Taking Qualitative Online

Online qualitative market research is not new. A number of online platforms have been in use since the 1990's though some pharmaceutical companies are just beginning to embrace online qualitative research. While online and mobile methodologies are not going to replace traditional IDIs, TDIs and focus groups anytime soon, they offer powerful alternatives for the right objectives and targets.



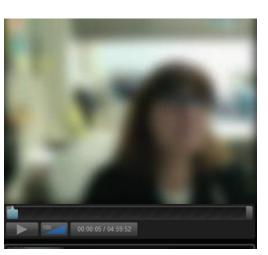
With online/mobile methodologies, researchers can still leverage tried and true qualitative techniques, including projective/creative techniques



A Day in the Life of an Oncology Nurse

Excerpt from a case study executed to gather significant insight into "A Day in the Life of an Oncology Nurse"

Methodology: Week 1 – Webcam personal diaries with mobile note taking. *Findings informed Week 2.* Week 2 – Group bulletin board with mobile capabilities. *Discussions further evolved as Week 2 progressed*.



Day 1: Post shift

"I successfully got prior auths for a patient to have scans done... We do everything for our patients here..., we basically handhold them through the whole process from diagnosis to treatment to everything... When I think about it in reference to myself and my experience..., I didn't have handholding. I did all my own prior auths..., had to fight for my payments and I had to fight for all sorts of stuff. ... When I think about that in reference to what I do here, it makes me really proud..."

"I am quoting one of [the physicians] who said these words – 'I treat cancer first, patients second.' So that is a huge philosophical difference. So, my role of advocacy is so important."

"One of my docs is TERRIBLE about discussing prognosis, goals and end of life issues. Sometimes we are able to 'corral' him and tell him he MUST talk to this patient and his family, but usually they are just blindsided and sent to hospice."



Sensitive Thankfe Inspired Satisfied Interested "These patients have been handed a very rough deal in life. I am thankful Important Challenged that I am allowed to help them on Fascinated their journey. I am inspired by the courage that these patients exhibit in the face of adversity."

"It is great when they are doing well, and very sad when they are not. But, I see myself as a facilitator throughout. When they don't do well, and many of them don't, I try to help them and their families with the transition from active care to palliation. I feel I am able to do this most successfully when there is a deeper bond and high level of trust."

The oncology nurse is the patient's advocate. Regardless of with whom they are interacting, the patient is their first concern. They support the physical, rational, and emotional needs of the patient.

"Good clinical eyes – sometimes the patient's lab work is WNL; however, they just don't look well. Chemotherapy might have to be postponed and the patient might need one more week or day to feel better."

"Some patients may not say much to their physicians for fear, etc., but they will talk to us. So, we become their advocates, their sounding board. They relieve their frustrations on us at times. We cry and laugh with them [and] share our thoughts, goals, etc."

> [The Martyr Archetype] "I don't like the word 'martyr' because in everyday use it has the connotation of being a victim. But, as described here, I believe our 5 RNs fit the picture of martyrs because we are fiercely protective of each other and we are all very strong advocates for our patients."



"Physicians can sometimes be the biggest impediment in providing accurate, reasonable information to patients. They tend to minimize too much, avoid death and dying discussions, and prolong treatment at the expense of quality of life. I know they are intentionally not trying to harm patients, and, in fact, believe they are doing their very best to treat cancer. I think the patients can get lost in the shuffle."

"A patient with Hodgkin's lymphoma who was 21 at the time. Me: 'You're in remission.' (I felt relieved and excited for them to be finished with treatment). Patient: 'I am ?what do I do now?' (the patient felt apprehensive and scared). I replied, 'live!' I explained to the patient that there will always be anxieties and moments where they will feel unsure. I reassured them that we aren't abandoning them and we wil always be there for them. We see them frequently in follow up. :)'

"Anna knew she was near death... Her concern was for her 5 year old daughter... Anna asked me to please help her with her own funeral arrangements and find out how arrangements could be made to send her daughter back to the Ukraine. I was never in a situation quite like this, and Anna-saw that I was becoming tearful. She actually apologized to me for giving me this burden, but said she had no one else to turn to. This was one of the most heart-breaking conversations I have ever experienced. Anna didn't cry at all during the conversation – I think she was just too weak, but my eyes were filled with puddles of tears, and I had no option but to let them stream down my cheeks. As I was holding her hand, I reassured her that I would be able to get the right people involved to make sure everything would be taken care of according to her wishes. She thanked me and held my hand up to her lips for a few moments as a gesture of endearment.