomes.


BACKGROUND: The onset of type 2 diabetes mellitus can be prevented or delayed by lifestyle changes. Communication technologies such as a mobile phone can be used as a means of delivering these lifestyle changes. OBJECTIVES: The purposes of this analysis were to explore applicability of potential components of a mobile phone-based healthy lifestyle program and to understand motivators and barriers to continued engagement in a mobile phone healthy lifestyle program. METHODS: We conducted 6 focus groups (4 female and 2 male groups) in May and June 2010 with 35 focus group participants. The qualitative data were analyzed by 3 researchers using a qualitative description method in an ATLAS.ti software program. Inclusion criteria for enrollment in a focus group were as follows: (1) being aged from 30 to 69 years, (2) speaking and rea-
ding English, (3) having a sedentary lifestyle at work or during leisure time (screened by the Brief Physical Activity Survey questionnaire), and (4) having a body mass index (BMI) >25 kg/m(2) (Asian >23 kg/m(2)) based on self-reported weight and height or 5) having a self-reported prediabetic condition.

RESULTS: The mean age was 51 (SD 10.6) years; 54% (n = 19) were white; 71% (n = 25) used a mobile phone at least once a week during the last month prior to the study enrollment; and mean BMI was 32.5 (SD 6.5) kg/m(2). In the qualitative analyses, the following 4 major themes and their subthemes emerged: (1) real-time social support (real-time peer support from participants who are similarly engaged in a diet or physical activity program, and professional support from health care providers or a researcher), (2) tailoring of mobile phone programs (3) self-monitoring and motivation, and (4) potential barriers and sustainability of the program (fear of failing, age and mobile technologies, and loss of interest over time). CONCLUSIONS: Participants from a wide range of age and racial groups expressed interest in a mobile phone-based lifestyle program. Such a program that incorporates the themes that we identified may be able to help motivate participants to increase their physical activity and to improve their diet.


OBJECTIVE: To identify the main problems that the drug supply chain (DSCh) faces in the state health systems (SHS); establishing how they relate to the degree of outsourcing. MATERIAL AND METHODS: Officials of the SHS hospitals and health centers were interviewed in a sample of 12 entities during the first half of 2008. Transcripts of the interviews were processed through the qualitative analysis program ATLAS.ti 5.0; the analysis was aimed at reconstructing the phases of DSCh for identifying problems narrated by informants using the phenomenological approach to discourse analysis. RESULTS: There is a marked tendency to replace the conventional model by one that is characterized by greater involvement of private providers; all the models show specific problems that might be derived from the degree of outsourcing. CONCLUSION: The supply of drugs in the studied SHS differ from the pattern implemented according to the modality adopted; outsourcing is not exempt of problems and does not seem to fully resolve the difficulties encountered in conventional ways.


OBJECTIVE: To characterize the role of quality managers in health care units and health districts, identifying the constraints they experience in their performance. MATERIAL AND ME-
THODS: An interview guide and a questionnaire were carried out and were applied to quality managers in nine states as well as in Mexico City's Health Services, in a Reference Federal Hospital and in a National Institute of Health. These instruments were analyzed using SPSS and ATLAS.ti software. RESULTS: The activities done by the managers depend on the organizational level of services, which can be a care unit or the health jurisdiction. For each of these, we identified different order constraints that affect the performance of the role of management in the strategies to improve the quality of the services for population without social insurance, which together make up the government program called Integrated Quality Health System. Jurisdictional managers are the link between care units and state authorities in the management of information, while the medical units' managers drive operational strategies to improve the quality. CONCLUSION: Although the health program is implemented with the personal and infrastructure of the health system, it requires a greater institutionalization and strengthening of its structure and integration, as well as greater human and material resources.


BACKGROUND: Good cooperation between physicians is an essential requirement for quality health care. General practitioners (GPs) have a key role in coordinating the various levels of care and physician contacts. Within the scope of the "InteraKtion" study of the Competence Centre of General Practice Baden-Wuerttemberg GPs were interviewed about their experiences and opinions regarding their cooperation with specialists. The aim of this study was to identify criteria and barriers of the referral process. METHODS: 22 semi-structured interviews were conducted among GPs in Heidelberg, Tuebingen and Ulm. Data analysis was carried out using ATLAS.ti according to the qualitative content analysis by P. Mayring. RESULTS: From the GPs' point of view, the criteria for referral to specialists include: specialists' medical skills, good doctor-patient relationship and patient satisfaction. In addition, the willingness to arrange short-term appointments in urgent cases, timely diagnosis and adequate communication were mentioned. The following barriers were pointed out: long appointment wait times and the specialists' increased provision of Individual Healthcare Services. CONCLUSION: These results indicate that GPs have clear criteria for referral to specialists. These findings should find their way into future quantitative studies to explore the weighting of the criteria and barriers discussed here. Joint training activities or quality circles could improve the personal contact between GPs and specialists working in the same region.

Heyduck, K., Glattacker, M., & Meffert, C.
PURPOSE: As the common sense self-regulation model (CSM) was further developed in the late 1990s, its focus was, along with subjective illness perceptions, the treatment representations of patients, in particular medication-related perceptions. However until now, only few studies have dealt with subjective concepts regarding non-medication treatment. The objective of this study was to explore the core content areas of the treatment concept of rehabilitation patients as a basis for developing a questionnaire to survey rehabilitation-related treatment beliefs.

METHODS: In 5 inpatient rehabilitation centres for psychosomatic and musculoskeletal diseases, guided focus groups were conducted with a total of n=25 rehabilitation patients. Some 56% of the participants were female; the average age was 52.8 years (SD=10.8). The interviews were transcribed and analyzed using the computer programme ATLAS.ti based on the method recommended by Mayring in a multi-stage qualitative content analysis procedure. RESULTS: In the analysis of the discussion transcriptions, a total of 579 patient statements were categorized with 49 codes that were assigned to the areas (1) expectations and beliefs with respect to the rehabilitation process, (2) expectations of results, and (3) fears associated with rehabilitation. The process expectations were the most frequently discussed topic, constituting 58.2% of all patient statements. It was found that the patients associate not only numerous individual treatments with rehabilitation but also have concrete perceptions about the specific form rehabilitation should have, their own role in the rehabilitation process, and features of the overall rehabilitation concept. The outcome expectations are related to the areas activities of daily life and job, psyche, soma, and effectiveness of rehabilitation. Fears with respect to rehabilitation generally played only a subordinate role for those surveyed. The indication-specific analyses showed that the perceptions regarding the realization and form of rehabilitation differed among the various diagnosis groups, but the patients named similar categories for expectations of results and fears, with only some variation in importance.

CONCLUSION: The focus groups allowed good insights into the patient perspectives of rehabilitation. Simultaneously, a good basis was created for generating contents of items for a questionnaire on the rehabilitative treatment concept, so that along with literature analyses, the qualitative method proved to be a suitable approach and good source for developing a questionnaire.

care with primary health care services have reduced stigma toward mental illness in Jamaica. METHODS: A qualitative study of 20 focus groups, with a total of 159 participants grouped by shared sociodemographic traits. Results were analyzed using ATLAS.ti software. RESULTS: Participant narratives showed that stigma had transitioned from negative to positive, from avoidance and fear of violent behavior during the period of deinstitutionalization to feelings of compassion and kindness as community mental health services were integrated with Jamaica's primary health care system. The Bellvue Mental Hospital and homelessness were identified as major causes of stigma. CONCLUSIONS: Attitudes toward the mentally ill have improved and stigma has decreased since the increase of community involvement with the mentally ill. This reduction in stigma seems to be a result of the rigorous deinstitutionalization process and the development of a robust community mental health service in Jamaica.


Patient navigation (PN) programs are being widely implemented to reduce disparities in cancer care for racial/ethnic minorities and the poor. However, few systematic studies cogently describe the processes of PN. We qualitatively analyzed 21 transcripts of semistructured exit interviews with three navigators about their experiences with patients who completed a randomized trial of PN. We iteratively discussed codes/categories, reflective remarks, and ways to focus/organize data and developed rules for summarizing data. We followed a three-stage analysis model: reduction, display, and conclusion drawing/verification. We used ATLAS.ti 5.2 for text segmentation, coding, and retrieval. Four categories of factors affecting cancer care outcomes emerged: patients, navigators, navigation processes, and external factors. These categories formed a preliminary conceptual framework describing ways in which PN processes influenced outcomes. Relationships between processes and outcomes were influenced by patient, navigator, and external factors. The process of PN has at its core relationship-building and instrumental assistance. An enhanced understanding of the process of PN derived from our analyses will facilitate improvement in navigators' training and rational design of new PN programs to reduce disparities in cancer-related care.


BACKGROUND: There is a desperate need to address diet-related chronic diseases in Mexican-origin women, particularly for those in border region...
colonias (Mexican settlements) and other new destination communities in rural and non-rural areas of the U.S. Understanding the food choices of mothers, who lead food and health activities in their families, provides one way to improve health outcomes in Mexican-origin women and their children. This study used a visual method, participant-driven photo-elicitation, and grounded theory in a contextual study of food choices from the perspectives of Mexican-origin mothers. METHODS: Teams of trained promotoras (female community health workers from the area) collected all data in Spanish. Ten Mexican-origin mothers living in colonias in Hidalgo County, TX completed a creative photography assignment and an in-depth interview using their photographs as visual prompts and examples. English transcripts were coded inductively by hand, and initial observations emphasized the salience of mothers' food practices in their routine care-giving. This was explored further by coding transcripts in the qualitative data analysis software ATLAS.ti.

RESULTS: An inductive conceptual framework was created to provide context for understanding mothers' daily practices and their food practices in particular. Three themes emerged from the data: 1) a mother's primary orientation was toward her children; 2) leveraging resources to provide the best for her children; and 3) a mother's daily food practices kept her children happy, healthy, and well-fed. Results offer insight into the intricate meanings embedded in Mexican-origin mothers' routine food choices. CONCLUSIONS: This paper provides a new perspective for understanding food choice through the eyes of mothers living in the colonias of South Texas -- one that emphasizes the importance of children in their routine food practices and the resilience of the mothers themselves. Additional research is needed to better understand mothers' perspectives and food practices with larger samples of women and among other socioeconomic groups.


This study aimed to understand mothers’ everyday food choices using one type of visual method-participant-driven photo-elicitation (PDPE). The sample consisted of 12 low/moderate income mothers (26-53 years) living in Bryan/College Station, Texas. Each mother completed a photography activity, where she created photographs of her food experience, and an in-depth interview using the mother's photographs. Interview transcripts were analyzed using a grounded theory approach and coded using qualitative data analysis software ATLAS.ti. Mothers emphasized their identities related to food and eating as they described food-related decisions and activities. These identities influenced a mother's food choices for herself and those she made for her children. Analysis revealed that mothers with a more defined health identity made healthier choices for themselves and similar food choices for their children. In addition, they exhibited behaviors that positively
influenced their children's food choices. Mothers who struggled to see themselves as healthy indulged with more junk food and indicated feelings of anxiety and guilt; these mothers' food choices were more disconnected from their children's. These findings underscore the importance of understanding how identities related to food and eating can influence food choices. Encouraging mothers to develop and maintain health identities may be one way to improve food and eating habits in families.


**RATIONALE AND OBJECTIVES:** The growing interest in patient-focused health care in the National Health System (NHS), especially in the wake of high-profile failures in clinical practice, has underlined the need to involve patients in the design and evaluation of organizational change management programmes at the local level. This includes an evaluation of the relevance of culture and how culture might be assessed and managed in the delivery of high-quality and safe care. The purpose of this study is to compare and contrast the perspectives of health care professionals and patient representatives on purposeful attempts to manage culture change in the English NHS.

**METHODS:** We used the mixed approach, but with more quantitative than qualitative data. A postal questionnaire survey of clinical governance leads and patient representatives from 276 NHS trusts was followed up with a focus group discussion of eight of the survey participants and semi-structured interviews with 18, including health care professionals and patient representatives from various organizations. We used SPSS to analyse the survey data and ATLAS.ti to analyse the qualitative data.

**RESULTS AND CONCLUSIONS:** Both clinical governance leads and patient representatives considered culture management and change to be integral to quality and safety improvement efforts. However, clinical governance leads were more positive than patient representatives about anticipated results from ongoing efforts to manage culture change at the local level. Further, in spite of general agreement on various attributes for culture assessment efforts, there was a striking difference in the level of importance respondents attached to blame free (more important to clinical governance managers) and customization (more important to patient representatives).


**OBJECTIVE:** Lack of support for breastfeeding mothers has been consistently identified in the literature as a barrier for breastfeeding across racial and ethnic groups. Using a community-based participatory approach, acade-
mic and community-based partners conducted an iterative process to assess barriers, facilitators and potential mediating interventions for breastfeeding in the African-American community in Durham, North Carolina. METHODS: Eight focus groups were conducted with African-American mothers, fathers and grandmothers. Researchers transcribed and coded each focus group and analyzed using ATLAS.ti. 5.2. Patterns and themes that emerged informed the development of community stakeholder interviews; 41 interviews were conducted with community representatives. These findings informed the development of a support group pilot intervention. The pilot support groups were evaluated for increase in knowledge of attendees. RESULTS: Focus group and community interviews indicate that African Americans may disproportionately experience inadequate support for breastfeeding. This lack of support was reported in the home, the workplace, among peers, and from healthcare providers. The pilot support groups resulted in increased knowledge of breastfeeding among group participants OR=3.6 (95% CI: 2.5, 5.2). CONCLUSIONS: The findings from this research underscore the importance of a multi-level approach to breastfeeding support for African American women to address breastfeeding disparities.


INTRODUCTION: Based on a socioecological model, the present study examined multilevel barriers and facilitators related to physical activity engagement during pregnancy in women of low socioeconomic status. METHODS: Individual and paired interviews were conducted with 25 pregnant women (aged 18-46 years, 17-40 weeks' gestation) to ask about motivational factors and to compare differences in activity level and parity. ATLAS.ti software was used to code verbatim interview transcripts by organizing codes into categories that reflect symbolic domains of meaning, relational patterns, and overarching themes. RESULTS: Perceived barriers and motivating factors differed between exercisers and nonexercisers at intrapersonal, interpersonal, and environmental levels. DISCUSSION: Future interventions should take into account key motivating multilevel factors and barriers to tailor more meaningful advice for pregnant women.


Methadone maintenance therapy (MMT) in China is facing challenges such as high relapse rates and low coverage. The study assessed factors influencing MMT utilization among opiate users. In-depth interviews were conducted among 30 opiate users in 2008 to ascertain the barriers against
seeking MMT. Data were analyzed using ATLAS.ti. Barriers to the treatment included requirement of registration with police, perceived discrimination, logistic difficulties, side effects, fear of being addicted to another drug, lack of additional services, and economic burden. The result suggests the need for structural changes such as improving comprehensive services, simplifying application procedure, and enhancing referral system. The study’s limitations are noted.


OBJECTIVE: The authors investigated perceptions of parents with children in the Head Start program about the processes of detection and intervention for developmental concerns. DESIGN: Descriptive, qualitative study. SETTING: A large, urban Head Start agency, operating 14 centers and annually serving more than 1200 predominantly Latino children. During 2008-2009, a collaborative partnership with academicians from UCLA was created to evaluate their model of developmental screening and referrals. PARTICIPANTS AND PROCEDURES: We conducted 5 focus groups with a total of 30 parents of Head Start children with developmental concerns. Parents were asked about where they go for information when they have concerns, how they perceived the developmental screening process and services, and how children and families have changed after being in the Head Start program. Focus groups were recorded, transcribed and translated into English, then coded in ATLAS.ti using the domains above and sorted into themes for analysis. RESULTS: Parents perceived the screening process as both diagnostically and therapeutically important, with multiple benefits ranging from closer parent-teacher relationships to improved parenting and understanding of developmental interventions. Families focused their discussion on the importance of social-emotional and behavioral development, with school readiness and improved expressive language as important but secondary outcomes. CONCLUSIONS: For families of children with developmental and behavioral risks or concerns, a structured developmental screening process in a preschool setting, such as that provided by Head Start, may serve as a vital gateway for identifying and addressing concerns and promoting social-emotional learning, parent engagement, language development and school readiness.


BACKGROUND: Emergency contraception (EC) has not achieved its abortion reduction potential in the United States in part due to nonuse. Understanding use behaviors may increase EC promotion. STUDY DE-
SIGN: Interviews were conducted with 30 EC users aged 18-35 years. Interviews were analyzed for salient themes using ATLAS.ti. We used an analytical framework including personal context (life circumstances motivating pregnancy prevention), contraceptive context (knowledge, attitudes and experience), sexual context (planned/unplanned intercourse) and relationship context. RESULTS: Our sample was primarily college-educated, nulliparous, single women. EC users were motivated to prevent pregnancy, but unwilling or unable to use contraceptive methods due to ambivalence, fear, limited access or difficulty with use. Favorable attitudes toward EC, desire to defer pregnancy, infrequent intercourse, partner support of EC and relationship instability facilitated EC use. CONCLUSIONS: EC fills an important gap in preventing pregnancy for motivated women who struggle with contraceptive use. Contextual factors informed women’s EC behaviors.


OBJECTIVE: To understand migraine postdrome by directly interviewing migraine patients with postdrome symptoms. To document these symptoms, as well as impacts, as a prelude to developing a postdrome migraine questionnaire. BACKGROUND: Migraine attacks are traditionally divided into 4 phases. Of these, the postdrome is the least studied, and no patient-reported outcomes to assess symptoms and impacts of this migraine phase have been published. METHODS: Qualitative concept elicitation focus groups were conducted with 34 patients in 3 geographically diverse US cities to elicit the symptoms and burden of migraine postdrome. Data elicited from focus groups were coded using ATLAS.ti software to facilitate identification of concepts and terminologies of migraine postdrome. A draft questionnaire was developed based on the symptoms and impacts of migraine postdrome described by patients. Cognitive debriefing interviews were conducted with 15 patients in Connecticut and Chicago to confirm content validity, relevance, and comprehension. RESULTS: Patients defined the onset of postdrome as when they no longer experienced the migraine pain. Postdrome was often described as "[being] or [feeling] wiped out" and "headache hangover." The symptoms most frequently reported by the patients who participated in the focus groups and included in the draft post-migraine questionnaire were: tiredness, difficulty concentrating, weakness, dizziness, lightheadedness, and decreased energy. Patients also reported decreased activity level as a result of experiencing postdrome symptoms. Postdrome symptoms were reported to impact the ability to work, to affect family interactions and social life, and to cause cognitive impairment. A preliminary questionnaire measuring severity and duration of symptoms and severity of impacts of the post-migraine experience, with an 11-point (0 to 10) response scale, was developed. This...
preliminary questionnaire was tested for content validity, relevance, and comprehension using cognitive debriefing interviews. All patients reported that the questionnaire was relevant to their condition. Irrelevant and redundant items such as body tension and annoyance were eliminated. CONCLUSIONS: Migraine postdrome is debilitating for those who experience it. Concept elicitation and cognitive debriefing research support the relevance of the items in the post-migraine questionnaire. Future research will provide evidence of the post-migraine questionnaire's psychometric properties and interpretation guidelines.


BACKGROUND: Patients receiving complementary and alternative medicine (CAM) therapies often report shifts in well-being that go beyond resolution of the original presenting symptoms. We undertook a research program to develop and evaluate a patient-centered outcome measure to assess the multidimensional impacts of CAM therapies, utilizing a novel mixed methods approach that relied upon techniques from the fields of anthropology and psychometrics. This tool would have broad applicability, both for CAM practitioners to measure shifts in patients' states following treatments, and conventional clinical trial researchers needing validated outcome measures. The US Food and Drug Administration has highlighted the importance of valid and reliable measurement of patient-reported outcomes in the evaluation of conventional medical products. Here we describe Phase I of our research program, the iterative process of content identification, item development and refinement, and response format selection. Cognitive interviews and psychometric evaluation are reported separately.

METHODS: From a database of patient interviews (n = 177) from six diverse CAM studies, 150 interviews were identified for secondary analysis in which individuals spontaneously discussed unexpected changes associated with CAM. Using ATLAS.ti, we identified common themes and language to inform questionnaire item content and wording. Respondents' language was often richly textured, but item development required a stripping down of language to extract essential meaning and minimize potential comprehension barriers across populations. Through an evocative card sort interview process, we identified those items most widely applicable and covering standard psychometric domains. We developed, pilot-tested, and refined the format, yielding a questionnaire for cognitive interviews and psychometric evaluation.

RESULTS: The resulting questionnaire contained 18 items, in visual analog scale format, in which each line was anchored by the positive and negative extremes relevant to the experiential domain. Because of frequent informant allusions to response set shifts from before to after CAM therapies, we chose a retrospective pre-
test format. Items cover physical, emotional, cognitive, social, spiritual, and whole person domains. CONCLUSIONS: This paper reports the success of a novel approach to the development of outcome instruments, in which items are extracted from patients' words instead of being distilled from pre-existing theory. The resulting instrument, focused on measuring shifts in patients' perceptions of health and well-being along pre-specified axes, is undergoing continued testing, and is available for use by cooperating investigators.


Women who exchange sex for money, drugs, or goods are disproportionately infected with HIV and have high rates of illicit drug use. A growing body of research has underscored the primacy of environmental factors in shaping individual behaviors. HIV/STI rates among sex workers are influenced by environmental factors such as the physical (e.g., brothel) and economic (e.g., increased pay for unsafe sex) context in which sex work occurs. Exotic dance clubs (EDCs) could be a risk environment that is epidemiologically significant to the transmission of HIV/STIs among vulnerable women, but it is a context that has received scant research attention. This study examines the nature of the physical, social, and economic risk environments in promoting drug and sexual risk behaviors. Structured observations and semi-structured qualitative interviews (N = 40) were conducted with club dancers, doormen, managers, and bartenders from May through August, 2009. Data were analyzed inductively using the constant comparative method common to grounded theory methods. ATLAS.ti was used for data analysis. Dancers began working in exotic dance clubs primarily because of financial need and lack of employment opportunities, and to a lesser extent, the need to support illicit drug habits. The interviews illuminated the extent to which the EDCs' physical (e.g., secluded areas for lap dances), economic (e.g., high earnings from dancers selling sex), and social (e.g., prevailing social norms condoning sex work) environments facilitated dancers' engaging in sex work. Drug use and alcohol use were reported as coping mechanisms in response to these stressful working conditions and often escalated sexual risk behaviors. The study illuminated characteristics of the environment that should be targeted for interventions.


BACKGROUND AND PURPOSE: Due to the increasing lack of physicians, an ageing and thus multi-morbid society and a misdistribution of physicians in Germany primary care provided by general practitioners is at risk. Therefore, approaches to recruit more physicians...
for general practice are being sought. The aim of the present study was to explore individual motivations for choosing a career in general practice, vocational trainees’ perspectives on the current situation of vocational training and to identify possible approaches to improve the situation with suggestions from vocational trainees in Germany. METHODS: A qualitative study was conducted by interviewing 13 trainees. The interviews that were based on a predefined interview guideline were recorded and transcribed. The analysis was performed according to Mayring supported by the software ATLAS.ti. RESULTS: In general, the reasons given for choosing general practice include the holistic view towards patients, the opportunity to see the direct impact of therapies and self-employment. Furthermore, general practice was perceived as a job with a positive work-life balance. Barriers to vocational training are the lack of structure of individual rotations and the low salaries during the rotation in practice. Furthermore, the basic conditions for working as a self-employed general practitioner in Germany were described as being a disincentive. A general suggestion for improvement was to promote professional recognition of general practice at universities. A qualification of vocational trainers was requested. Specific suggestions were: better payment, better-structured rotations and a specific preparation for the self-employed general practitioner. CONCLUSION: The results of this study reveal that a single measure is insufficient for recruiting more young doctors for general practice. In fact, a package of measures is necessary to improve aspects of the vocational training but also general conditions for the profession.


BACKGROUND: In randomized controlled trials of expedited partner therapy (EPT), among patients in the EPT arm, the proportion of partners believed to have taken the medication ranged from 56% to 85%. Little is known about the content of successful and unsuccessful EPT negotiations between patients and their partners. The aim of this study was to describe how patients made decisions about EPT and what they did with the EPT medication packs dispensed to them. METHODS: We performed a qualitative study at the Baltimore City Health Department sexually transmitted disease clinics, which instituted an EPT pilot program in 2007. In-depth interviews were conducted with 31 patients, 1 week to 3 months after they had accepted EPT to bring to their partners. Taped interviews were transcribed verbatim and coded using ATLAS.ti 6 qualitative software. Codes were further combined into more comprehensive themes that were mapped onto the study’s main aim. RESULTS: Participants were innovative about how to get medication to their partners and indicated a deep sense of concern and responsibility for their partners’ health. On the other hand, participants reported of being anxious about the in-
interaction and sometimes felt that they lacked the words to talk with their partners about EPT. Some participants used EPT in unexpected ways, such as giving it to people other than their sex partners or taking it themselves. CONCLUSIONS: Enhancing the counseling that accompanies EPT may improve patients' success in delivering it to their partners.


BACKGROUND: In 2006, RJ Reynolds began test-marketing Camel Snus, a new smokeless tobacco (SLT) product. Promotion included use of a brand website, a relatively new marketing channel used by tobacco companies, which allowed visitors to learn about the product and discuss it with others on the website's message board. Our study aimed to examine early experiences with and perceptions of Camel Snus as described by board contributors and also to consider the use and benefits of the message board for both consumers and the company. METHODS: We conducted a qualitative analysis, coding each message in ATLAS.TI and analysing it for emerging themes and patterns. Messages were also coded for demographic information where evident, such as tobacco use status and geographical location. Descriptive data and illustrative quotes are presented. RESULTS: Board participants described being introduced to Camel Snus through free samples. Favorable evaluations were posted by current smokers who had never tried SLT before as well as current users of other SLT brands. Messages indicated both initiation of dual product use among smokers and product substitution. Participants used the board to advise each other on how to use the product, where to get more, suggest ways RJ Reynolds could improve the product and to encourage RJ Reynolds to release it nationally. DISCUSSION: Camel Snus has appeal for at least some smokers and SLT users. Camel Snus' website message board may have been a doubly beneficial marketing feature in both connecting product users and providing product feedback to the company during test-marketing.


BACKGROUND: This comparative case study investigates 2 successful community trail initiatives, using the Active Living By Design (ALBD) Community Action Model as an analytical framework. The model includes 5 strategies: preparation, promotion, programs, policy, and physical projects. METHODS: Key stakeholders at 2 sites participated in in-depth interviews (N=14). Data were analyzed for content using ATLAS.TI and grouped according to the 5 strategies. RESULTS: PREPARATION: Securing trail resources was challenging, but shared responsibilities facilitated trail development. PROMOTIONS: The initiatives demonstrated minimal physical activity encouragement strategies. PRO-
GRAMS: Community stakeholders did not coordinate programmatic opportunities for routine physical activity. POLICY: Trails' inclusion in regional greenway master plans contributed to trail funding and development. Policies that were formally institutionalized and enforced led to more consistent trail construction and safer conditions for users. PHYSICAL PROJECTS: Consistent standards for wayfinding signage and design safety features enhanced trail usability and safety. CONCLUSIONS: Communities with different levels of government support contributed unique lessons to inform best practices of trail initiatives. This study revealed a disparity between trail development and use-encouragement strategies, which may limit trails' impact on physical activity. The ALBD Community Action Model provided a viable framework to structure cross-disciplinary community trail initiatives.


BACKGROUND: Regular mammography accounts for half of the recent declines in breast cancer mortality. Mammography use declined significantly in 2008. Given the success of regular breast cancer screening, understanding why mammography use decreased is important. We undertook a focus group study to explore reasons women who were previously adherent with regular mammography no longer were screened. METHODS: We conducted 20 focus groups with white non-Hispanic, black non-Hispanic, Hispanic, Japanese American, and American Indian/Alaska Native women, and segmented the groups by age, race/ethnicity, and health insurance status. A conceptual framework, based on existing research, informed the development of the focus group guide. Discussion topics included previous mammography experiences, perceptions of personal breast cancer risk, barriers to mammography, and risks and benefits associated with undergoing mammography. ATLAS.ti was used to facilitate data analysis. RESULTS: All focus groups (n=128 women) were completed in 2009 in five cities across the United States. Half of the groups were held with white non-Hispanic women and the remainder with other racial/ethnic groups. Major barriers to routine mammography included (1) concerns about test efficacy, (2) personal concerns about the procedure, (3) access to screening services, (4) psychosocial issues, and (5) cultural factors. For uninsured women, lack of health insurance was the primary barrier to mammography. CONCLUSIONS: Multilevel interventions at the health-care provider and system levels are needed to address barriers women experience to undergoing regular mammography screening. Ultimately, breast cancer screening with mammography is an individual behavior; therefore, individual behavioral change strategies will continue to be needed.

Despite government efforts to increase healthcare insurance and access in China, many individuals, regardless of insurance status, continue to engage in high levels of self-medication. To understand the factors influencing common self-medication behaviour in a community of food market vendors in Fuzhou China, a total of 30 market vendors were randomly recruited from six food markets in 2007. In-depth interviews were conducted with each participant at their market stalls by trained interviewers using a semi-structured open-ended interview protocol. Participants were asked broad questions about their health-seeking behaviours as well as their past experiences with self-medication and hospital care. ATLAS.ti was used to manage and analyse the interview data. The results showed that hospital-based healthcare services were perceived as better quality. However, self-medication was viewed as more affordable in terms of money and time. Other factors prompting self-medication, included confidence in understanding the health problem, the easy accessibility of local pharmacies and the influences of friends/peers and advertising. Three broad domains, attitude, cost and effectiveness, were all seen to determine past decisions and experiences with self-medication. Interestingly, the effective management of self-medication via pharmacy resources raised particular concern because of perceived variation in quality.

In conclusion, self-medication was found to be an important and common health-seeking behaviour driven by multiple factors. A sound and comprehensive public health system should systematically attend to these behaviours and the pharmacies, where much of the behaviour occurs.


BACKGROUND: This study assessed lay perceptions of issues related to predictive genetic testing for multifactorial diseases. These perceived issues may differ from the "classic" issues, e.g. autonomy, discrimination, and psychological harm that are considered important in predictive testing for monogenic disorders. In this study, type 2 diabetes was used as an example, and perceptions with regard to predictive testing based on DNA test results and family history assessment were compared. METHODS: Eight focus group interviews were held with 45 individuals aged 35-70 years with (n = 3) and without (n = 1) a family history of diabetes, mixed groups of these two (n = 2), and diabetes patients (n = 2). All interviews were transcribed and analysed using ATLAS.ti. RESULTS: Most participants believed in the ability of a predictive test to identify people at risk for diabetes and to motivate preventive behaviour. Different reasons underlying motivation were considered when...
comparing DNA test results and a family history risk assessment. A perceived drawback of DNA testing was that diabetes was considered not severe enough for this type of risk assessment. In addition, diabetes family history assessment was not considered useful by some participants, since there are also other risk factors involved, not everyone has a diabetes family history or knows their family history, and it might have a negative influence on family relations. Respect for autonomy of individuals was emphasized more with regard to DNA testing than family history assessment. Other issues such as psychological harm, discrimination, and privacy were only briefly mentioned for both tests. CONCLUSION: The results suggest that most participants believe a predictive genetic test could be used in the prevention of multifactorial disorders, such as diabetes, but indicate points to consider before both these tests are applied. These considerations differ with regard to the method of assessment (DNA test or obtaining family history) and also differ from monogenic disorders.


BACKGROUND: Opiates are commonly used for symptoms at the end of life (EOL). Little is known about the decision-making process physicians go through when deciding to prescribe opiates for their EOL patients. The study's objective was to explore physician factors affecting EOL opiate prescribing. METHODS: Qualitative study of 38 physicians in the Denver area in the specialties of outpatient and inpatient medicine, geriatrics, oncology, and palliative care. Semi-structured qualitative interviews by trained interviewers asked physicians about their knowledge, attitudes, and experiences in prescribing opiates, reasons for prescribing opiates, barriers to prescribing opiates, changes in prescribing habits, and perceived patient factors that influence prescribing. Interviews were analyzed using ATLAS.ti qualitative analysis software and independently coded by two reviewers. RESULTS: We found a spectrum of beliefs ranging from the viewpoint that opiates are underused at EOL to overused. We found five key themes: practices in when and how to use opiates, barriers to prescribing, personal experiences drive prescribing, social meaning of opiates, and differences in the role of physician. Physicians interviewed described experiences, both personal and professional, that influenced their opiate-prescribing habits. All respondents expressed positive experiences with prescribing opiates in being able to ease patients' suffering at EOL and to improve their functionality and quality of life. CONCLUSIONS: Differences in prescribing habits, attitudes, and experiences of physicians influence opiate prescribing, which may lead to over- and under-prescribing. Knowledge, barriers, and fears about EOL opiate prescribing need to be addressed to ensure EOL patients are receiving appropriate symptom relief.

YEAR 2010

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**BACKGROUND:** Although three quarters of reproductive-age women see a health provider annually, less than half receive recommended contraceptive counseling services. We sought to explore providers' perspectives on the challenges to contraceptive counseling in primary care clinics to develop strategies to improve counseling services.

**METHODS:** A qualitative, focus group (n = 8) study was conducted in November and December 2007; 48 of 90 providers practicing in four primary care clinics at the University of Pittsburgh Medical Center participated. Providers included physicians, nurses, and pharmacists working in these clinics' multidisciplinary teams. Discussions explored perceived barriers to the provision of counseling services. All groups were audiorecorded, transcribed, and entered into Atlas.Ti, a qualitative data management software. The data were analyzed using a grounded theory approach to content analysis.

**RESULTS:** Perceived patient, provider, and health system barriers to contraceptive counseling were identified. Perceived patient barriers included infrequent sexual activity, familiarity with a limited number of methods, desire for pregnancy despite medical contraindications, and religious beliefs. Provider barriers included lack of knowledge, training, and comfort; assumptions about patient pregnancy risk; negative beliefs about contraceptive methods; reliance on patients to initiate discussions; and limited communication between primary care providers (PCPs) and subspecialists. Health system barriers included limited time and competing medical priorities.

**CONCLUSIONS:** PCPs vary widely in their knowledge, perceived competence, and comfort in providing contraceptive counseling. General efforts to improve integration of contraceptive counseling into primary care services in addition to electronic reminders and efficient delivery of contraceptive information are needed.


The purpose of this article is to identify tobacco and cannabis co-consumptions and consumers' perceptions of each substance. A qualitative research including 22 youths (14 males) aged 15-21 years in seven individual interviews and five focus groups. Discussions were recorded, transcribed verbatim and transferred to Atlas.Ti software for narrative analysis. The main consumption mode is cannabis cigarettes which always mix cannabis and tobacco. Participants perceive cannabis much more positively than tobacco, which is considered unnatural, harmful and addictive. Future consumption forecasts thus more often exclude tobacco smoking than
cannabis consumption. A substitution phenomenon often takes place between both substances. Given the co-consumption of tobacco and cannabis, in helping youths quit or decrease their consumptions, both substances should be taken into account in a global approach. Cannabis consumers should be made aware of their tobacco use while consuming cannabis and the risk of inducing nicotine addiction through cannabis use, despite the perceived disconnect between the two substances. Prevention programs should correct made-up ideas about cannabis consumption and convey a clear message about its harmful consequences. Our findings support the growing evidence which suggests that nicotine dependence and cigarette smoking may be induced by cannabis consumption.


To compare and combine qualitative and quantitative data collected from respondents in a mixed methods study, the research team developed a relational database to merge survey responses stored and analyzed in SPSS and semistructured interview responses stored and analyzed in the qualitative software package ATLAS.ti. The process of developing the database, as well as practical considerations for researchers who may wish to use similar methods, are explored.


OBJECTIVE: Prepare a conceptual model that facilitates understanding of the relationships between the variables that lead children to adopt postures in school transportation vehicles that increase injuries in traffic accidents. METHODS: For identification of the variables, direct information on school transportation was collected through focus groups, with bus aides and bus drivers, on-board filming during the transport of children, and recording of the dimensions of components in different types of school buses. The information collected was analyzed using the ATLAS.ti v6 software and the construction of a model through deduction. RESULTS: Important relationships were found between adoption of potentially hazardous postures by children during transport to and from school and the seat and seat belt dimensions, the characteristics of the transportation service, and the role of bus aides. CONCLUSIONS: In order to adopt coherent interventions in school transportation safety, it is necessary to consider not only the technical aspects of the vehicle or posture that are controlled in crash tests but the specific variables of the activities that lead children to adopt postures that put them at greater risk of injury.


INTRODUCTION: Hauora Hokianga
Enterprises Trust, an integrated Primary Health Organisation (PHO), which provides primary and intermediate/secondary care to a remote rural community, introduced point-of-care (POC) testing at Rawene Hospital in June 2008. Previously, all laboratory tests were undertaken in Whangarei, with a one to three day turn-around for results. This study aimed to identify the perceived impact of POC testing on clinicians and the community. METHODOLOGY: Face-to-face interviews were conducted with 13 health professionals working at Rawene Hospital. The qualitative data analysis computer programme ATLAS.ti v5.2 was used to assist the thematic analysis. FINDINGS: Three overall themes captured the main issues with introducing POC testing: (1) POC testing increased clinicians' confidence, certainty and assurance in their daily practice; (2) POC testing improved diagnostic certainty and this impacted on patients and their families/whanau; (3) the challenges associated with POC testing included increased workload, pressure to up-skill, over-testing, and continuing professional education gaps. CONCLUSION: POC testing is an invaluable technological adjunct for improving clinical decisions and culturally safe care provided to a remote rural community, but it brings challenges to care providers in managing higher workloads and pressures to up-skill. POC testing can improve the acute medical care (access and quality) provided to an economically-deprived, predominantly Maori, rural community.


PURPOSE: The purpose of this study was to identify facilitators and barriers to self-management of type 2 diabetes mellitus (T2DM) among urban African American adults. METHODS: Thirty-eight African American adults with T2DM were recruited from 1 of 3 health care agencies in a midsized city in the southeastern United States. Qualitative data were obtained using focus groups, wherein each participant engaged in a 60- to 90-minute audio-recorded session. Focus group data were transcribed and analyzed using ATLAS.ti 6((R)) data analysis software. Demographic and medical history information was also collected. RESULTS: Factors relating to external locus of control primarily facilitated adherence to T2DM self-management behaviors. Support from family, peers, and health care providers positively influenced adherence behaviors by providing cues to action, direct assistance, reinforcement, and knowledge. Internal factors were primarily described as barriers to self-management behaviors and included fears associated with glucose monitoring, lack of self-control over dietary habits, memory failure, and perceived lack of personal control over diabetes. CONCLUSIONS: African Americans perceived external factors as facilitators of their T2DM management behaviors and included fears associated with glucose monitoring, lack of self-control over dietary habits, memory failure, and perceived lack of personal control over diabetes. Further research is necessary to design and test interventions that capitalize on the external fa-
cilitators while helping African Americans to overcome perceived barriers identified in this study.

The purpose of the study was to investigate the challenges faced by the nurses during the first years of their nursing work. A total of 31 novice nurses were included in the sample that answered a questionnaire with open and closed questions. The data analysis was conducted by using the qualitative software called ATLAS.ti. The novice nurses deal with some challenges related to: a) leadership team; b) the competence and technique ability. The findings suggested that the nursing novice is not well prepared for assuming a leadership role as well as for caring in the settings of high-complexity. In order to cope those challenges new strategies of education and nursing practice has to be developed together with nurses educators and nurses practitioners.


BACKGROUND: Clinical workplaces are hectic and dynamic learning environments, which require students to take charge of their own learning. Competency development during clinical internships is a continuous process that is facilitated and guided by feedback. Limited feedback, lack of supervision and problematic assessment of clinical competencies make the development of learning instruments to support self-directed learning necessary. AIMS: To explore students' perceptions about a newly introduced integrated feedback and assessment instrument to support self-directed learning in clinical practice. Students collected feedback from clinical supervisors and wrote it on a competency-based format. This feedback was used for self-assessment, which had to be completed before the final assessment. METHODS: Four focus group discussions were conducted with second and last year Midwifery students. Focus groups were audiotaped, transcribed verbatim and analysed in a thematic way using ATLAS.ti for qualitative data analysis. RESULTS: The analysis of the transcripts suggested that integrating feedback and assessment supports participation and active involvement in learning by collecting, writing, asking, reading and rereading feedback. Under the condition of training and dedicated time, these learning activities stimulate reflection and facilitate the development of strategies for improvement. The integration supports self-assessment and formative assessment but the value for summative assessment is contested. The quality of feedback and empowerment by motivated supervisors are essential to maximise the learning effects. CONCLUSIONS: The integrated Midwifery Assessment and Feedback Instrument is a valuable tool for supporting formative learning and assessment in clinical
practice, but its effect on students' self-directed learning depends on the feedback and support from supervisors.


**OBJECTIVES:** We describe pediatric-related emergency experiences and responses, disaster preparation and planning, emergency plan execution and evaluation, and hospital pediatric capabilities and vulnerabilities among a disaster response network in a large urban county in the West Coast of the United States. **METHODS:** Using semi-structured key informant interviews, the authors conducted qualitative research between March and April 2008. Eleven hospitals and a representative from the community clinic association agreed to participate (86 percent response rate) and a total of 22 key informant interviews were completed. Data were analyzed using ATLAS.ti v.5.0, a qualitative analytical software program. **RESULTS:** Although hospitals have infrastructure to respond in the event of a large-scale disaster, well-established disaster preparedness plans have not fully accounted for the needs of children. The general hospitals do not anticipate a surge of pediatric victims in the event of a disaster, and they expect that children will be transported to a children's hospital as their conditions become stable. **CONCLUSIONS:** Even hospitals with well-established disaster preparedness plans have not fully accounted for the needs of children during a disaster. Improved communication between disaster network hospitals is necessary as incorrect information still persists.


**BACKGROUND:** Focus groups were conducted in a mid-sized community to explore community members' awareness and perceptions of genomic medicine and identify effective methods to educate the public about this topic. **METHODS:** Thirteen focus groups were conducted with a demographically representative pool of 121 participants using a semi-structured interview guide. Transcripts were analyzed through a computer assisted approach with ATLAS.ti consisting of coding, categorizing, comparing, and contrasting relevant data. **RESULTS:** Identified categories were organized into 6 main themes, which were similar across the groups and included: a lack of awareness, perceived benefits, concerns about genomic medicine, reasons for poor health related behavior, the potential impact of genetic information on health behavior, and the best ways to educate the community. Common concerns included lack of affordability, unanticipated physical harm, mistrust of the government and researchers, downstream effects like overpopulation, playing God/disturbing the natural order, lack of regulations, loss of privacy, genetic discrimination, and moral dilemmas posed by genetic engineering, cloning, choosing traits, and abortions resulting from genetic information. Par-
participants also discussed ways to educate the community. CONCLUSIONS: While individuals recognized that diseases run in families, personal experience was a driving factor in participants’ level of knowledge. Many expressed optimism about genomic medicine. However, the lack of depth in responses and their misconceptions reflect a deficiency of knowledge, which along with their personal, moral, and global concerns could impede acceptance and utilization of genomic medicine. Many community members are receptive to learning more about genomic medicine, and many of their concerns and misconceptions can be addressed through a well designed education strategy.


BACKGROUND: Many elderly people, who experience functional and cognitive deterioration, visit their family physician or general practitioner (GP) who is well placed to administer preventive care; however, this provision is often suboptimal. AIM: To examine barriers to preventive care among the elderly and examine self-perceived skills and knowledge among Israeli physicians. DESIGN: Quantitative and qualitative research methods involving focus groups were used. SETTING: Two Israeli primary care preferred provider organisations. METHODS: Eighty-five physicians participated in 12 focus group discussions on preventive medicine for the elderly. The discussions were analysed using Atlas. ti software. Before each discussion, the physicians answered a self-report questionnaire which addressed his or her perceived skills in these areas. RESULTS: Family physicians felt less skilled in identifying cognitive deterioration, detecting signs of depression or treating urinary incontinence than in dealing with visual decline, and reported fewer skills than geriatricians. Most of the GPs felt that preventive medicine in the elderly was worthwhile but that they lacked the time and skills to undertake this task. Proposed solutions included the need for educational and training programmes, protected time, incentives and the involvement of nurses. CONCLUSION: Although the issue of 'lack of time' is usually considered a major barrier to successful implementation of preventive care, lack of family physician knowledge and skills, and organisational barriers should also be addressed.


This study explored perceptions towards and utilization of contraception among HIV-positive, reproduction-age women in Kericho, Kenya, an area with high HIV and low contraceptive prevalence rates. Qualitative methods were used in three focus group discussions and 15 in-depth interviews to gather data from 46 HIV-positive women ages 18 to 45, purposively selected by age strata. Analysis was performed using ATLAS.ti (ATLAS.ti Center, Berlin). Most participants reported familiarity
with modern contraceptives. Participants generally perceived that men opposed contraception. Some women indicated that their HIV status dictated contraceptive decisions, particularly with regard to abstinence. Women reported method discontinuation because of side effects, having met desired parity, and menstrual changes. Findings suggested that perceptions about side effects, opinions of the male partner, and HIV disease progression play important roles in contraceptive decisions. Counseling can dispel incorrect information and optimize contraceptive practice in this setting.


AIMS: This article examines the notion of client-centeredness from the perspective of supported employment specialists and supervisors, identifying barriers and facilitators to implementation in the field. Though by definition client-centered practices give precedence to clients' wishes, in a realistic setting client-centeredness is adapted to account for negotiations among clients, specialists, employers, and mental health service agencies. METHOD: Qualitative interviews (n = 22) were conducted with employment specialists and supervisors to elicit facilitators and barriers to successful supported employment outcomes. Data were analyzed inductively using ATLAS.ti 5.0 software. RESULTS: Principal factors influencing implementation of client-centeredness include (1) clients' anxieties about their interests and abilities, (2) difficulties interpreting and negotiating clients' preferences in realistic contexts, (3) quality of supervision and guidance in implementing client-centered practices and upholding morale when facing challenges in the field, and (4) managing discrepancies across resource-sharing agencies in what it means to be "client-centered". CONCLUSIONS: These factors suggest the need for (1) focused training among employment specialists to better understand and negotiate clients' wishes, (2) more integration and communication between members of the treatment team, (3) hiring supervisors with first-hand supported employment experience, and (4) spreading awareness of the IPS model across resource-sharing agencies.


PURPOSE: The purpose of this study is to describe nurse managers' perceptions of the use of electronic information systems in their daily work. Several kinds of software are used for administrative and information management purposes in health care organizations, but the issue has been studied less from nurse managers' perspective. METHODS: The material for this qualitative study was acquired according to the principles of focus group interview. Altogether eight focus groups were held with 48 nurse managers from both primary and specialized health care
organizations. The nurse managers were asked in focus groups to describe the use of information systems in their daily work in addition to some other themes. The material was analyzed by inductive content analysis using AT-LAS.ti computer program. RESULTS: The main category "pros and cons of using information systems in nursing management" summarized the nurse managers' perceptions of using electronic information systems. The main category consisted of three subcategories: (1) nurse managers' perceptions of the use of information technology; (2) usability of management information systems; (3) development of personnel competencies and work processes. CONCLUSIONS: The nurse managers made several comments on the implementation of immature electronic information systems which caused inefficiencies in working processes. However, they considered electronic information systems to be essential elements of their daily work. Furthermore, the nurse managers' descriptions of the pros and cons of using information systems reflected partly the shortcomings of strategic management and lack of coordination in health care organizations.

As of the end of November, 2008, 558 MMT clinics had been established countrywide. The objective of this study was to elucidate the difficulties and challenges as perceived by service providers working in MMT clinics. METHODS: One service provider from each of the 28 MMT study clinics in Zhejiang and Jiangxi Provinces of China participated in a face-to-face in-depth interview for about 1-2h to describe their perceptions of working in MMT clinics. Qualitative data were analysed using ATLAS.ti. The grounded theory was used to guide the data analysis. RESULTS: Participants identified major problems in providing services in MMT clinics including lack of resources, professional training, and institutional support. Difficulties in pursuit of career, concern for personal safety, low income, heavy working load, and poor opinion of MMT by Chinese society often contributed to greater stress and burnout among the service providers. CONCLUSION: The MMT programs in China desperately need additional resource allocation and institutional support for the current and perhaps future expansion of the programs. The service providers are in urgent need of professional training to improve the quality of care they can offer MMT clients.


BACKGROUND: The Methadone Maintenance Therapy (MMT) program has been initiated in China since 2004. This qualitative study aims to explore the psychological needs of Nikkei (in-
individuals of Japanese ancestry) elders that might influence their treatment seeking behaviors and service preferences. We conducted in-depth interviews with multiple community sources, including 41 Nikkei elders; 11 adult family members, friends, or personal caregivers; and 8 professional providers who served Nikkei elders in the greater Chicago metropolitan area. Data were analyzed using the ATLAS.ti software. Applying the life course perspective, we aimed to understand similarities and differences among Nikkei elders in terms of their psychological needs. Results indicated that Nikkei elders shared five psychological needs including independence, cultural connection, social connection, feeling useful, and maintaining pride and dignity. Variations in psychological needs among Nikkei elders existed according to life experiences, generation, acculturation level, gender, socioeconomic status, and proximity to family members. We concluded by discussing the implications of our findings and suggestions to better meet the diverse health and service needs of Nikkei elders.


The family dinner is a valued tradition that affords opportunities for social interaction and attachment, as well as sharing events of the day, role modeling, connectedness, and problem solving. Guided by the social-marketing framework, this study explored factors associated with the frequency of the family dinner among working mothers with children ages 8-11 years. A qualitative design was used, employing focus groups and ATLAS.ti software for thematic analysis. Lack of time, cost, and exhaustion/lack of energy emerged as barriers. Working mothers indicated that a youth-based organization operating as a community partner could increase the frequency of the family dinner by helping with homework completion during after-school care, thereby providing mothers with the time necessary to prepare dinner. This research identified both community partners and working mothers as valued resources for prevention strategies. Interventions developed to increase family dinner frequency should emphasize the perceived value while decreasing the costs/barriers.


OBJECTIVE: In some parts of Germany there is already a lack of general practitioners (GPs). The reasons for this lack are complex. On the one hand there is an increasing demand for GPs as a result to demographic changes and an increase in the number of chronic diseases. On the other hand fewer medical students decide to become a general practitioner. The aim of this study was to explore, from the per-
spective of GPs, factors influencing the choice of general practice as a career. Also analysed is the extent to which those factors influence medical students in their carrier choice. METHODS: 16 GPs were interviewed. Qualitative content analysis according to Mayring has been assisted by the ATLAS.ti software program. RESULTS: GPs thought that the occupational orientation of medical students would be strongly dependent on the attractiveness of their future profession. Factors affecting the day-to-day work of general practice and may deterring the carrier choice of students were: poor working and general conditions leading to an increasing dissatisfaction among GPs; decreasing prestige of GPs caused by changed personal and occupational values and attitudes within the society; as well as poor representation and image of general practice as a discipline within the medical curriculum. CONCLUSION: Various approaches aimed at different target groups can be derived from these identified factors: the government providing general and occupational conditions that would relieve GPs of excessive bureaucracy; universities and medical associations meeting the challenge by improving undergraduate and postgraduate education in general practice; and GPs themselves giving a more self-confident presentation of general practice.


Shared decision-making (SDM) is an important component of patient-centered healthcare and is positively associated with improved health outcomes (e.g. diabetes and hypertension control). In shared decision-making, patients and physicians engage in bidirectional dialogue about patients' symptoms and treatment options, and select treatment plans that address patient preferences. Existing research shows that African-Americans experience SDM less often than whites, a fact which may contribute to racial disparities in diabetes outcomes. Yet little is known about the reasons for racial disparities in shared decision-making. We explored patient perceptions of how race may influence SDM between African-American patients and their physicians. We conducted in-depth interviews (n=24) and five focus groups (n=27) among a purposeful sample of African-American diabetes patients aged over 21 years, at an urban academic medical center in Chicago. Each interview/focus group was audiorecorded, transcribed verbatim and imported into ATLAS.ti software. Coding was conducted iteratively; each transcription was independently coded by two research team members. Although there was heterogeneity in patients' perceptions about the influence of race on SDM, in each of the SDM domains (information-sharing, deliberation/physician recommendations, and decision-making), participants identified a range of race-related issues that may influence SDM. Participants identified physician bias/discrimination and/or cultural discordance as issues
that may influence physician-related SDM behaviors (e.g., less likely to share information such as test results and more likely to be domineering with African-American patients). They identified mistrust of white physicians, negative attitudes and internalized racism as patient-related issues that may influence African-American patients' SDM behaviors (e.g., less forthcoming with physicians about health information, more deference to physicians, less likely to adhere to treatment regimens). This study suggests that race-related patient and physician-related barriers may serve as significant barriers to shared decision-making between African-American patients and their physicians. Finding innovative ways to address such communication barriers is an important area of future research.


The study attempts to understand the association of perceived gender role with youth sexual behavior using qualitative data such as focus group discussions (N=8), in-depth interviews (N=42), and free listing (N=50) of rural married youths from Orissa, India. Data collection was conducted during July 2006-April 2007. Atlas. ti and ANTHROPAC packages have been used for the analysis. Youths in general are expected to adhere to the roles ascribed for them based on their biological construct and any deviation is not warranted for, more so for young women. Moreover, for many young men perceived gender role coupled with poor self-risk perception result into unsafe sexual activities, putting them as well as their partners at the risk of STI/HIV and unintended parenthood.


BACKGROUND: Breast cancer is the leading cause of cancer among women in Chile and in many Latin American countries. Breast cancer screening is an effective strategy to reduce mortality, but it has a very low compliance among Chilean women. OBJECTIVE: To understand barriers and facilitators for breast cancer screening in a group of Chilean women aged 50-70. METHODS: Following the Predisposing, Enabling and Reinforcing (PRECEDE) framework, seven focus groups (N = 48 women) were conducted with women that have had diverse experiences with breast cancer and screening practices. Information was collected using field notes and audio and video recording. Following the grounded theory model, a sequential process of open, axial and selective coding was used for the information analysis. ATLAS.ti 5.5 software was used for coding and segmenting the data obtained from the interviews. RESULTS: The presence of symptoms and/or the finding of lumps through breast self-examination (BSE) were the main predisposing factors for getting a mam-
mogram. Secrecy, embarrassment and fatalism about breast cancer were significant cultural factors that influenced the decision to seek mammogram screening. Confidence in medical staff and dignity in the treatment at the clinic were important enabling factors. The main reinforcing factors for getting the test were a sense of fulfilment by doing something good for themselves and getting timely information about the results. CONCLUSIONS: Primary health care providers should use culturally appropriate strategies to better inform women about the importance of mammography screening and the limitations of BSE for preventing advanced breast cancer.

Tsai, H. H., & Tsai, Y. F. (2010). Older nursing home residents' experiences with videoconferencing to communicate with family members. *J Clin Nurs, 19*(11-12), 1538-1543. doi: 10.1111/j.1365-2702.2010.03198.x

AIM: This study explored the experiences of older Taiwanese nursing home residents in using videoconferencing to communicate with family members. BACKGROUND: Enhancing communication between long-term care residents and their family is important. Interactions between residents and their family members can be increased through high-tech videoconferencing programmes. DESIGN: A qualitative, observational research design was used to gain a deeper understanding of the videoconference experiences of older nursing home residents in Taiwan. METHODS: In-depth interviews were used to gather information from 34 older residents at 10 nursing homes in northern Taiwan. Participants were asked to describe their three-month experience using videoconference communication with their family in the nursing home. Participants (18 women, 16 men) had an average age of 75.38 (SD 10.19, range 60-95). Verbatim transcripts of audiotaped interviews were analysed by content analysis and ATLAS.ti software. RESULTS: Participants experiences using videoconference communication with family members were captured by four themes: enriched life, second-best option for visiting, life adjustments and true picture of family life. RELEVANCE TO CLINICAL PRACTICE: Our findings may enhance policy makers' and healthcare providers' understanding of older nursing home residents' experience with videoconferencing to communicate with distant family members, thus guiding development and evaluation of nursing home videoconference services to improve older people's lives in nursing homes.


BACKGROUND: Physicians who hold medical disability assessment interviews (social insurance physicians) are probably influenced by stereotypes of claimants, especially because they have limited time available and they have to make complicated decisions. Because little is known about the in-
fluences of stereotyping on assessment interviews, the objectives of this paper were to qualitatively investigate: (1) the content of stereotypes used to classify claimants with regard to the way in which they communicate; (2) the origins of such stereotypes; (3) the advantages and disadvantages of stereotyping in assessment interviews; and (4) how social insurance physicians minimise the undesirable influences of negative stereotyping. METHODS: Data were collected during three focus group meetings with social insurance physicians who hold medical disability assessment interviews with sick-listed employees (i.e. claimants). The participants also completed a questionnaire about demographic characteristics. The data were qualitatively analysed in ATLAS.ti in four steps, according to the grounded theory and the principle of constant comparison. RESULTS: A total of 22 social insurance physicians participated. Based on their responses, a claimant's communication was classified with regard to the degree of respect and acceptance in the physician-claimant relationship, and the degree of dominance. Most of the social insurance physicians reported that they classify claimants in general groups, and use these classifications to adapt their own communication behaviour. Moreover, the social insurance physicians revealed that their stereotypes originate from information in the claimants' files and first impressions. The main advantages of stereotyping were that this provides a framework for the assessment interview, it can save time, and it is interesting to check whether the stereotype is correct. Disadvantages of stereotyping were that the stereotypes often prove incorrect, they do not give the complete picture, and the claimant's behaviour changes constantly. Social insurance physicians try to minimise the undesirable influences of stereotypes by being aware of counter transference, making formal assessments, staying neutral to the best of their ability, and being compassionate. CONCLUSIONS: We concluded that social insurance physicians adapt their communication style to the degree of respect and dominance of claimants in the physician-claimant relationship, but they try to minimise the undesirable influences of stereotypes in assessment interviews. It is recommended that this issue should be addressed in communication skills training.


This qualitative study assessed consumers' opinions of food portion sizes and their attitudes toward portion-size interventions located in various point-of-purchase settings targeting overweight and obese people. Eight semi-structured focus group discussions were conducted with 49 participants. Constructs from the diffusion of innovations theory were included in the interview guide. Each focus group was recorded and transcribed verbatim. Data were coded and analyzed with ATLAS.ti 5.2 using the framework approach. Results showed that many participants thought that portion sizes of
various products have increased during the past decades and are larger than acceptable. The majority also indicated that value for money is important when purchasing and that large portion sizes offer more value for money than small portion sizes. Furthermore, many experienced difficulties with self-regulating the consumption of large portion sizes. Among the portion-size interventions that were discussed, participants had most positive attitudes toward a larger availability of portion sizes and pricing strategies, followed by serving-size labeling. In general, reducing package serving sizes as an intervention strategy to control food intake met resistance. The study concludes that consumers consider interventions consisting of a larger variety of available portion sizes, pricing strategies and serving-size labeling as most acceptable to implement.


BACKGROUND: General practitioners (GPs) have a key role in providing preventive care, particularly for elderly patients. However, various factors can inhibit or promote the implementation of preventive care. In the present study, we identified and examined factors that inhibit and promote preventive care by German GPs, particularly for elderly patients, and assessed changes in physicians' attitudes toward preventive care throughout their careers. METHODS: A qualitative, explorative design was used to identify inhibitors and promoters of preventive care in German general medical practice. A total of 32 GPs in Berlin and Hannover were surveyed. Questions about factors that promote or inhibit implementation of preventive care and changes in physicians' perceptions of promoting and inhibiting factors throughout their careers were identified. Episodic interviews, which encouraged the reporting of anecdotes regarding daily knowledge and experiences, were analyzed using ATLAS.ti. Socio-demographic data of GPs and structural information about their offices were collected using short questionnaires. The factors identified as inhibitory or promoting were classified as being related to patients, physicians, or the healthcare system. The changes in GP attitudes toward preventive care throughout their careers were classified as personal transitions or as social and health policy transitions. RESULTS: Most of the identified barriers to preventive care were related to patients, such as a lack of motivation for making lifestyle changes and a lack of willingness to pay for preventive interventions. In addition, the healthcare system seemed to inadequately promote preventive care, mainly due to poor reimbursement for preventive care and fragmentation of care. GPs own attitudes and health habits seemed to influence the implementation of preventive care. GPs recognized their own lack of awareness of effective preventive interventions, particularly for elderly patients. GPs were motivated by positive preventive experiences, but often lacked...
the necessary training to counsel and support their patients. CONCLUSIONS: German GPs had positive attitudes towards prevention, but the implementation of preventive care was neither systematic nor continuous. Identification and elimination of barriers to preventive care is crucial. Further research is needed to identify effective practice-based approaches to overcome these barriers.


BACKGROUND: Pricing strategies are mentioned frequently as a potentially effective tool to stimulate healthy eating, mainly for consumers with a low socio-economic status. Still, it is not known how these consumers perceive pricing strategies, which pricing strategies are favoured and what contextual factors are important in achieving the anticipated effects. METHODS: We conducted seven focus groups among 59 residents of deprived neighbourhoods in two large Dutch cities. The focus group topics were based on insights from Rogers’ Diffusion of Innovations Theory and consisted of four parts: 1) discussion on factors in food selection; 2) attitudes and perceptions towards food prices; 3) thinking up pricing strategies; 4) attitudes and perceptions regarding nine pricing strategies that were nominated by experts in a former Delphi Study. Analyses were conducted with ATLAS.ti 5.2 computer software, using the framework approach. RESULTS: Qualitative analyses revealed that this group of consumers consider price to be a core factor in food choice and that they experience financial barriers against buying certain foods. Price was also experienced as a proficient tool to stimulate healthier food choices. Yet, consumers indicated that significant effects could only be achieved by combining price with information and promotion techniques. In general, pricing strategies focusing on encouraging healthy eating were valued to be more helpful than pricing strategies which focused on discouraging unhealthy eating. Suggested high reward strategies were: reducing the price of healthier options of comparable products (e.g., whole meal bread) compared to unhealthier options (e.g., white bread); providing a healthy food discount card for low-income groups; and combining price discounts on healthier foods with other marketing techniques such as displaying cheap and healthy foods at the cash desk. CONCLUSION: This focus group study provides important new insights regarding the use of pricing strategies to stimulate healthy eating. The observed perceptions and attitudes of residents of deprived neighbourhoods can be integrated into future experimental studies and be used to reveal if and how pricing strategies are effective in stimulating healthy eating.