



Hartford Hospital Research Program  
Research Methods Lecture Series  
Part I :

Research Design, Sampling and  
Measurement

October 5, 2009

# Yes! We're going to talk about research methods!



## OVERVIEW:

- October: Basic concepts of research design
- November: Concepts of inferential statistics
- December: Choosing the right statistic Part I
- January: Choosing the right statistic Part II
- February: Meta analysis and clinical trials
- March: Grant-writing



# Presenters:

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# Today's presentation

- ◆ Characteristics of systematic design
- ◆ Developing background/significance
- ◆ Experimental and non-experimental approaches
- ◆ Common study designs
- ◆ Sampling methods
- ◆ Levels of measurement



# Going beyond statistics... looking at concepts of research design

- ◆ Statistics offers tools and techniques to organize, summarize, analyze and interpret data
- ◆ Crucial element of research design
- ◆ Can be element of protocol that is most challenging
- ◆ **Statistics are of limited use unless they are part of good design**



# Everyone has done 'research' as part of their everyday lives

- ◆ Wanted to know how, what or why something happens
- ◆ Gathered information to learn more
- ◆ Asked others or observed what is happening
- ◆ And then made conclusions based on the information collected



# Systematic research requires:

- ◆ Clear definition of research questions and target population
- ◆ Systematic gathering of information
- ◆ Use of diverse, representative sources
- ◆ Accurate, unbiased interpretation of information

**If these criteria are not met, the validity of the conclusions will be compromised**





## Formal research requires a clear statement of aims and objectives:

- Define the study objective (what)
  - Simply descriptive – e.g. prevalence
  - Relational – how two or more variables interact
  - Causal – hypothesis testing – determining whether one or more variables causes or affects one or more outcome variables
- Identify the target population (who)





# Background and significance: The foundation of any study

- Determine current state of knowledge (what has been done)
- Use multiple data bases (Medline, Ovid, etc.) and search strategies to ensure comprehensiveness
- Review past work critically
- Build on past research: The inverted triangle
  - What questions are left unanswered?
  - Do you want to replicate and extend current body of knowledge?
  - Do you want to correct methodological errors?
  - How is your study going to add to/refine what is known?



# Required elements of research protocol (and most research manuscripts)

|                                       |   |
|---------------------------------------|---|
| <b>Hypotheses</b>                     | The research purpose<br>Areas of exploration<br>Hypotheses (both primary and secondary), specific aims.   |
| <b>Literature review</b>              | Relevant background<br>Discuss the differences from currently published research<br>Discuss areas of specific importance your research will provide |
| <b>Research design &amp; Sampling</b> | Discuss structure of the experiment<br>Is it retrospective or prospective?<br>Randomized?<br>How many samples involved?                             |
| <b>Enrollment Criteria</b>            | Inclusion and exclusion criteria  |
| <b>Methods of Data collection</b>     | Study timeline and procedures<br>Variables and outcomes to be collected   |
| <b>Data analysis</b>                  | Power and statistics<br>Ensure there are sufficient numbers of subjects enrolled to obtain a definitive answer to the hypotheses.                   |
| <b>Benefit/Significance</b>           | Significance to the hospital mission & patients   |



# Research design: Basic decisions

Design needs to fit the research question or aim

- Descriptive or Explanatory
- Retrospective or Prospective
- Cross sectional or Longitudinal
- Experimental or Quasi-Experimental

## Other Considerations:

- Ethics (protection of research subjects)
  - Resources



# Retrospective vs. prospective

## Retrospective

- ◆ Outcome established at start of study; look backwards to examine predictors, possible exposures
- ◆ Design: Case control studies
- ◆ Method: Data base extraction or chart reviews

Most commonly used design for “quick studies”



# Retrospective vs. prospective

## Prospective

- ◆ Explore the development of clinical outcomes
- ◆ Cross Sectional
  - one moment in time;
  - often looks at differences among groups of people
- ◆ Longitudinal
  - Cohort studies
  - Intervention studies
  - Focus on change over time



NEXT:

Experimental &  
quasi-experimental designs

Sampling

Levels of measurement

Reliability and validity

# Experimental designs

## • Experimental Designs

- A *treatment* is deliberately imposed on a group of participants in the interest of observing the response.
- Subjects randomly assigned to two or more comparison groups





# Quasi-experimental designs

## • Quasi-Experimental Designs

- Non-randomized comparison groups

- Case-control study – e.g. to better understand the etiological factors of a disease

➤ A study that compares 2 group of people:

- those with the disease (cases) and
- a very similar group of people who do not have the disease (controls)

- Historical controls

➤ all patients coming in receive a new treatment and the outcomes are compared at 2 time points

# Quasi-experimental designs contd...

## • Quasi-Experimental Designs


- Repeated Measures

- Measurements made on same subjects under different conditions.

- Cross over

- Participants are randomly assigned to a specific treatment order. Some receive treatment A first, followed by treatment B. Others receive B first and A next.

# Choosing the study sample

- 
- ◆ **Population** – all persons within a category about whom the researcher wishes to explain; define inclusion and exclusion criteria
  - ◆ **Sample** -- a subset of those people from whom it is feasible to gather data.
    - Random, stratified, or non random
    - Sample size

**Results can be generalized from a sample to the population only if the sample is representative**

**Results can only be generalized to a specified population**



# Choosing appropriate measures

- Need to operationalize each concept, i.e. determine how it will be measured
  - Clear clinical outcomes: such as mortality, re-admission, etc. (but are they clear or also need to be defined?)
  - Other outcomes measures: Are standard or previously used measures available?
- Measures must be reliable
- Measures must be valid



# Levels of measurement

- **Nominal**
  - categorical data, order of the categories is arbitrary
  - Example: race/ethnicity; 1=White, 2=Hispanic, and so on.
- **Ordinal**
  - sequence, values represent categories with some intrinsic ranking
  - example, levels of service satisfaction
- **Interval**
  - ordered, constant scale, but no natural zero
  - e.g., temp.,  $0^{\circ}$  is relative temperature
- **Ratio**
  - ordered, constant scale, has a real zero e.g., height, weight, age, length



# Reliability

- The degree to which an instrument or measure is consistent over time and across methods of gathering.
- Types of reliability
  - Test-retest reliability
  - Inter-rater reliability
  - Internal consistency



# Validity

- **Internal Validity:** Does instrument measure what it is intended to measure?
- **External Validity:** Are findings in the sample generalizable to the population?

If at all possible, want to use measures that have already been empirically shown to be reliable and valid





◆ Questions or comments?