

Taking Back Qualitative Research:

Measuring the Value of Voice in Market Research



Over the last decade, the market research industry has been swept up in a race to the bottom. The rapid adoption of new technologies and ease of access to self-serve research platforms, delivering on the promise of speed and lower cost, has compromised the quality of the data upon which important, and often expensive, decisions are predicated.

Why? Because online survey tools are designed almost exclusively for quantitative methods and the result is fundamentally changing the market research landscape. In the fast-paced world of need-it-now research, we lose the ability to listen authentically to the voice of the very people that matter most to marketers: their customers.

Nuanced insights and meanings are the domain of qualitative research, enabling marketers to prioritize the needs, wants, thoughts, and feelings of a given target, and to make informed choices based on that input and feedback. Qualitative methods are very effective at defining the full breadth of themes or archetypes for a given population, providing marketers with the ability to examine and explore the world in the context of the target.

Gaining that context – listening to the “voice” of the patient or target – gives rise to the actionable insights needed for market success of a product, service or campaign. However, traditional listening approaches in market research – focus

groups, interviews, ethnography – are slow and expensive undertakings and each, for all their rigor and discipline, have limitations. Often, web-based research services attempt to pass open-field text boxes off as qualitative research capabilities. However, it can be argued that this is an effort to force a qualitative response from a quantitative method and the data from open-field text boxes can be frustratingly limited, resulting in lackluster, and sometimes even erroneous, outcomes.

inVibe leverages a unique mobile technology that allows participants to express themselves freely, without the influence of an interviewer, moderator or other participants. The result is input that is thorough, complete and authentic to the participant. By making the task of providing feedback simple and easy, without a cloud of judgement or embarrassment or the burden of lengthy and unnecessary tasks, people are encouraged to share their opinions and, with the right approach, go so far as to reveal additional context and rationale behind their thoughts.

THE PROOF OF CONCEPT

To define the value of voice response data capture over the readily available open-field text format available via most web-based survey services, we analyzed three studies that employed both voice response and open-field data capture methods. We compared the typed responses from survey formats to the transcripts produced using the inVibe voice response platform. Text composition statistics and four different grade-level readability measures were used to compare data quality between these two instruments.

- **Total word count and number of words per response:** If qualitative research is meant to gather many data on fewer subjects, and given that achieving saturation requires exhausting the information available from each subject, measuring the length of each response is a natural starting point for comparison.
- **Grade-level readability scoring indexes:** Respondent satisficing is a well-established issue in market research; low readability scores can indicate that respondents were not being as thorough or thoughtful as they could have been. We use readability scores as an indicator of response coherence, complexity and detail, and to identify satisficing behavior.

- **Descriptive language:** A count of adverbs and adjectives was used to determine the strength of subjective expressions within a sentence, and is essential to performing sentiment analysis on text.

Characterizing Qualitative: How We Achieve Saturation and Ensure Quality

- A focus on meanings rather than quantifiable phenomena
- Collection of many data on a few cases rather than few data on many cases
- Study in depth and detail, without predetermined categories or directions, rather than emphasis on analyses and categories determined in advance
- Sensitivity to context rather than seeking universal generalizations
- A goal of rich descriptions of the world rather than measurement of specific variables

(Denzin & Lincoln 2000a:8-10; Patton 2002:13-14)

PATIENT STUDY: MESSAGE RECALL

Patients were asked to view ad concepts and answer questions about what they had seen (unaided message recall). The first data points were gathered in an open-field text box immediately after respondents saw the ads as part of a survey-style

portion of the study (n=837). Forty-eight hours later, a random subset of those respondents were asked to participate in a voice response portion of the study, where they answered a series of questions by simply talking (n=107).



What do you remember about each ad? Describe as many of the elements as possible—including product name, visuals, and messages you recall.

WORDS PER RESPONSE

OPEN
FIELD

13

VOICE RESPONSE

89

AVERAGE GRADE LEVEL

OPEN FIELD

5.7

VOICE RESPONSE

7.5

DESCRIPTIVE WORDS PER RESPONSE

OPEN
FIELD

1.6

VOICE RESPONSE

10.1

KEY FINDINGS

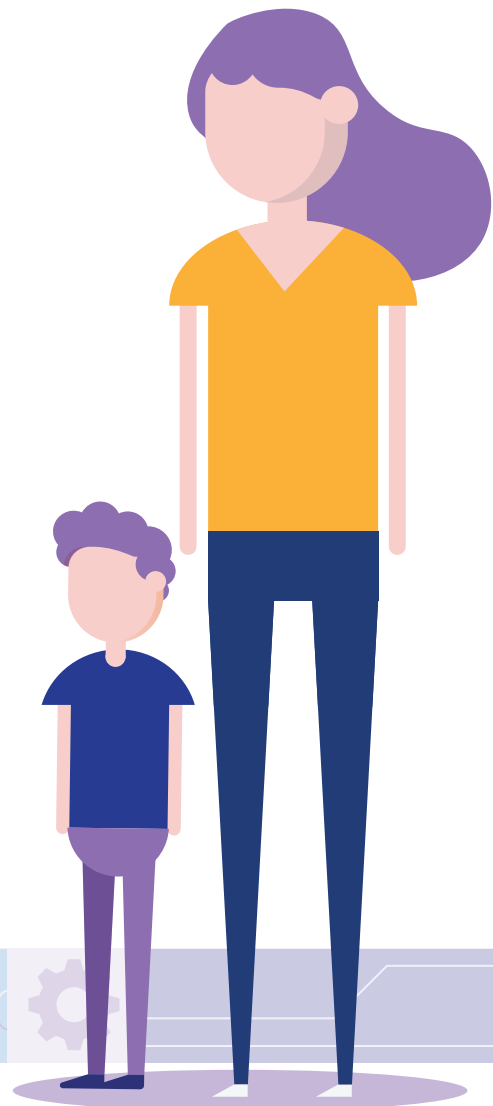
While there is an obvious difference in the volume and coherence of the responses across the two data capture methods, additional insights were revealed:

When participants were asked to identify all aspects of the ad in their unaided recall, a higher average amount was obtained at the 48-hour mark than immediately after viewing the ads.

- This calls into question the measurement validity of an open-field text format when trying to elicit an exhaustive list from participants.
- Multiple instances showed that more unique aspects of the ad were mentioned by the same person in the voice response than previously offered in open-field text.

Besides apparently remembering more about the ads, the switch to voice response added an aspect of color commentary.

- The use of descriptive language in the form of adverbs and adjectives went from an average of 1.6 per response via text response to 10.1 via voice response, making sentiment clearly identifiable.



To further test the disparity of findings between the two data capture formats, the same measurements were applied to an open-ended question, providing a variance to the analysis. Participants were asked for their thoughts about the ads rather than

a simple data capture on recall. Again, the same question had been posed to a large sample immediately after they had seen the ad in an online survey format (n=200), then 48 hours later via voice response (n=28).

**OPEN
FIELD** 10

VOICE RESPONSE

105

OPEN FIELD 6.35

VOICE RESPONSE

8.5

OPEN
FIELD 1.58

VOICE RESPONSE

15.75



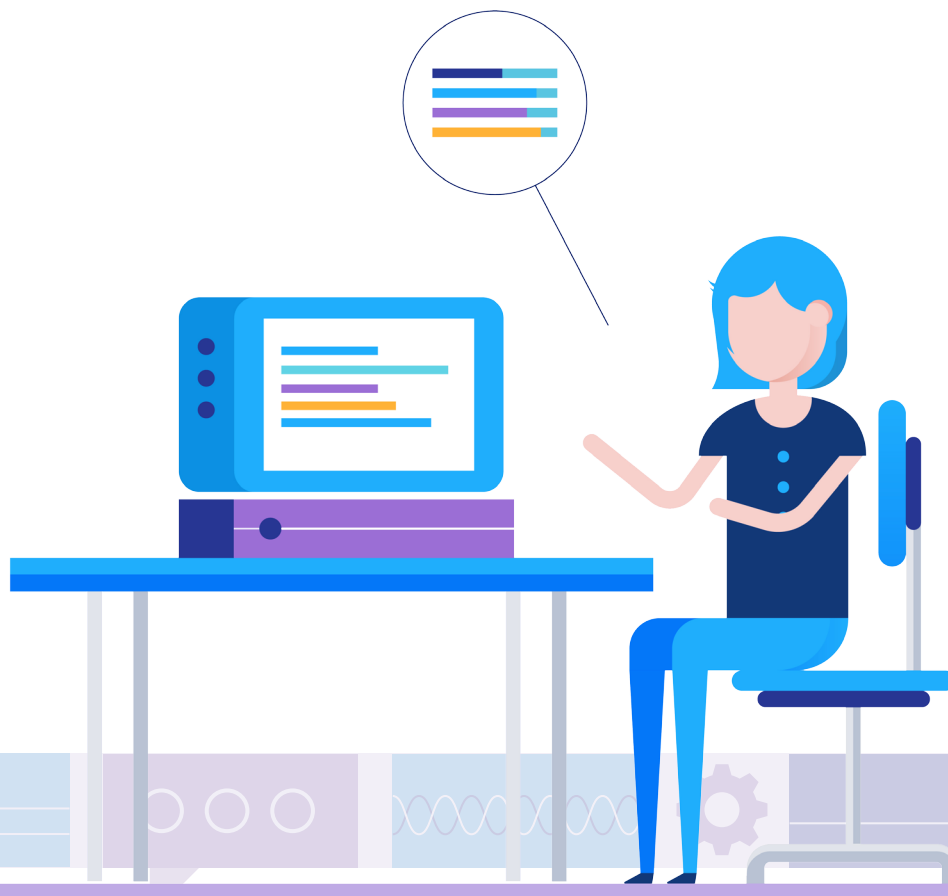
KEY FINDINGS

Again, the results indicate a greater quantity of data is collected via voice response with more coherence. The difference in descriptive language when patients were asked to share their thoughts was more distinct than the reporting of message recall.

- The increase in the use of adverbs and adjectives in this voice response data capture over the open-field text response revealed a trend of open-field responses simply naming elements of the ads participants liked or didn't like without context or rationale.

- Voice response data included participants' opinions and supporting explanation.

While the message recall examples provided insight into the increased accuracy and reliability afforded by voice response data, further analysis of an open-ended question exposed a clear difference in the quality and depth of voice response data.



INDUSTRY PROFESSIONAL STUDY: STRATEGIC EXPLORATION

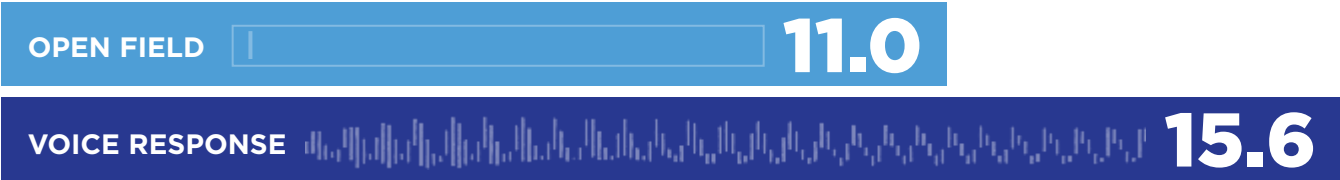
We wanted to test our findings by studying the performance of the two platforms within a different study: medical science liaisons. This study involved the use of new

technologies in overcoming key business challenges. The two touch-points [open-field text response (n=83) and voice-response (n=24)] occurred several months apart.

WORDS PER RESPONSE



AVERAGE GRADE LEVEL



DESCRIPTIVE WORDS PER RESPONSE

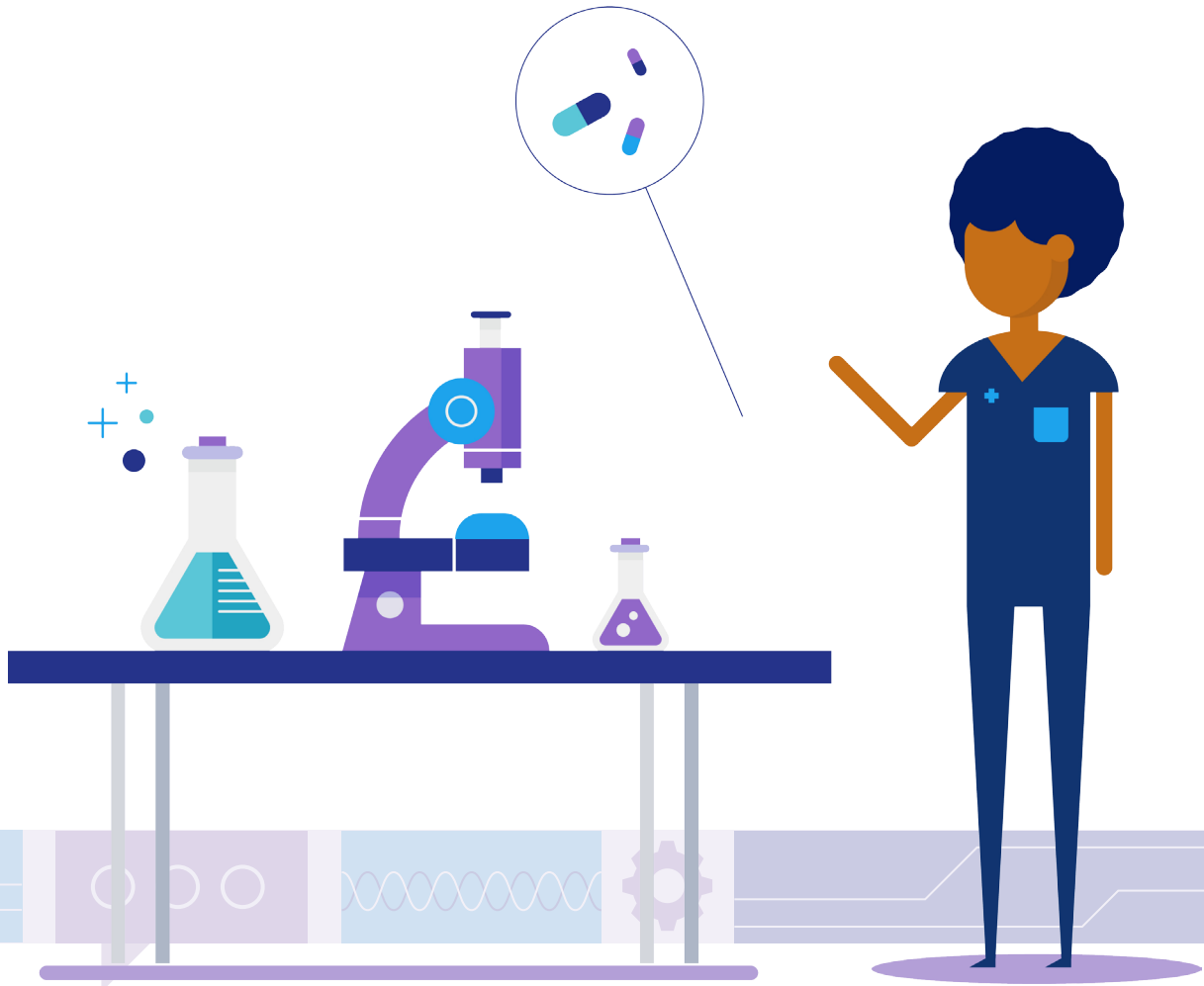


KEY FINDINGS

As successful business people with complex knowledge of clinical science and the healthcare landscape, this audience scored much higher overall on reading level scores compared to our patient samples.

- The delta between readability scores for typed and spoken responses was, unexpectedly, much greater for this study.

- In addition to a higher word count per response, there was a higher gross word count via voice response despite fewer than 1/3 of the responses.



PHYSICIAN STUDY: TREATMENT ATTITUDE

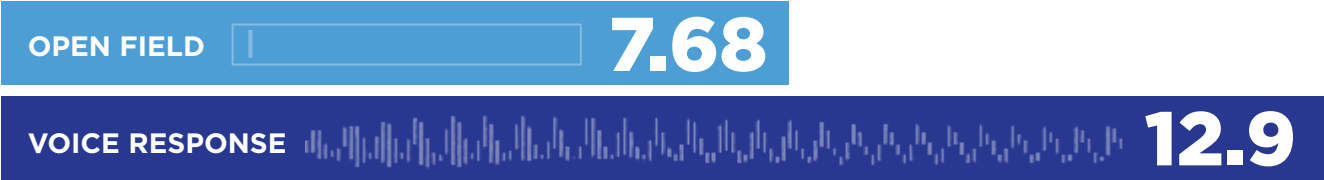
To further test the value of voice response over open-field text response, a sample of 20 physicians were randomly assigned to two groups. Each group was asked the

same four questions, half via open-field text (outside of the inVibe platform) and half via inVibe voice response.

WORDS PER RESPONSE



AVERAGE GRADE LEVEL



DESCRIPTIVE WORDS PER RESPONSE

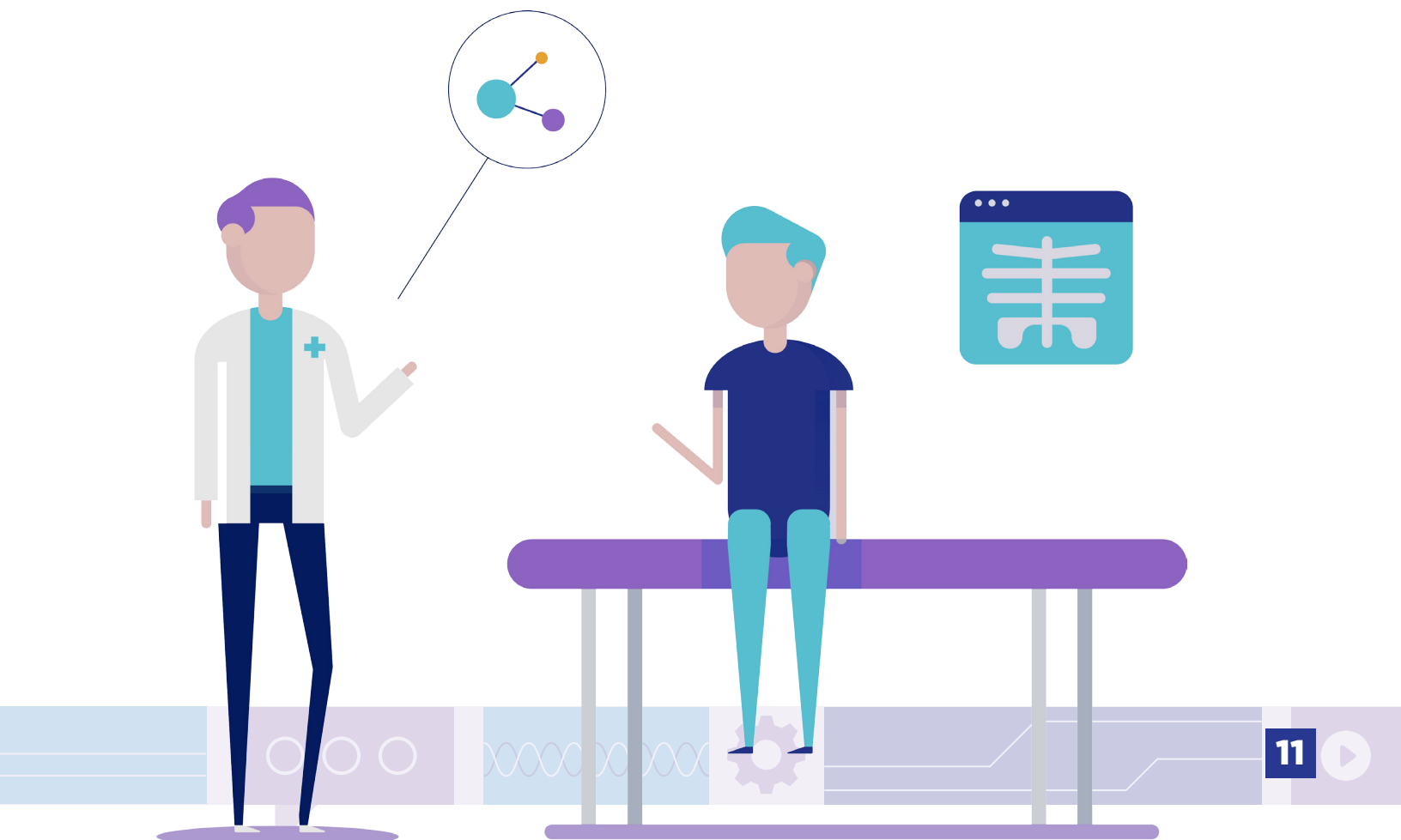


KEY FINDINGS

The findings from the previous respondent groups were also seen with the physician study. Results from an experimental setup were consistent with post hoc analysis of previous studies.

Of the 3 studies examined, physicians produced:

- The fewest words per response when asked to type their answers.
- The greatest difference in average grade level.



RESPONSE COMPARISON

To further illustrate the value of spoken response data, below is a comparison of actual responses from an open-field text format and voice-response format.

Q: *How would you react to a payer mandating that you start patients on a biosimilar?*

	OPEN FIELD	VOICE RESPONSE
LOWEST GRADE LEVEL	<p>"no prob" (-0.7)</p>	<p>"In general, I do find it frustrating when a payer tries to dictate my treatment plan because try to treat the patient, not just the disease. However, if I were to describe a biologic and was told that a biosimilar was on the formulary as a preferred medication, I would certainly consider that as a treatment for the patient." (7)</p>
MEDIAN GRADE LEVEL	<p>"I would object but not fight it. I would be more prone to try a different MOA" (4.1)</p>	<p>"Again, I don't have much concern about the safety or efficacy of compounds. I think they're probably going to be as safe and as efficacious. It's a question of whether they're 30-50% cost savings for patients. At least right now the one we've got available, Inflectra, is 10% more expensive than it would be to take Remicade because of the rebate program we have at our clinic. Patients may have some concerns switching of off the quote 'real' product to a quote 'generic or biosimilar,' but we try to reassure them and hopefully they wouldn't be too stubborn if they know that they're going to have a significant cost savings." (10.8)</p>
HIGHEST GRADE LEVEL	<p>"depending on the biosimilar I believe I will have no choice depending on the patients insurance carrier" (14.5)</p>	<p>"If a patient is already stable on the originator molecule I would definitely appeal the mandate to switch to a biosimilar, so that the patient could try to stay on the originator molecule especially if this is being done by an extrapolated indication. I would also want to see evidence of cost savings as patient's end out-of-pocket expense may not be significantly reduced by biosimilar costs as patients already receive assistance, by patient assistance programs and co-pay reduction programs from the manufacturer. End out-of-pocket costs may be relatively similar and if all factors are considered there would be no reason to switch if efficacy, safety, side-effects and costs are the same. I would see no benefit in switching from the originator molecule, with which we are comfortable, to a new biosimilar that may not be particularly indicated for a disease and may have received approval by extrapolation from data from other diseases." (19.9)</p>

*Grade level calculated as average score across 4 measures.

As evidenced, the amount and quality of the information offered via spoken word far surpasses that which respondents are willing to type. Talking is simply easier

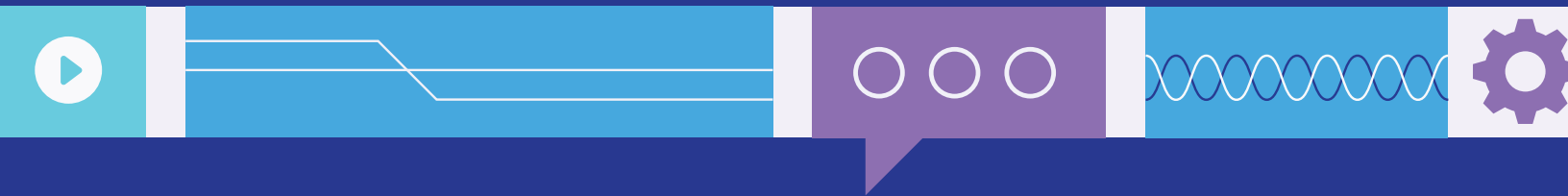
than typing and the inVibe platform establishes a user interface that enables more comprehensive participation with robust qualitative results.

CONCLUSION

The data gleaned from qualitative research are imperative to quality decision making for marketers, but perceptions...and misperceptions...around cost, complexity, scheduling, and time have resulted in a lack of enthusiasm. However, we believe the power and value in listening to people talk to develop authentically valuable insights breathes new life into the qualitative realm. InVibe has worked to remove the barriers, incorporating technology and tradition as

necessary to establish a new, easier and richer approach to qualitative research through our innovative, asynchronous voice-response platform. In a process that creates access to even the most difficult to reach audiences, from real-time panel validation to recorded responses within a 24-hour period, the inVibe voice response platform brings the value of listening back to market research with unprecedented cost savings.





Contact us to learn how inVibe can help with your unique market research needs.



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