

Examples of hierarchical coding systems

The following are some examples of hierarchical coding systems developed for different NUD*IST or NVivo projects. (Lower level subcategories have been summarized in some instances.)

Theory building – meeting the needs of spinal injured persons

This study was undertaken Lynn Kemp, during the period 1994 to 1998, and was the first comprehensive investigation of the lives of people with spinal injuries in the state of New South Wales, Australia. Different concepts of need (normative, felt, expressed, prescriptive, comparative, intrinsic, and need as a means to an end) were explored using surveys, interviews and document analysis. Interviews were conducted to determine:

- The relative importance of community services (personal care, paramedical, respite and transport) in the lives of people with spinal injuries;
- What people with spinal injuries wished to achieve in their lives; and
- What role community services played in helping (or preventing) people with spinal injuries to achieve their desired ends.

General issues

accommodation	health
access	psychological adjustment
employment	the future
discrimination	compensation
relationships	hospital

Issues of service provision

organization
 eligibility
 assessment
 reliability
 discrimination
 quality
 timing
 availability
 cost
 knowledge
 limits
 expectations of service providers
 have to be grateful
 appropriateness
 relationship with provider
 relationships with workers
 privacy
 rudeness
 retribution

Services and support

doctor	rehabilitation services
dentist	home care
nurses	home nursing
social workers	community nursing
physiotherapist	transport
counselling	transport allowance
informal care	parking scheme
aids and equipment	financial support
occupational therapy	meals on wheels

cont.

Evaluation of services

good
poor

Life impacts

others
 some other person
 the system
 self at a different time
 sportsman
changed life
 becoming 'the disabled'
 bludger
control
 no control
 security
normal life
relationships
adjustment
dependency
 dependent
 independent
 forced independence
 interdependent

Concept analysis – Child participation

This schema brings together data from a series of projects exploring the meaning of participation from the perspective of children and young people. The research is being conducted by members of the Asia Pacific Regional Network of the Childwatch International Research Network. The common framework will facilitate further analysis and coordinated writing on the concept of child participation.¹

Cultural factors, including:

gender issues
generational issues,
 'ownership' of children
 definition of child/young person/adult
individualism vs collectivism
attitude to personal development
community attitudes to the role and ability of children

Situationally defined context, including:

access to information
 language; internet
location - home/school/community/world
political structure
 freedom of expression
 opportunity for involvement
socioeconomic status
safety - security issues

Process, including:

seeing children as having resources
reciprocity
modelling from parents/leaders
social/ parental/ peer support
self confidence, skills

cont.

¹ This framework was developed at an international meeting held at Bowral, Australia, which was supported by the Social Justice and Social Change Research Centre at the University of Western Sydney.

Dimensions of participation

public - private
personal agency - interconnectivity
individual - social
local - global
personal - collective
self - other (focus)
immediate - sustained
being - becoming
significance of activity
obligation - voluntary
intentional - non intentional
negative - positive
passive - active
humanity - materialism
decorative - meaningful

Implications of participation, including:

increase in opportunities
sustainability
civic engagement
non-engagement (from non-participation)

Issues in participation, including

power dynamics
communication styles/ modes/effectiveness

Mapping experience – Symptoms of angina

This international study examined the experiences of women who were potentially experiencing angina (heart disease), with particular concern that, because they were women, their symptoms were often treated with scepticism. The qualitative data were then matched with diagnostic results from medical testing.

Location of sensation

points of most intensity
e.g. chest; jaw
radiation
e.g. from neck down arms
pattern
e.g. comes in waves

Description of sensation

pain
burning
pressure

Intensity of sensation

not too bad
I think I'm going to die

Duration of sensation

each episode
short
long time
since it began
e.g. two years

Triggers of sensation

walking
lifting
argument

Meanings for sensation

death
isolation
I'm getting old

cont.

- Actions taken**
 - medication
 - rest
 - work
 - seek help
- People or organizations referred to**
 - doctor
 - nurse
 - hospital
 - family
 - neighbour
 - friend
 - church
- Access to health care system**
 - facilitated
 - hindered
- Consequences for daily living**
 - can't work
 - can't do daily tasks,
 - became depressed
 - became anxious
- Impact on roles**
 - as a wife
 - as a mother
 - as a caregiver
- Other contextual issues**
 - divorce
 - moving house
 - loss of job
- Narrative**
 - metaphors-idioms
 - quotes
 - surprises

Theory development – Health behaviour (childhood immunization)

Parents of young children were interviewed or surveyed with respect to their experiences of and concerns about childhood immunization, with a view to understanding what might encourage or discourage on-time compliance with recommended immunization schedules.

- Issues re vaccines**
 - reactions
 - potential for long term damage
 - short term - physical
 - short term - crying
 - trusting
 - trusting experts
 - give protection
 - belief in immunization
 - questioning
 - how effective?
 - weighing up
 - knowledge
- Issues re diseases**
 - dangers
 - experience of disease
 - vicarious
 - benign
 - negative

cont.

Issues re process
 advice
 needles, pain
Strategies
 preparation
 support
Feelings
 fear-anxiety-worry
 empathy
 accepting
Actors
 father
 doctor
 media
Other health issues
 alternative medicine
 baby's health

Sorting out a mess

The example on the next page is for those who have already created a pile of trees before they found Chapter 5 in *Qualitative Data Analysis with NVivo* (because, of course, those who had read the chapter first would never end up with a mess of this sort)!

The column on the left is an example of a ‘stuffed up’ coding system relating to the spread and treatment of a disease in a community. Compare with the column on the right, where the coding system has been reorganised, and an attribute used to allow comparison of the views of different people. Many less nodes are needed; it provides for easy access to everything known about any particular factor or issue so it can be reviewed as a whole; it allows a range of other questions to be asked about it (such as who talks about it, or whether this acts as a barrier or facilitator, or whether awareness is matched by practice); and it allows for creation of more specific categories if needed, without going repetitively through each sub-tree.

Converting the first system to the second requires steps which need to be completed in the following order:

- Copy nodes at the lowest level in each subtree and merge with their immediate parent node (these can be done in groups) so that, for example, everything that was under *transmission* is now also at a *transmission* node (as well as remaining in nodes below it); everything under *barrier* is now also coded at *barrier*. In addition, in this case, everything under *Awareness* needs to be coded at *Awareness* (under *Seen as*).
- Highlight and copy each node that means the same thing and merge into a new node in a new tree for that kind of thing (e.g. all the *transmission* nodes are merged into a single *transmission* node in the *Disease* tree; all the *hygiene* nodes from wherever are merged into a node for that in the *Community focus* tree).

When you are sure you have it all covered in the new trees, you can safely delete the original trees. What all the copying and merging will have done, effectively, is code the same text at multiple nodes. You will find **matrix coding queries** very useful for considering patterns of relationships between nodes in these trees, e.g. to see how awareness and practices compare, or how things are seen to be either barriers or facilitators. A matrix coding query will also allow you to compare the views of community members with those of health workers (once these have been created as attributes of the cases).

Stuffed up version!

Awareness

- community awareness*
 - source of knowledge
 - media
 - other people
 - transmission
 - through food
 - through water
 - through contact
 - prevention
 - vaccine
 - diet
 - hygiene
 - treatment
 - drugs
 - surgery
 - rehabilitation
- health worker awareness*
 - source of knowledge
 - training
 - media
 - treatment
 - surgery
 - drugs
 - prevention
 - vaccine
 - diet
 - hygiene
 - transmission
 - through food
 - through contact
 - through water
 - rehabilitation

Attitudes

- community attitudes*
 - stigma
 - fear
 - acceptance
- health worker attitudes*
 - fear
 - stigma
 - understanding

Barriers

- media
- attitudes to the disease
- attitudes to people with the disease
- awareness of transmission
- awareness of prevention
- hygiene
- diet
- etc.

Suggestion for a revised version

- People/organisations referred to**
 - community (other people)
 - health worker
 - media
 - training
- Disease**
 - prevention
 - transmission
 - treatment
 - rehabilitation
- Community focus**
 - hygiene
 - diet choices
 - food preparation
 - water management
 - interpersonal contact
- Medical focus**
 - vaccination
 - drugs
 - surgery
- Seen as**
 - awareness (knowledge)
 - action (practices)
- Attitudes**
 - stigma
 - fear
 - acceptance
 - understanding
- Impact on behaviour/disease**
 - barrier
 - facilitator

+ Use an attribute (e.g. Role) for whether this is being expressed by a:
Community member, or
Health worker.