

CHAPTER 1

The Nature and Utility of Qualitative Research

What is qualitative research?

Qualitative research is a form of social inquiry that focuses on the way people make sense of their experiences and the world in which they live. A number of different approaches exist within the wider framework of this type of research, and many of these share the same aim – to understand, describe and interpret social phenomena as perceived by individuals, groups and cultures. Researchers use qualitative approaches to explore the behaviour, feelings and experiences of people and what lies at the core of their lives. For example, ethnographers focus on culture and customs; grounded theorists investigate social processes and interaction, while phenomenologists consider and illuminate a phenomenon and describe the 'life world' or *Lebenswelt*. Qualitative approaches are useful in the exploration of change or conflict. The basis of qualitative research lies in the interpretive approach to social reality and in the description of the lived experience of human beings.

The main features of qualitative research

Different types of qualitative research share common characteristics and use similar procedures though differences in data collection and analysis do exist.

The following elements are part of most qualitative approaches:

- The data have primacy (priority); the theoretical framework is not predetermined but derives directly from the data.
- Qualitative research is context-bound and researchers must be context sensitive.
- Researchers immerse themselves in the natural setting of the people whose behaviour and thoughts they wish to explore.
- Qualitative researchers focus on the 'emic' perspective, the views of the people involved in the research and their perceptions, meanings and interpretations.

- Qualitative researchers use 'thick description': they describe, analyse and interpret but also go beyond the constructions of the participants.
- The relationship between the researcher and the researched is close and based on a position of equality as human beings.
- Reflexivity in the research makes explicit the stance of the researcher, who is the main research tool.

The primacy of data

Researchers usually approach people with the aim of finding out about their concerns; they go to the participants to collect the rich and in-depth data that can then become the basis for theorising. The interaction between the researcher and the participants leads to an understanding of experience and the generation of concepts. The data themselves have primacy, generate new theoretical ideas, and they help modify already existing theories or uncover the essence of phenomena. It means that the research design cannot be predefined before the start of the research. In other types of research, assumptions and ideas lead to hypotheses which are tested (though this is not true for all quantitative research); sampling frames are imposed; in qualitative research, however, the data have priority. The theoretical framework of the research project is not predetermined but based on the incoming data. Although the researchers do have knowledge of some of the theories involved, the incoming data might confirm or contradict existing assumptions and theory.

This approach to social science is, initially at least, inductive. Researchers move from the specific to the general, from the data to theory or analytic description. They do not impose ideas or follow up assumptions but give accounts of reality as seen by the participants. Researchers must be open-minded – though they cannot help having some 'hunches' about what they may find, especially if they are familiar with the setting and some of the literature on the topic.

While some qualitative inquiry is concerned with the generation of theory such as grounded theory, many researchers do not achieve this; others, such as phenomenologists, focus on a particular phenomenon to illuminate it. All approaches usually provide descriptions or interpretation of participants' experiences and the phenomenon to be studied but go to a more abstract and theoretical level in their written work, especially when they carry out postgraduate research. Qualitative inquiry is not static but developmental and dynamic in character; the focus is on process as well as outcomes.

Contextualisation

Researchers must be sensitive to the context of the research and immerse themselves in the setting and situation. Both personal and social context is important. The context of participants' lives or work affects their behaviour,

and therefore researchers have to realise that the participants are grounded in their history and temporality. Researchers take into account the total context of people's lives and the broader political and social framework of the culture in which it takes place. The conditions in which they gather the data, the locality, time and history are all involved. Events and actions are studied as they occur in everyday 'real life settings'. Koro-Ljungberg (2008) states that participants not only have personal values and beliefs but are also connected with their environment, and this influences their interactions with the researcher. It is important to respect the context and culture in which the study takes place. If researchers understand the context, they can locate the actions and perceptions of individuals and grasp the meanings that they communicate. The interest in context and contextualisation goes beyond that which influences the research; it also affects its outcomes and applications in the clinical situation. Scott *et al.* (2008) add that organisational context, group membership and other factors are also important in the applications and use of the research in healthcare settings.

Immersion in the setting

Qualitative researchers use the strategies of observing, questioning and listening, immersing themselves in the 'real' world of the participants. Observing, listening and asking questions will lead to rich data. Involvement in the setting also assists in focusing on the interactions between people and the way they construct or change rules and situations. Qualitative inquiry can trace progress and development over time, as perceived by the participants.

For the understanding of participants' experiences, it is necessary to become familiar with their world. When professionals do research, they are often part of the setting they investigate and know it intimately. This might mean that they could miss important issues or considerations. To better be able to examine the world of the participant, researchers must not take this world for granted but should question their own assumptions and act like strangers to the setting or as 'naive' observers. They 'make the familiar strange' (Delamont and Atkinson (1995) called their book *Fighting Familiarity*). Immersion might mean attending meetings with or about informants, becoming familiar with other similar situations, reading documents or observing interaction in the setting. This can even start before the formal data collection phase.

Most qualitative inquiry investigates patterns of interaction, seeks knowledge about a group or a culture or explores the life world of individuals. In clinical, social care or educational settings, this may be interaction between professionals and clients or relatives, or interaction with colleagues. It also means listening to people and attempting to see the world from their point of view. The research can be a macro- or micro-study – for instance, it may take place in a hospital ward, a classroom, a residential home, a reception area or indeed the community.

Immersion in the culture of a hospital or hospital ward, for instance, does not just mean getting to know the physical environment but also the particular ideologies, values and ways of thinking of its members. Researchers need sensitivity to describe or interpret what they observe and hear. Human beings are influenced by their experiences therefore qualitative methods encompass processes and changes over time in the culture or subculture under study.

The 'emic' perspective

Qualitative approaches are linked to the subjective nature of social reality; they provide insights from the perspective of participants, enabling researchers to see events as their informants do; they explore 'the insiders' view'. Anthropologists and linguists call this the *emic perspective* (Harris, 1976). The term was initially coined by the linguist Pike in 1954. It means that researchers attempt to examine the experiences, feelings and perceptions of the people they study, rather than immediately imposing a framework of their own that might distort the ideas of the participants. They 'uncover' the meaning people give to their experiences and the way in which they interpret them, although meanings should not be reduced to purely subjective accounts of the participants as researchers search for patterns in process and interaction, or the invariant constituents of the phenomenon they study.

Qualitative research is based on the premise that individuals are best placed to describe situations and feelings in their own words. Of course, these meanings may be unclear or ambiguous and they are not fixed; the social world is not frozen in a particular moment or situation but dynamic and changing. By observing people and listening to their accounts, researchers seek to understand the process by which participants make sense of their own behaviour and the rules that govern their actions. Taking into account their informants' intentions and motives researchers gain access to their social reality. Of course, the report individuals give are *their* explanations of an event or action, but as the researcher wishes to find people's own definition of reality, these reports are valid data. Researchers cannot always rely on the participants' accounts but are able to take their words and actions as reflections of underlying meanings. The qualitative approach requires 'empathetic understanding', that is, the investigators must try to examine the situations, events and actions from the participants' – the social actors' – point of view and not impose their own perspective. The meanings of participants are interpreted or a phenomenon identified and described. Researchers have access to the participants' world through experience and observation. This type of research is thought to empower participants, because they do not merely react to the questions of the researchers but have a voice and guide the study. For this reason, the people studied are generally called *participants* or *informants* rather than subjects. It is necessary that the relationship between researcher and informant is one of trust; this

close relationship and the researcher's in-depth knowledge of the informant's situation make deceit unlikely (though not impossible).

Of course, researchers theorise or infer from observed behaviour or participants' words. The researcher's view, the analytical and more abstract interpretation and description, is the *etic perspective* – the outsider's view (Harris, 1976). Researchers move back and forth between the *emic* perspective of the participants and their own *etic* view. These ideas correspond directly to those of Denzin (1989) who speaks of first- and second-order constructs. First-order constructs are those used in the common-sense perspective on everyday life, while second-order constructs are more abstract and imposed by the researcher. For instance, individuals often mention the term 'learning the job' which could be called a first-order concept recognised by people in everyday life. A social scientist would call the same concept 'occupational socialisation', a second-order concept. The two terms show the difference between 'lay language' and 'academic language'. It must be kept in mind, however, that the *emic* view cannot be simply translated into an *etic* perspective but demands analysis and reflection from the researcher.

Thick description

Immersion in the setting will help researchers use *thick description* (Geertz, 1973; first used by the philosopher Gilbert Ryle). It involves detailed portrayals of the participants' experiences, going beyond a report of surface phenomena to their interpretations, uncovering feelings and the meanings of their actions. This also means that researchers create and produce another layer constructed from that of the participants. Thick description develops from the data and the context. The task involves describing the location and the people within it, giving visual pictures of setting, events and situations as well as verbatim narratives of individuals' accounts of their perceptions and ideas in context.

The description of the situation or discussion should be thorough; this means that writers describe everything in vivid detail. Indeed Denzin (1989: 83) defines thick description as: 'deep, dense, detailed accounts of problematic experiences... It presents detail, context, emotion and the webs of social relationship that join persons to one another.' Thick description is not merely factual, but includes theoretical and analytic description.

Thick description helps readers of a research study to develop an active role in the research because the researchers share their knowledge of the participants' perspective with the readers of the study. Through clear description of the culture, the context and the process of the research, the reader can follow the path of the researcher and share some understanding of the phenomenon or the culture under study. Thick description not only shows readers of the story what they themselves would experience were they in the same situation as the participants, but it also generates theoretical and abstract ideas which the researcher has developed.

Ponterotto (2006) develops the concept of 'thick description', traces its evolution and stresses the importance of context. He states that the discussion of a qualitative research report 'successfully merges the participants' lived experiences with the interpretations of these experiences ...' (p. 547)

The importance of the research relationship

In order to gain access to the true thoughts and feelings of the participants, researchers adopt a non-judgemental stance towards the thoughts and words of the participants. The relationship should be built on mutual trust. This is particularly important in interviews and observations. The listener becomes the learner in this situation, while the informant is the teacher who is also encouraged to be reflective. Rapport does not automatically imply an intimate relationship or deep friendship (Spradley, 1979), but it does lead to negotiation and sharing of ideas though each relationship is unique in the context of time and place. Rapport and trust make the research more interesting for the participants because they feel able to ask questions. Negotiation is not a once and for all event but a continuous process, indeed Boulton (2007: 2191) speaks of social science relationships as 'more enduring, negotiated and equal'. In qualitative inquiry the participants have more power because they can guide the researcher to issues that are of concern for them. Miller and Boulton (2007: 2200) state that the relationship between participants is one of continuously shifting boundaries between the professional and the personal.

The researcher should answer questions about the nature of the project as honestly and openly as possible without creating bias in the study.

Reflexivity

Reflexivity is critical reflection on what has been thought and done in a qualitative research project. It locates the researcher in the research project. Finlay (2002a: 531) names reflexivity as the process 'where researchers engage in explicit, self-aware analysis of their own role'. It is a conscious attempt by researchers to acknowledge their own involvement in the study – a form of self-monitoring in relation to the research that is being carried out. It also includes awareness of the interaction between the researcher, the participants and the research itself and it takes into account how the process of the research affects findings and eventual outcomes.

'Critical subjectivity', as Etherington (2004) calls it, means adopting a critical stance to oneself as researcher. Personal response and thoughts about the research and research participants is taken into account, and researchers are aware and take stock of their own social location and how this affects the study. This is of major importance in health research where researchers often have been socialised into professional ways of thinking. Although they do not

take centre stage in the research, they have a significant place in its process during collection and interpretation of data as well as in the relationship they have to participants and to the readers of their research. The researchers' own standpoint and values shape the research, and this needs to be made explicit in qualitative inquiry. Researchers should be aware of and present their own preconceptions and assumptions while attempting to understand the effect they have on the data and be conscious of both structural and subjective elements in their research. The researcher is part of the research but also the conditions and problems which are encountered and the context in which it occurs; all these become a focus for reflexivity. In other words, reflexivity is not only critical reflection on the researcher's place in the inquiry but also on the process of knowledge generation and the factors which have influenced it (Guillemin and Gillam, 2004). Thus the concept of reflexivity is concerned with the awareness of socially located and constituted knowledge.

Finlay (2002b) discusses five types of reflexivity:

1. *Introspection*: This is an exploration of one's own experience and meaning to further insights and interpretations in the research.
2. *Intersubjective reflection*: This type of reflexivity focuses on the relationship between the researcher and the participants. The researcher has to be aware of the way in which the relationship affects the research.
3. *Mutual collaboration*: The participants are part of the research and their own reflection on it influences the context of the relationships, and this in turn affects the process of the research. The account is an outcome of collaboration between the partners, the researcher and the participant. Researchers must be aware of this.
4. *Social critique*: Reflexivity as social critique is linked to the power relationship and the social position of researcher and participant which have an impact on the research and which the researcher must acknowledge.
5. *Discursive deconstruction*: This type of reflexivity is linked to language and the variety of meanings inherent in it. Researchers concede in their writing that the findings can have multiple meanings and focus on the construction of the text.

There are dangers inherent in reflexivity even on the simplest level: the researchers might take self-reference too far, and some qualitative writers are prone to this. The voice of the participants and the illumination of the phenomenon under study should have priority. Nevertheless, the researcher is the main research instrument; he or she decides what constitutes data and where the focus should be located; researchers analyse the data and determine how to illuminate the phenomenon under study. They also write the research report and choose what to include and exclude.

Some of the differences between qualitative and quantitative inquiry are listed in Table 1.1.

Table 1.1 Some differences between qualitative and quantitative research

	Qualitative	Quantitative
Aim	Exploration, understanding and description of participants' experiences and life world	Search for causal explanations
Approach	Generation of theory from data Initially broadly focused Process oriented Context-bound, mostly natural setting Getting close to the data	Testing hypothesis, prediction, control Narrow focus Product oriented Context free, often in laboratory settings
Sampling	Participants, informants Sampling units such as place, time, concepts Purposive and theoretical sampling Flexible sampling that can develop during the research	Respondents, participants (the term 'subjects' is now discouraged in the social sciences) Randomised sampling Sample frame fixed before the research starts
Data Collection	In-depth non-standardised interviews Participant observation/fieldwork Documents, diaries, photographs, videos	Questionnaire, standardised interviews Tightly structured observation Documents Randomised controlled trials
Analysis	Thematic or constant comparative analysis, latent content analysis ethnographic, narrative analysis, etc.	Statistical analysis
Outcome Relationships	A story, ethnography, a theory Direct involvement of researcher Researcher relationship: close	Measurable and testable results Limited involvement of researcher with participant Researcher relationship: distant
Rigour	Trustworthiness, authenticity Typicality and transferability Validity	Internal/external validity, reliability Generalisability

These differences are not absolute; they are mainly at the end of a continuum. For instance, some approaches seek causal factors or explanations such as grounded theory. The term validity is used often in qualitative research – although it has an alternative meaning: quantitative research is not always context free, nor completely objective. The researcher can have a relationship with participants in quantitative research, and qualitative inquiry might seek generalisability (these aspects are discussed later in the book).

The place of theory in qualitative research

What place has theory in qualitative research? Theory is a framework or set of statements about concepts that are related to each other and useful for understanding the phenomena under study. Silverman (2006:14) states that theory provides a 'framework for critically understanding phenomena'. Novice researchers sometimes believe that they do not need theories in the beginning of their research because qualitative inquiry is inductive, that is, it goes from the specific and unique cases to the general and hence develops theory or theories. Indeed many qualitative approaches explicitly develop theory, such as grounded theory, and theorising prior to the study is not encouraged. However, the inductive nature and the lack of a hypothesis in the beginning of research do not mean that no existing theories are needed or used in the research. For instance, a colleague might research ethnic differences in professional education. Her or his data from interviews have primacy. This means that the theories of culture, ethnicity and social interaction are part of the framework of the research, regardless of the data obtained and the theory developed. In chronic illness, theories of identity or gender might be important. Existing theory illuminates the findings (Reeves *et al.*, 2008) and might even be modified through these. Researchers also need some knowledge about the related literature on major theoretical concepts which could be important for the research. Health researchers sometimes present a-theoretical studies though the empirical content is useful and valuable. In a piece of research for practical purpose this might be acceptable but not in an academic project.

Creswell (2009) ascribes a place to theory and calls it a general 'orientating lens' through which the research can be seen. It helps researchers to formulate the research question and – eventually – locate their own research inside or outside an existing framework. As well as the theories mentioned above, there are many pre-existing social theories, such as feminist theory, critical theory, symbolic interactionism etc., and any of these might explain the standpoint of the researcher. Too much theory in the beginning of the research, however, might generate preconceptions and assumptions rather than leaving the researchers with an open mind and free to develop their own theoretical ideas.

The usefulness of qualitative research in healthcare

Qualitative researchers adopt a person-centred and holistic perspective. The approach helps develop an understanding of human experiences, which is important for health professionals who focus on caring, communication and interaction. Through this perspective, nurses and other health researchers gain knowledge and insight about human beings – be they patients, colleagues or other professionals. Researchers generate in-depth accounts that present a lively

picture of the participants' reality. They focus on human beings within their social and cultural context, not just on specific clinical conditions or professional and educational tasks. Qualitative health research is in tune with the nature of the phenomena examined; emotions, perceptions and actions are qualitative experiences.

The essence of work in the health professions contains elements of commitment and patience, understanding and trust, give and take, flexibility and openness (Paterson and Zderad, 1988). These traits mirror those of qualitative inquiry. Indeed, flexibility and openness are as essential in qualitative study as they are in the tasks of the health worker. In the clinical arena too, health professionals often have to backtrack as they do in research, return to the situation and try something new, because the situation is constantly evolving.

Health professionals, in particular midwives and nurses, have long recognised that individuals are more than diagnostic cases (Leininger, 1985) and therefore research must focus on the whole person rather than merely on physical parts. The researcher, taking a holistic view, observes people in their natural environment, and the researcher–informant relationship is based on trust and openness. Both professional caring and qualitative research depend on knowledge of the social context. The settings in which individuals live or stay for a time, the social support they have and the people with whom they interact, have a powerful effect on their lives as well as on health and illness.

Built-in ethical issues exist in both caring and qualitative research. Health researchers are ethically bound to act in the interest of clients or participants in the setting and to empower them to make autonomous decisions. This does not mean that conventional forms of inquiry have no ethical basis; however, the closer relationships forged in qualitative research enable researchers to be more focused on ethical values and achieve empathy with the participants in the research. These relationships also help health researchers to be more aware that their clients are human beings and not just body parts.

In their assessment, health professionals use inductive thinking but also make deductions before coming to conclusions, piecing together the full picture of the patient's or client's condition from specific observations and individual pieces of information. Listening carefully and asking relevant questions without being judgemental enables them to gain insights into problems and a deeper understanding of the people with whom they interact. Qualitative research too, proceeds from collecting specific data to more general conclusions.

There are many uses and applications of qualitative inquiry for health researchers and there are reasons why it might be helpful in the clinical or educational setting. In the social and political arena, it can reveal the perspectives of the policy makers in health services and organisations as well as examine strategies for development. More importantly however, qualitative research can explore the cultural, social and uniquely personal aspects of living with illness, pain and disability. While studying how people make sense of their experience

and suffering, nurses and other health researchers also gain their perspectives on care and treatment and are able to evaluate management and self-management of illness and health from both the professional and client perspective. In professional education too, qualitative inquiry can be a useful tool to study the thoughts and ideas of both teachers and students.

In uncovering motivations, values and expectations, the health researcher translates the findings of the research to clinical practice. Kuper *et al.* (2008) argue that this research helps health professionals in the understanding of clinical issues; for instance, reasons for adhering to or abandoning medical commendations can be elicited.

There are many more cases when qualitative inquiry can be of use. Sandelowski (2004: 1368) summarises the topics and utilisation of qualitative research which can be helpful to examine the following:

- The social constructions of illness, prevention, treatment and risk
- Experiencing and managing the effects of disease and its treatment
- Decisionmaking around the areas of birth, dying and potential technological interventions
- Factors affecting the quality of care either positively or negatively, linked to access to care, promotion of good health and prevention of disease and the reduction of inequalities

Indeed she suggests that other researchers too now use some of the language which started in qualitative inquiry. Evidence-based practice, which is meant to include the best evidence on which to develop patient care, has generally meant the evaluation and utilisation of evidence from the field of randomised controlled trials. However, it has recently been recognised that qualitative research too can contribute to the evidence base (Newman *et al.*, 2006) and indeed add to practical knowledge which is valued highly because of its applicability to the clinical setting. Sandelowski confirms the recent return to emphasis on the 'primacy of the practical' over pure knowledge, and the latter could be translated into utilisation in professional practice.

Choosing an approach for health research

Adopting approaches because researchers find them easy or interesting is not an appropriate way of doing research. Methodology and procedures depend on

- the nature and type of the research question or problem;
- the epistemological stance of the researcher;
- the capabilities and knowledge of the researcher;
- skills and training of the researcher;
- the resources available for the research project.

In the main, the research approach should depend on the intentions of the researcher and the aims of the inquiry.

Researchers do have to think of the practicalities of the research such as their own competence and interest, the scope and time of the research and available funds and resources, all factors that influence the undertaking of a project. A qualitative methodology is generally applied in healthcare settings when the focus is on feelings, experience and thoughts, change and conflict.

Researchers do have a variety of choices on the approach to adopt. Holloway and Todres (2003: 355) advise health researchers to consider carefully the research question, including the phenomenon to be studied, and the type of knowledge which they seek. Once they have chosen their approach, they need to study it with care and get to know it in detail, even though they might eventually diverge from some of its more rigid elements.

If researchers wish to study a specific phenomenon or the life world of the participants they might take a *phenomenological approach*, usually through interviewing participants. For instance, a researcher might interview new fathers or mothers about the phenomenon of becoming a parent.

A *grounded theory* method would generate theory directly from the data; although it can be used in any field of qualitative health research, it often focuses on interaction and has interviewing and/or participant observation as its main data collection procedures; a researcher might observe the interaction between hospital consultants and patients or doctors and nurses. After observation, the researcher might interview the people who were observed about these interactions.

In *narrative analysis*, for instance, the researcher will ask for a first-hand account of insiders who are asked for their experiences; for instance they might narrate the story about living with multiple sclerosis or chronic pain. *Ethnographers* study the culture or subculture of a particular group in which they have an interest. The culture of midwifery teachers or that of orthopaedic nursing might be explored through observation and interviews. Of course, the preceding are not the only approaches, but each has a distinct focus and theoretical base or framework.

These are only some examples that could be investigated (many will have been carried out already).

Problematic issues in qualitative research

There are problematic issues in all research, and qualitative research is no exception. However, some concerns are specific to qualitative inquiry. Researchers

also make mistakes which range from attempting to study a topic which is too complex to making the research too broad-based or too narrow. Some problems are set out below.

Lack of methodological knowledge

Some researchers see no need to study the methodology and methods before starting the research. Not knowing about the complexities of qualitative inquiry, many researchers are so eager to start that they neglect to gain this knowledge. Without it, however, the research can go wrong. For instance, researchers need to have information about interview procedures – such as having an interview guide rather than a structured questionnaire. Another example would be within grounded theory: for example, researchers need to know about the interaction of data collection and analysis as well as theoretical sampling before starting a study. The data are not all collected and then analysed together, rather the analysis process is ongoing through the data collection. Most approaches have their own way of collecting and analysing data and reporting on the findings.

Drowning in data and the need for time

Qualitative researchers often produce great amounts of data and lack the time for analysis and reflection. Each interview produces many tapes and pages of text which researchers need to reduce and collapse without losing the core ideas; hence, knowledge of procedures is essential. Richards (2005) advises new researchers to have plans for reduction in place. They are sometimes overambitious and want to include everything related to the topic. Qualitative research takes time, and poor preparation puts the study in jeopardy. Unlike quantitative research where a clear framework has been established from the beginning, the tentative and flexible character of qualitative research hinders early completion of research, although funding bodies sometimes believe that it can be done quickly. As Silverman (2006) advises the amount of data and the available time must be reconciled.

Methodolatry

The research methodology and the methods inherent in it are not the only consideration for researchers though. 'Methodolatry', about which Janesick (2000: 390) warns us, is a danger in any research. Methodolatry means an obsession with method without reflection, an overemphasis on method rather than substance in the research. This can lead to distancing from participants by valuing method over their thoughts and ideas.

‘Romanticism and emotionalism’

Because researchers get close to the participants while also describing a phenomenon from the inside, qualitative research is sometimes romanticised especially in health research, where participants are often vulnerable and lack power in the clinical setting.

Most texts advise researchers to listen to the voice of the people with whom they carry out their research or explore their ‘life world’. However, researchers cannot put themselves ‘into other people’s shoes’ and see the world from exactly the same perspective or the authentic view of the participant even though they inhabit the same world. Indeed many novice researchers wish to study experiences that they themselves have had (we remember students with epilepsy and chronic pain, for instance) because they empathise or feel that their own experience gives them special insight into the condition. Although this research is feasible and one’s own experience can be a valuable source of knowledge, researchers, in particular neophytes, need be aware that they might have preconceptions which could influence their interviews and observations.

With Silverman (2006: 123–5) one might call this empathic and feeling-centred research ‘emotionalism’. He maintains that this position is seductive, particularly in interview research. Indeed, the researcher might never hear the true voice of the participant; researchers, after all, translate, describe and interpret the voice of the participants and go to a level of abstraction to do this.

Method slurring

Qualitative research includes a variety of diverse approaches for the collection or analysis of data, based on different philosophical positions and rooted in various disciplines. Some are in fact philosophies rather than methods of data collection and/or analysis – for instance phenomenology – others present approaches to data collection, analysis and theorising such as grounded theory and ethnography. Yet others are textual analyses like discourse and conversation analysis. Even within a single method, different schools compete with each other and their followers sometimes take a strong position.

Students cannot always differentiate between methods, and some expert researchers strongly argue against ‘slurring’ or ‘muddling’ them (Boyle *et al.*, 1991; Baker *et al.*, 1992). These writers point out that each approach in qualitative research has its own assumptions, procedures and unique features. Holloway and Todres (2003) warn against interchanging these as this might lead to inconsistency and harm the integrity of the chosen approach. They explore the tensions between *flexibility* – seeing what can be mixed and used in any approach – and *coherence* – clarity and constancy within a single approach.

A researcher using one of the methods should make sure that language, philosophical underpinnings and procedures are appropriate to that which has been chosen. Commonalities do exist, of course. Most of these ways of researching focus on the experiences of human beings and the perspectives of the participants, interpreted by the researcher. They uncover meanings that people give to their experiences. Most of these types of research result ultimately in a coherent story with a strong storyline (the problem with generalisability in Chapter 18).

These are not the only issues in qualitative research that might be problematic. Throughout this text, we attempt to show how these problems can be overcome.

Conclusion

Nurses and other health researchers do not use qualitative approaches without reflection and evaluation. To be of value to healthcare, a critical and rigorous stance is necessary. We repeat in this book the tenets of Atkinson *et al.* (2001: 5)

‘As qualitative research methods achieve ever-wider currency... we need to apply a critical and reflexive gaze. We cannot afford to let qualitative research become a set of taken for granted precepts and procedures. Equally, we should not be so seduced by our collective success or radical chic of new strategies of social research as to neglect the need for methodological rigour.’

Summary

- Qualitative research is an exploration of the perspectives and life world of human beings and the meanings they give to their experiences. It is used for a variety of reasons.

In this type of inquiry, the data collected by the researcher have priority over hypotheses and theories, and the research is initially inductive.

Context and contextualisation are of major importance.

Researchers have continual and prolonged engagement.

Some of the main features are thick or exhaustive description and reflexivity.

The power relationships of researcher and participants are based on equality as persons.

The approach chosen should ‘fit’ the research question and the epistemological stance of the researcher.

Those who wish to be acquainted with the paradigm debate would be advised to read the next chapter.

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CHAPTER 2

The Paradigm Debate: The Place of Qualitative Research

There are many books which trace the background and theoretical framework of qualitative research. They focus mainly on epistemological and methodological issues, and most experienced qualitative health researchers are acquainted with the debates surrounding it. For novice qualitative researchers it might be useful to rehearse these arguments and give an (admittedly simple) overview of the debates, as was done in previous editions. Although many writers maintain that the dispute about 'research paradigms' has been settled and the 'paradigm wars' are over, new researchers need to know about early discussions on these issues.

Theoretical frameworks and ontological position

Social inquiry can be approached in several different ways, and researchers will have to select between varieties of approaches. Whilst often making a choice on practical grounds, they must also understand the theoretical and philosophical ideas on which the research is based.

Approaches to social inquiry consist not only of the procedures of sampling, data collection and analysis, but they are rooted in particular ideas about the world and the nature of knowledge which sometimes reflect conflicting and competing views about social reality. Some of these positions towards the social world are concerned with the very nature of reality and existence (*ontology*). From this, basic assumptions about knowledge arise: *epistemology* is the theory of knowledge and is concerned with the question of what counts as valid knowledge. *Methodology* refers to the principles and ideas on which researchers base their procedures and strategies (*methods*). To assist in understanding the background to the interpretive/descriptive approach to research, the following section will describe epistemological and methodological ideas about the rise and development of qualitative research. (See the discussion in the book by Willis (2007), Chapters 1 and 2 in particular.)

Conflict and tension between different schools of social science have been in existence for a long time. Several sets of assumptions underlie social research;

in their most basic form they describe the dichotomy between the *positivist* and the *interpretivist* (interpretive) paradigms (Bryman, 2008).

In the early days of positivism, the focus was on the methods of natural science that became a model for the social sciences such as psychology and sociology. Interpretivists stressed that human beings differ from the material world and the distinction between humans and matter should be reflected in the methods of investigation. Much social research developed from these ideas. Qualitative research was critical of the natural science model and a reaction against the tenets of this model. Researchers held a 'separatist' position and believed the world views of qualitative and quantitative researchers to be incompatible. They initially rejected a mix of the two (Murphy and Dingwall, 2001).

Social scientists continue to raise the paradigm debate but stress that simplistic polarisation between positivist and qualitative inquiry will not do. Atkinson (1995), in particular, criticised the use of the concept of the term *paradigm* and the 'paradigm mentality'. Health researchers, too, accused their professions of unwarranted 'paradigmatic thinking' and maintain that it restricts rather than extends knowledge (Thorne *et al.*, 1999). Nevertheless, qualitative researchers are still defensive of their methodology and tend to develop arguments against other approaches. Indeed, they sometimes do that of which they accuse quantitative researchers and seem to be absolutist in their statements and uncritical of their own approach.

The natural science model: positivism, objectivism and value neutrality

From the nineteenth century onwards, the traditional and favoured approaches to social and behavioural research were quantitative. Quantitative research has its root in the positivist and early natural science model that has influenced social science throughout the nineteenth and the first half of the twentieth century. The description that follows here is core to the debate.

Positivism was an approach to science based on a belief in universal laws and attempts to present an objective picture of the world. Positivists followed the natural science approach by testing theories and hypotheses. The methods of natural – in particular physical – science stem from the seventeenth, eighteenth and nineteenth centuries. Comte (1798–1857), the French philosopher who created the terms 'positivism' and 'sociology', suggested that the emerging social sciences must proceed in the same way as natural science by adopting natural science research methods.

One of the traits of this type of research is the quest for objectivity and distance between researcher and those studied so that biases can be avoided. Investigators searched for patterns and regularities and believed that universal laws and rules, or law-like generalities, exist for human action. Behaviour could be predicted, so they believed, on the basis of these laws. Researchers thought that findings would

and should be generalisable to all similar situations and settings. Even today many researchers think that numerical measurement, statistical analysis and the search for cause and effect lie at the heart of much research, and of course, that is so. Not many researchers now feel that detachment and objectivity are possible, and that only numerical measurement results in objective knowledge. In the positivist approach, researchers control the theoretical framework, sampling frames and the structure of the research. This type of research seeks causal relationships and focuses on prediction and control.

Popper (1959) claimed falsifiability as the main criterion of science. The researcher formulates a hypothesis – an expected outcome – and tests it. Scientists refute or falsify hypotheses. When a deviant case is found the hypothesis is falsified. Knowledge is always provisional because new incoming data may refute it. (There has been criticism of Popper's ideas but the debate cannot be developed here. It is discussed in philosophy of science texts.)

The positivist approach develops from a theoretical perspective, and a hypothesis is often, though not always, established before the research begins. The model of science adopted is hypothetico-deductive; it moves from the general to the specific, and its main aim is to test theory. The danger of this approach is that researchers sometimes treat perceptions of the social world as objective or absolute and neglect everyday subjective interpretations and the context of the research.

Nineteenth-century positivists believed that scientific knowledge can be proven and is discovered by rigorous methods of observation and experiments, and derived through the senses. However, this is a simplistic view of science and there has been major change. Even natural scientists – for instance biologists and physicists – do not necessarily agree on what science is and adopt a variety of different scientific approaches and inductive methods as well as deduction. Social scientists too, use a number of approaches and differ in their understandings about the nature of science. Scientific knowledge is difficult to prove.

The search for objectivity may be futile for all scientists. They can strive for it, but their own biases and experiences intrude. Science, whether natural or social science, cannot be 'value free', that is, it cannot be fully objective as the values and background of the researchers affect the research.

The paradigm debate

In the 1960s the traditional view of science was criticised for its aims and methods by both natural and social scientists. The new and different evolutionary stance taken within disciplines such as biology and psychology had gone beyond the simplistic positivist approach. Qualitative researchers go further still. Lincoln and Guba (1990), for instance, argue that a 'paradigm shift' occurred – in line with the ideas of Kuhn (1962, 1970).

Kuhn's thinking has had great impact on the paradigm debate. 'Normal science', with its community of scholars, he asserts, proceeds through a series of crises that hinder its development. Earlier methods of science are questioned and new ways adopted; certain theoretical and philosophical presuppositions are replaced by another set of assumptions taking precedence over the model from the past. Eventually, one scientific view of the world is replaced by another. Although Kuhn wrote about the physical sciences and was a natural scientist, later writers have used his work to draw analogies with the shift in the ideas of social science. Kuhn's (1962: 162) definition of paradigm is 'entire constellation of beliefs, values, techniques, and so on, shared by the members of a given community'.

Thus a paradigm consists of theoretical ideas and technical procedures that a group of scientists adopt and which are rooted in a particular world view with its own language and terminology. Kuhn's ideas have been extensively criticised (Fuller, 2000), but the critique cannot be developed here.

Qualitative social researchers often claim that a 'paradigm shift' in social science has occurred – in the same way in which Kuhn discussed it – that a whole world view is linked to the new paradigm. They attack the positivist stance for its emphasis on social reality as being 'out there', separate from the individual, and maintain that an objective reality independent of the people they study is difficult to grasp.

Quantitative research, in all its variations, is useful and valuable, but it is sometimes seen as limited by qualitative researchers, because it neglects the participants' perspectives within the context of their lives. Lather (2004) reminds researchers, that the shift to qualitative approaches in the 1970s was partly due to the difficulties of measurement and the 'limits of causal models'. (Although she speaks of education in particular, her ideas can also be applied to health research.)

The controlled conditions of traditional approaches sometimes limit practical applications. This type of research does not always or easily answer complex questions about the nature of the human condition. Researchers using these approaches are not inherently concerned about human interaction or feelings, thoughts and perceptions of people in their research but with facts, measurable behaviour and cause and effect; of course both types of research are necessary.

Both qualitative and quantitative methodologies in research are important, but researchers ask different questions suitable to each approach and generate different answers.

It must not be forgotten that natural scientists, too, have criticised the often mechanistic natural science view of the world which in the view of many researchers, including many natural scientists, is at least to some extent socially constructed and defined. Indeed one could argue that there has not been a

'scientific revolution' with a new paradigm. A decade ago many, such as Atkinson (1995) and Thorne *et al.* (1999), challenged the notion of paradigm shift and suggested that the debate is an oversimplification of complex issues.

The interpretive/descriptive approach

The interpretive or interpretivist model and descriptive research (descriptive phenomenologists would not call their approach interpretive) have their roots in philosophy and the human sciences, particularly in history, philosophy and anthropology. The methodology centres on the way in which human beings make sense of their subjective reality and attach meaning to it. Social scientists view people not as individual entities who exist in a vacuum but explore their world within the whole of their life context. Researchers with this world view believe that understanding human experiences is as important as focusing on explanation, prediction and control. The interpretive/descriptive model has a long history, from its roots in the nineteenth century and Dilthey's philosophy, Max Weber's sociology and George Herbert Mead's social psychology.

The interpretivist view can be linked to Weber's *Verstehen* approach. Philosophers and historians such as Dilthey (1833–1911) considered that the social sciences need not imitate the natural sciences; they should instead emphasise empathetic understanding. Understanding in the social sciences is inherently different from explanation in the natural sciences. Weber was well aware of the two approaches that existed in the nineteenth century. The concept of *Verstehen* – understanding something in its context – has elements of empathy, not in the psychological sense as intuitive and non-conscious feeling, but as reflective reconstruction and interpretation of the action of others. Weber believed that social scientists should be concerned with the interpretive understanding of human beings. He claimed that meaning could be found in the intentions and goals of the individual.

Weber argued that *understanding* in the social sciences is inherently different from *explanation* in the natural sciences, and he differentiates between the nomothetic, rule-governed methods of the latter and idiographic methods that are not related to general laws and rules but to the actions of human beings. This was linked to the *Methodenstreit* – the conflict between methods – which historians and philosophers such as Dilthey (1833–1911) and Windelband (1848–1915) had discussed in the nineteenth century. Weber believed that numerically measured probability is quantitative only, and he wanted to stress that social science concerns itself with the qualitative. We should treat the people we study, he advised, 'as if they were human beings' and try to gain access to their experiences and perceptions by listening to them and observing them. Weber did not have a direct impact on early qualitative researchers (Platt, 1985), nor did he discuss qualitative inquiry as we now understand it, but he influenced sociologists in particular, and his ideas have helped shape the qualitative

perspective. Sociologists developed further the interpretive perspective that initially stemmed from the writings of Mead, Weber, Schütz and others in the early twentieth century; grounded theory as well as some other approaches acknowledge these influences.

Phenomenology as a qualitative research approach is based on philosophy in the nineteenth and early twentieth centuries too, starting with Dilthey, but in particular on the ideas of the mathematician and philosopher Husserl (1859–1938), and the philosopher Heidegger (1889–1976) who focused on ontological questions of meaning and lived experience. The theoretical framework has developed through time and includes the work of other philosophers. In practical terms it has benefited from the work of psychologists and sociologists. Qualitative researchers claim that the experiences of people and other phenomena are essentially context-bound, that is, they cannot be free from time and location or the mind of the human actor. Researchers are urged to grasp the socially constructed nature of the world and realise that values and interests become part of the research process. Complete objectivity and neutrality are impossible to achieve; the values of all participants become an integral part of the research. Researchers are not divorced from the phenomenon under study (Mantzoukas, 2004). This means reflexivity on their part; they must take into account their own position in the setting and situation, as the researcher is the main research tool. Language itself is context-bound and depends on the researchers' and informants' values as well as their social location (see Chapter 1). Detailed replication or duplication of a piece of research is impossible because the research relationship, history and location of participants differ from study to study.

Qualitative methodology is not completely precise, because human beings do not always act logically or predictably. Indeed many writers argue that those who cannot bear ambiguity should not attempt this type of research. Investigators using a qualitative lens turn to the human participants for guidance, control and direction throughout the research. Structure and order are, of course, important for the research to be scientific. The social world, however, is not orderly or systematic; therefore it is all the more important that the researcher proceeds in a well structured and systematic way.

Recent focus on postmodernism and social constructionism

Latterly, qualitative researchers have stressed two related influences on qualitative research, those of postmodernism and social constructionism. Postmodernism is not a unitary concept but a set of ideas rooted in philosophy and sociology and also permeating recent literature, music and visual arts, and in particular, architecture. Postmodernists are critical of the traditionalist values of society and stress the plurality of beliefs. Questioning the existence of objectivity and neutrality in research, they believe that much depends on the presenter's and

audience's standpoint and stance and suggest that much that people consider as facts is relative and subjective. Research is bound to the local context and is valid only in relation to our own time and community (Cahoon, 2003).

Postmodernism challenges traditional knowledge, and in qualitative research it stresses the multiplicity of perspectives and lack of a unitary view of truth. Postmodernist researchers are antifoundationalist, that means they believe that there is no absolute and universal knowledge and truth; indeed knowledge is provisional and uncertain (Willis, 2007) and there are often a variety of alternative explanations for a phenomenon.

Postmodernism and social constructionism (or similarly constructivism) are closely related. Social constructionists argue that so-called social reality is a product of social processes; it is tied and relative to context, time and culture; human beings construct it themselves (see Holstein and Gubrium, 2008). It is believed that the participants, the researcher and the reader together construct the research; in this way research is produced by social interaction. Holstein and Gubrium, however, refute in the introduction to their book that constructionism and qualitative research are synonymous, and not all this type of inquiry can be labelled social constructionist.

Critical theory is another basis of some qualitative research approaches such as critical ethnography and critical discourse analysis. The critical approach takes account of power and inequalities in society and has its roots in Marxist and neo-Marxist thought. Proponents are Habermas (b. 1929) and the members of the 'Frankfurt School' (desiring social change after the Second World War) who point to oppressive relationships in society. Researchers who base their inquiry on critical theory take account of these unequal relationships and aim their research at empowerment of those whose voices cannot be heard (Willis, 2007). Critical theorists want to change existing inequalities through their research.

Conflicting or complementary perspectives?

Some social scientists believe that qualitative and quantitative approaches are merely different methods of research to be used pragmatically, dependent on the research question (Bryman, 2008). Others decide that they are incompatible and mutually exclusive on the basis of their different epistemologies (Lincoln and Guba, 1985; Leininger, 1992; Denzin and Lincoln, 2005). Researchers sometimes carry out one or the other, depending on their own epistemological stance, or they use both. Silverman (2006) and many others argue that neither school is better or more valid than the other, and that an emphasis on the polarities does not result in a useful debate as both are valid approaches.

Many sociologists, psychologists and health professionals work in the quantitative tradition. In much of health, education and social work, however, the qualitative perspective has been in the ascendant for some decades, in particular

in nursing. One might suggest that qualitative research is a coherent way of researching human thought, perception and behaviour (not new or uni-linear but developed to answer different questions from those of traditional approaches).

The positivist and the interpretive/descriptive model of social research have their roots in different assumptions about social reality. While early positivism is based on the belief that reality has existence outside and is independent of individuals, those who adopt new approaches to research claim that *social* reality is constructed and is not independent from the people creating it, although they usually do acknowledge that there is a reality 'out there'. Not only qualitative researchers hold this view, but many quantitative researchers also believe this.

Oakley (2000) claims that qualitative researchers sometimes use the term 'positivism' as a form of abuse. She criticises this and those researchers who neglect experimental and other forms of quantitative research. She asserts that both qualitative and quantitative approaches have a place. In any case, the terms are not absolute, as numbers are often used in qualitative research, and quantitative inquiry includes elements of quality. Also, research, whether quantitative or qualitative, can be presented in a positivist or non-positivist frame, aim or direction. Crotty (1998: 41) suggests '... it is a matter of positivism vs. non-positivism, not a matter of qualitative vs. quantitative'. Methodological debates often suffer from oversimplification.

Bryman (2008) argues that qualitative research became popular initially because of dissatisfaction with quantitative research. The latter could not, in the view of many researchers, answer the important questions in which they were interested. In qualitative health research, the 'voices' of patients and clients are heard, and feelings and experiences can be grasped. Although there are distinct differences between the major methodological approaches, many argue against their polarisation. Ercikan and Roth (2006) reiterate the view of these and claim that the dichotomy between qualitative and quantitative research is meaningless: phenomena under investigation have both qualitative and quantitative features. Qualitative research is often seen as subjective and quantitative as objective and neutral. In research, however, subjectivity and objectivity are at the end of a continuum – qualitative inquiry is at the more subjective end, while quantitative research has some subjective features but attempts to be more objective. There is neither total objectivity nor complete subjectivity in either approach.

The two approaches should not be seen as dichotomous although of course they are different (see Table 1.1).

Final comment

To add to the confusion and ambiguity of the paradigm debate, many researchers see other types of research such as those based on critical theory or mixed methods research as separate 'paradigms'. The term 'paradigm' though overused,

is still seen as a valid concept in methodology (Morgan, 2007). There are many philosophical and epistemological directions which have had an impact on qualitative research; there is no space for all these in this text. Qualitative researchers choose a variety of approaches and procedures to achieve their aims. These include ethnography, grounded theory, phenomenology, narrative research, conversation analysis, discourse analysis and others. Some forms of social inquiry such as action research, ethnography and feminist approaches often use qualitative methods and techniques but sometimes include quantitative strategies.

Regardless of the epistemological stance or perspective of the researchers who carry out this type of inquiry, however, they must at least appreciate some of the important issues which might affect qualitative research. This includes knowledge of the paradigm dialogue and the philosophical and theoretical ideas which have had an influence on qualitative research.

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Further reading

- Most textbooks on qualitative research contain chapters on these issues. A very clear article discussing the paradigm debate for a nursing readership is the following:
- Mead, G.H. (1934) *Mind, Self and Society*. Chicago, IL, University of Chicago Press.
- Weaver, K. & Olsen, J. (2006) Understanding paradigms used for nursing research. *Journal of Advanced Nursing*, 53 (4), 459–69.

CHAPTER 3

Initial Steps in the Research Process

At the beginning of their study, researchers go through the process of selecting the research topic and defining the research question. They must make sure of a sound design, and that this design fits the chosen topic. Although the initial steps in different types of research are similar, qualitative researchers use a distinct terminology and adopt different principles, and this is reflected in the way they design their project. The initial phase is important as it sets the scene for the progress of the research. Qualitative inquiry suits studies where little is known about the specific research topic, as researchers should not start with assumptions or preconceived ideas.

Selecting and formulating the research question

The first step in the process is the selection of the research area, topic and question. Although the terms are often used interchangeably, Punch (2006) believes that they are a hierarchy of concepts with different levels of abstraction. The research area and topic are more general than the research question. A research question or problem is a question about an issue that researchers examine to gain new information. It differs from data collection questions that are at the lowest level of abstraction. The latter are the steps to gather data in order to answer the research question. The conclusions of any study are intended to answer the research question. The question should be explicit as well as meaningful and coherent (Mantzoukas, 2008).

Examples

An area of research may be 'the experience of chronic pain', or 'living with diabetes'. A topic would be a more specific aspect of the area, for instance, 'old people's experience of chronic pain and their coping strategies' or 'chronic back pain and changes in identity'. The research question or problem might

be phrased: 'How do old people experience and cope with pain?' or 'The relationship between chronic illness and self perception.'

A *data collection question* is much more specific, such as 'How did you feel when you had that asthma attack?' or 'Tell me how you coped with your pain?' These are not research questions but interview questions.

Nurses and other health researchers often notice problems in their work setting which they feel need investigation so that solutions or remedies for unsatisfactory situations or behaviour may be found. Sometimes the topic emerges from the literature linked to a particular area of professional work where gaps in knowledge can be identified. Nursing/midwifery and other health research studies contribute to existing knowledge and enhance understanding of the area under investigation. Knowledge and understanding of an issue are not always enough, however; health professionals also seek solutions to problems in the clinical setting.

Personal observation and experience, as well as discussion with others, guide individuals towards the topic for research. Events and interactions often provide an interest or a puzzle and generate the wish to know more. The research question is a statement about what they want to find out and stems directly from a problem experienced in the clinical area or in their personal and professional lives. Holliday (2007) argues that research questions develop during the process of the research; they vary on a continuum from the broader and more general to the very specific and might be changed. Many health researchers have a question from the beginning of the study based on their clinical work.

It is important that the problem is related to professional work; for instance if nurses are working in the field of paediatrics it would be inappropriate (though not wrong) for them to undertake a project with old people, however much it might arouse their interest. A nurse on a ward for confused elderly people who had worried about accidents and falls might explore nurses' perspectives on the care of old people and the problems involved in their care. A midwife who notices the reluctance of some women to breastfeed might use this as an area of investigation.

Certain criteria should be considered when identifying a research problem:

- The question must be researchable.
- The topic must be relevant and appropriate.
- The work must be feasible within the allocated time span and resources.
- The research should be of interest to the researcher.

The question must be researchable

Health researchers are often confronted with an important ethical or philosophical dilemma that cannot be solved through research. A moral or philosophical

question is not researchable; for instance, the question of whether nurses or doctors should become involved in euthanasia is answerable only in philosophical but not in research terms.

Although the research problem need not be a practical one, it must nevertheless result in findings and outcomes. Research could not answer the question whether health professionals 'should' use euthanasia, but the topic of nurses' perceptions of euthanasia would be researchable. 'Do' and 'should' questions are difficult to answer. 'Do new mothers have feelings of inadequacy?' would become 'What are the feelings of new mothers about coping with their babies?' to transform it into a research question.

Examples of researchable questions and topics

Fathers' perspectives on the chronic illness of their children.

Nurse practitioners' interactions with general practitioners.

How do people experience and cope with chronic pain?

The experience of a Caesarian section for first-time mothers.

(These questions would be more specific in the design of a study.)

The topic should be relevant and appropriate

Relevance means that the research is linked to clinical practice or professional issues. The question might also be important for patients or clients, the health professions or for society in general, and the answer will advance theoretical nursing and healthcare knowledge. The results should be applicable to practice, education or management, legitimising existing practices or leading the way towards change.

The work must be feasible

Health professionals are sometimes overambitious, especially if they are new to research. Rather than reflecting on the time the study may take and some of the detailed procedures and the complexity of analysis, they want to start the study straight away, before they have a thorough knowledge of methodology. Learning about methodology should be one of the first steps in research.

Time can become a problem in qualitative research because it is eaten up by transcribing, coding and categorising data. A simple small-scale study using a well-documented research strategy is far less time consuming than a complex piece of triangulation.

The research should be feasible in terms of resources and accessibility of participants, and researchers should identify whose resources will be used. The

topic might be inappropriate because of major ethical and access problems which cannot be overcome, such as superiors not giving permission to do the research, or patients' vulnerability. The research should also be feasible in terms of participant numbers or availability. Last but not least, it must be within the researcher's knowledge and capability and the time frame available.

The research should be of interest to the researcher

If the topic is interesting, it can stimulate and motivate rather than generate boredom during the course of the study, and it can be sustained only if the researcher is fully involved. The storyline of the project is not merely controlled by the participants but it reflects the interest of the researcher.

The selection of the focus takes time, reflection and discussion with others who have knowledge in the field of study. Students in particular should discuss the focus of their work with their tutors and supervisors. All too often, new researchers in qualitative research choose a question that is designed to deal with factual issues and needs a survey rather than a qualitative approach.

Example

A nurse decides to research the availability of counselling services in the area. He or she decides to ask questions from patients and nurses in the community about access to these services. A qualitative study would not be useful, as a questionnaire is more appropriate to elicit this detailed information about facts. If however the experience of the counselling services by patients is the topic of the research, a qualitative study would be useful.

Quantitative researchers focus on a very specific area and plan every detail before the start of the study, while qualitative researchers initially formulate the question in more general terms and develop and focus it during the research process. Qualitative researchers generally begin with a broad question and become more specific in the process of the research, responding to what they hear and find in the setting (progressive focusing). The research design is evolutionary rather than strictly pre-defined. This needs flexibility on the part of researchers.

Example

A community nurse might be interested in the perspectives of diabetic patients on their condition. As many of her clients are elderly patients with diabetes, she decides that the focus of the study should be their experience. However, on searching the literature on this topic, she might find that a large number of

studies exist on the perspectives of older people with diabetes, but nobody might yet have examined children's experiences or those of their parents. The final aim of the project then could be 'to explore the experience and management of diabetes by children and their parents' (or similar).

Practical issues

Beginners, such as pre-registration students, might undertake a simple study suitable to show that they understand the research process and can produce a valid and useful project. We advise novice researchers not to carry out research involving patients except in exceptional circumstances, for instance if they have long nursing experience, special expertise in their field and expert supervision. For inexperienced researchers it is particularly important to be clear and straightforward. The clearer the question, the clearer is the outcome of the study.

The research design and choice of approach

The research design needs to be appropriate for the chosen topic and research question. The design of the study depends entirely on the topic to be studied and on the developing research question. There is of course no reason why researchers may not choose to develop a qualitative research project but the method must fit the problem or question.

The literature review

After identifying the research question, investigators review the important literature consisting of the information published and closely related to the area of the project, including both *primary* and *secondary* sources. Primary sources are produced by researchers who developed original work on a subject or researched this topic. For the researcher this means searching for the topic area in research and academic journals and books. Secondary information consists of reports, summaries or references to original work originating from a person other than the researcher. Library catalogues and on-line data bases are useful locations for research in the general area of the researcher's topic; Hansen (2006) adds government reports and conferences to the list of places for finding relevant literature. The literature reviewed before the start of the inquiry and during the process would include foundational early texts and up-to-date references. The literature search involves searching data bases and journals which are of relevance for the topic area.

Researchers review the literature for the following reasons at the beginning:

- To find out what is already known about the subject and acknowledge those who have worked in this area
- To identify gaps in knowledge
- To describe how the study contributes to existing knowledge of a topic area
- To avoid duplicating other people's work
- To assist in defining the research question
- To place their research in the context of other studies
- To show that they have reflected on the research question

Punch (2006) points out the specific importance of certain aspects:

1. The identification of the literature relevant to the topic
2. The relationship of the literature to the proposed study
3. The way the researcher uses the literature in the research

Through reading reports (articles and books) researchers can identify what knowledge about the subject of their study already exists, the way in which it was generated, and the methods that were adopted. They may find a large number of studies on the particular topic and decide to avoid it, not wishing to focus on issues that others have thoroughly examined at an earlier stage. There is little justification for researchers to keep to their original research question if the topic has already been addressed exhaustively and adequately elsewhere. However, the literature sometimes points to problems within the subject area that have not yet been investigated.

Examples

A Scottish nurse researcher wishes to examine the topic of interprofessional mentorship and finds that several research studies have been carried out in the United States. He did however not find studies in Scotland and proceeds to investigate this.

A physiotherapist seeks to gain perspectives on a specific chronic illness condition. Many professionals have written about this condition, but there is no study about the perceptions and experience of patients themselves. Although much literature exists in the field, the researcher is justified in carrying out a study with patient participants if this is new and has not been done before.

A simple detailed description of the literature is not enough. It must be critically reviewed and evaluated, even in the initial literature review; researchers appraise others' work within the context of what they themselves intend to do.

Place of literature in qualitative research

Although the literature review is not extensive in a qualitative proposal, researchers need to know from the beginning how other writers' work is used in a piece of qualitative research; they also must be aware that the initial literature review is not exhaustive as it should not direct the study since researchers initially take an inductive approach.

There is a debate about the place of the literature in qualitative research. We know that in quantitative studies researchers read the literature about a topic area and give a detailed evaluative report in the literature review before they start the fieldwork. In the early days of qualitative investigations, researchers were encouraged to start without a literature review so that they would not be directed in their research, as it was believed that a detailed review would invalidate the qualitative research study; indeed Glaser (2004) and earlier writings strongly advise against any type of literature review on the specific topic in the beginning of the study, and advocate instead a wider view which includes the areas around a study rather than specifically addressing the particular topic area. However, some sort of trawl and search for literature should be carried out, because an answer to the question may already exist in the public domain. In any case, researchers' minds are not a *tabula rasa*, a blank sheet, especially not when they are already experienced professionals. Although it is inappropriate to start with a fully developed theoretical model and an in-depth literature review, it is dangerous to start without any prior ideas of what has already been done in the field. The introductory literature review (or overview) should not be seen to direct the research. However, as Haverkamp and Young (2007) point out, the literature review for a research project is not about the knowledge researchers already possess but how they make use of what they know while carrying out a study.

Researchers do not start the study with a rigid framework, hypotheses or fully developed theories for their research. In qualitative research a flexible conceptual framework is necessary, as the study is linked to other research and ideas about the topic. For instance, one of our students researched a specific topic in which gender and class were important aspects. His theoretical position on gender and class were developed from the beginning and formed a framework within which his study proceeded.

An overview of the literature often takes place prior to the study, but the literature search and review proceeds throughout. The literature might even become another source for data in the main body of the study, where it is guided by the findings and emerging themes of the researcher. The researchers compare or contrast their own findings with those of other studies and engage in an active debate and dialogue with results reported in the literature. This happens throughout the study. Metcalfe (2003) advises researchers that previous authors should be treated as 'experts' or authorities in the field in much the same way

that witnesses are called to court to give evidence. The researcher must make a case for calling on the work of these authors and show that they have credibility. Hence it is not necessary to quote each single piece of research that has ever been done; it suffices if credible experts have been consulted in each major area of the research. Their studies and writing is to confirm or disconfirm (challenge) the findings and the argument that the researcher has established, indeed, they form 'building blocks' for the argument. The publications chosen, however, must demonstrate that the researcher does not show only one single point of view but has presented a balanced choice.

Often, a category or construct that researchers discover and develop is reflected in other disciplines or areas of knowledge. Ideas about the emerging concepts can then be followed up in the literature. A look at the nursing or health literature does not always suffice; psychological, educational or sociological literature might also be useful.

Example

An investigator finds that 'returning to normal' is a major issue for people who have had a myocardial infarction (MI). He or she then follows up the idea of 'becoming normal, being normal, normalisation' etc. in other fields of study. Research accounts about people with a disability or an illness condition, and how they try to achieve normality, can then become part of the dialogue between findings and literature in the study of MI patients.

The literature will become integrated at a later stage. As data collection and analysis proceed at the same time in many qualitative approaches, there is an ongoing process of searching the literature that is linked to the findings in the data. Qualitative researchers have an ongoing dialogue with the literature related to their themes, categories or constructs.

Practicalities

Hart (1998) identifies the steps to be taken by researchers in a literature review:

- Collect background information.
- Start mapping the topic.
- Focus the topic.
- Search the sources of literature.
- Build up early bibliographies.
- Search for critical evaluations of the literature.

Many researchers summarise research studies from the literature and the major concepts involved on cards that they file alphabetically from the beginning of

their research. This way they can access the ideas and topic areas more quickly when they want them at a later stage.

Novice researchers often take an uncritical stance to the literature, but it is important to evaluate critically rather than merely describe. If factual claims are made in the introduction or literature review (for instance: 'Recent research has shown ...' or: 'Midwife researchers suggest ...') they must be substantiated with names and dates; evidence should be given. Sometimes older foundational texts are used; reasons for the inclusion of this work must, however, be given otherwise the review does not seem up-to-date for the reader.

There are a variety of search and retrieve strategies for qualitative research, some of which are described by Barroso *et al.* (2003) and Shaw *et al.* (2004).

Writing a research proposal

In an academic situation the term research proposal is used, but in professional settings it is sometimes called the research protocol. Before starting the project, researchers write a proposal – a summary of what they will be examining, why they adopt the particular research focus, and how they will proceed. It also includes information about where and when the research will be carried out. It is useful to add intended outcomes and the potential benefits for patients and service. Researchers also describe the design of the study.

The proposal justifies and clarifies the proposed study for submission to ethics committees, funding agencies, official gatekeepers such as managers and, for student work, to supervisors. The proposal is a detailed plan of action to convince the reader that the researcher knows enough to undertake the project and can show that the completed study will contribute to knowledge in the field.

Structure of a proposal

The proposal consists of the following main elements:

1. Working title
2. Abstract
3. Introduction
 - Problem statement and rationale of the study (justification; demonstration of importance for the profession and clinical practice)
 - Context and setting
 - The aim of the research
4. Brief discussion of the relevant literature
 - A discussion of other researchers' work demonstrating the need for this particular study

- f. Design and methodology
 - Theoretical basis and justification of the methodology (including references on the chosen approach)
 - Delimitations and limitations of the study
 - Sample selection and sampling procedure
 - Data collection and analysis
 - Ethical and entry issues
 - Bibliography and references
- g. Timetable and costing
- h. Potential dissemination

Researchers generally proceed in this order, though reviewers (supervisors, ethics committees or funding bodies) might have their own format for the proposal. There may be change and reformulation at a later stage during the process. Although the research design is not rigid, we advise inexperienced researchers to follow clearly structured, conventional guidelines.

Working title

The working title can be changed as the research evolves, although permission for change might have to be sought from supervisors, research committees or funding bodies. (Discussion of titles in Chapter 19.)

Abstract of proposal

The abstract in the research proposal is a brief summary of the aim, methods, potential outcomes and usefulness.

Introduction

This section sets the scene for the research and must be clear and precise. Readers can only understand the proposal in context. In the introduction researchers demonstrate quality and feasibility of the study and the reasons for it.

The problem statement and rationale

This briefly describes the research focus, the way in which researchers became aware of the problem, and why they want to find out about it. They describe the context in which it takes place. It is important that the research problem is not trivial but has significance for healthcare. The potential usefulness of the project for the profession and clinical setting might be explained. Researchers can address a new problem that occurred in the setting or adopt a new approach to a familiar problem. They demonstrate the significance of the work by explaining

why the research is important, and/or how it could possibly help in improving healthcare practice. Research funded by the National Health Service or related funding agencies must identify potential benefits to the National Health Service.

The rationale gives the reasons for the research that might have emerged through observation of a problem in a particular situation or were stimulated by reading about an event, a crisis or question in the clinical or community setting. At this stage researchers can mention some of the claims and suggestions that other writers make about the topic or area of study. The investigation of the problem should fill a gap in professional knowledge, however small that gap may be. The proposal is a starting point for the writing-up stage; indeed, some sections can be taken over directly into the research report and then extended or modified appropriately.

Context and setting

The context includes the environment and the conditions in which the study takes place as well as the culture of the participants and location. The setting is the physical location of the research, for instance a ward in a hospital, a clinic or the community.

The aim of the research

The aim of the study – a statement of the researcher's intentions and purpose – is made explicit. A statement of the aim is sufficient; objectives might constrict the study by directing it from the outset rather than following the guidance from the ideas of participants. Specific steps to reach the aim will develop as the research proceeds. The overarching purpose of the study reflected in the stated aim is usually concerned with an understanding of participants' feelings, experiences and perceptions as they have developed in the setting and context. Some researchers fail to distinguish the aim from the outcome of the research – the aim is always the specific research aim. For instance, 'the aim of the study is to develop a model of ...' is not a research aim but an outcome of the inquiry. Instead the sentence should read something like 'the aim of the study is to explore ... in order to develop a model ...'

Examples of aims

The aim of this study is to explore the interactions of surgical patients and their consultants.

The purpose of my study is to describe the perspectives of nurse practitioners on their role and role relationships.

The study aims to examine people's perceptions of their visits to alternative practitioners and on the treatment they receive from them.

Creswell (2009) advises qualitative researchers to keep the aim non-directional, not to describe cause and effect but to give a general sense of the main idea using terms such as 'discover', 'develop', or 'describe' or 'explore'. Generally the statement of the study's aim should be crisp and not too long, otherwise it becomes unmanageable and unclear.

The literature

This is sometimes called the 'initial literature review' or 'overview of the literature' in qualitative research as it is not an exhaustive description and evaluation of all the major literature or research studies in the field of the research project. At this stage, the literature in a qualitative account broadly demonstrates the amount and level of knowledge that exists in the area of study. On the basis of an initial scan of relevant studies done by others, the researcher can decide whether to proceed with the work. It is important to mention foundational, classic studies on the subject – those which Hart (1998) calls 'landmark studies' – but also to include the most recent writing.

In a qualitative literature overview the discussion of the literature tends to be more limited than in other types of research. As the data have primacy, qualitative researchers avoid taking too much direction from the literature, and in consequence they only discuss a few major research studies.

Resources

Researchers specify the use of resources and other costs to demonstrate that the research can be adequately funded. Resourcing and costs are of major importance in proposals for grant-giving bodies and must be detailed. These include clerical costs, paper, computer, letters and mailing, as well as the researcher's time.

The research design and methodology

The research design is the overall plan and includes strategies and procedures. Researchers must also show how the conceptual framework will be developed during the research process. As stated before, methodology is concerned with the ideas and principles on which procedures are based. Methods consist of the procedures and strategies rooted in a methodology. Students must identify, describe and justify the methodology they adopt and the strategies and procedures involved. It is, of course, important that the methods fit the research question. It must be remembered that some of the details of a qualitative research project cannot be pre-specified as they arise during the research process.

Limitations of the study

Researchers should list the constraints and limitations of the study, and how they would overcome them. Locke *et al.* (2007) see limitations as weaknesses which

constrain the research while delimitations are the boundaries around the research. By stating these, researchers show their careful preparation for the study. For example, one of the limitations of qualitative research that must be acknowledged is the lack of generalisability of findings. When stating the limitations, researchers can sometimes suggest ways to overcome them. It may be explained, for instance, how the lack of generalisability need not be a problem by describing attempts to achieve typicality or specificity, or how theoretical ideas might be generalisable.

Example

A midwife might plan a study researching women's experience of labour and childbirth in water. She intends to do this in her workplace through in-depth interviewing of women. She then realises that the outcome of the study would only be related to her own setting and cannot be generalised (quite apart from the ethical issues involved). To achieve typicality, she studies three other settings in different areas of the country. Important similarities in the different settings might be found. When this study is finished, it might well show that the results show typicality, meaning that they are typical not only for one, but across similar settings.

Sample selection and procedure

The access to participants and the initial sample size must be explained as well as other sampling procedures. An explanation of purposive and theoretical sampling is required, depending on the type of study.

Data collection and analysis

This section describes the way in which the data will be collected and analysed. These may include interviews, observations, diaries or other forms of data collection. The specifics of data analysis will also have to be discussed – for instance, constant comparative or thematic data analysis.

Ethical and entry issues

Researchers will give an indication as to how they will deal with these issues, where and how will they recruit their sample, for instance. They will also demonstrate how they will protect the participants from risk and safeguard them from disclosure of identity and lack of confidentiality. A statement about ethics committee approval should also be included. There is further discussion of ethical issues later in this chapter and in chapter 3.

References

The referencing must be exact, consistent and, in case of research students, compatible with the advice given by the university in which the student is

registered. It is advisable to up-date the referencing towards the end of the study so that the latest edition of a book is consulted and referenced. A piece of research for a higher degree should contain the original source of an idea as far as it is known.

Timetable and costing

Reviewers wish to see a timetable for the research to become convinced of its feasibility. Therefore qualitative researchers submit a projected work schedule for the research even though they cannot always predict how long exactly each step is going to take. Each step is recorded on the time line. This time line can be written or drawn as a diagram. It must be remembered that the analysis of data in qualitative research takes a long time. The literature has to be searched after the identification of major categories and built into the findings and discussion. The write-up is revised until a storyline is clearly discernible. All this takes time.

Dissemination

Researchers identify the readership for which they write and explain the usefulness of the study for the particular group they address. They can state how they will disseminate the results of the study, be it through journals, books or other media such as conferences, video and audiotapes.

Example of time frame for an undergraduate student project

(This could be presented in diagrammatic form)

June/July

- Initial literature review/formulation of research question
- Gaining approval from gatekeepers, ethics committee and participants
- Writing proposal

August/September

- Data collection (for instance, interviewing and participant observation)
- Start of analysis (coding and categorising)

September–January

- Further data collection and analysis
- Literature review related to emerging categories
- Final decision on categories and major themes

January–March

- Writing up

Useful reading about evaluating proposals can be found in Morse (2003). It is a good idea to look at one's own proposal in the light of an evaluation checklist. We have added an example below.

Example evaluation of a qualitative research proposal

1. *The focus*
Is the focus of the study clearly described?
2. *The aim*
Is the aim linked to the discovery of feelings, perceptions and concepts rather than facts?
Is the aim clearly and precisely stated?
3. *Methodology and methods*
Is the methodology justified?
Does the researcher show an understanding of qualitative inquiry?
Are the methods, techniques and strategies clearly described in detail (this includes the data collection and analysis)?
Are the methods appropriate for the problem or topic under study?
4. *The sample*
Do the researchers state how they will gain access to the sample?
Is there an explanation of purposive and/or theoretical sampling?
Does the researcher describe the essential features of the sample?
5. *The literature*
Has a gap in knowledge been identified through an initial literature review?
Does the researcher state that the literature will be integrated into the discussion and become part of the study?
6. *Ethical and legal aspects*
Are the relevant ethical interests of the participants respected and any conflict of interests from the researcher identified?
Does the research study conform to the standards set out in the Research Governance Framework for Health and Social Care?
Has permission been sought from the participants and the relevant gatekeepers including local research ethics committees?
Will the researcher guarantee anonymity to the participants and the right to withdraw at any time?
7. *Practical issues*
Is the topic area researchable and feasible?
Does the researcher have enough time to undertake the study?
Are the resources sufficient for the proposed project?

8. *Application to professional practice*
Are there any implications for clinical practice, education or management?
Will the outcome of the study have potential benefits for the participants or future participants?
9. *Trustworthiness or validity*
Has the researcher demonstrated the trustworthiness or validity of the research?

Frisch *et al.* (2006) list the weaknesses that are present in many qualitative research proposals, of which researchers should be aware.

- The method is not appropriate for the research question.
- The researcher does not use the language of qualitative research.
- Not enough detail on data collection and analysis is given.
- The researcher does not reflect on the trustworthiness (validity) of the potential findings.

Access and entry to the setting

Health researchers, be they experienced professionals or students, must ask permission for entry to the setting and access to the participants. Gaining access means that they can observe the situation, talk to the individuals involved, read the necessary documents and interview potential participants. Formal permission is important in any research and protects both researchers and participants. Access is sought in various ways. Some health professionals put up a notice on a public board in the hospital in which they work; others ask permission from a self-help group, such as a group of carers, to talk to the members and find out whether they wish to participate. There are a number of ways to access potential informants, but voluntary participation must be ensured.

There are steps in the process of access and entry:

1. Gaining access to the participants (sometimes with the help of gatekeepers) and asking for permission to carry out the research
2. Explaining the aim and scope of the research
3. Thinking of ethical issues, particularly in their sampling decisions
4. Taking account of organisational or institutional issues
5. Counteracting the effects of reactivity

First then, researchers need to make contact with people in the setting who can give permission for access and speak to those whom they wish to observe and interview.

Second, the researcher explains early and clearly the type of project and its scope and aims. The explanation cannot be too detailed however, as the research might be prejudiced if everything is explained at this early stage, and participants would be guided towards specific issues rather than give their own ideas and perceptions to the researcher. (At the end of interviews and observation, more detail of the research must be given.)

Third, sensitive areas for research and vulnerable people must be treated with thoughtfulness and care.

Fourth, the researcher must be aware of the hierarchy in the system and know that conflicts between the interests of those at the top and those at the bottom of the hierarchy may exist. All individual participants involved should, of course be asked for permission to undertake the study.

Fifth, the researcher might have an effect on the setting. This may not only be threatening to the people involved but could also skew the research. The threat can be diminished if researchers get to know the people in the setting and establish a relationship of trust.

The choice of setting

Researchers search for an appropriate setting. The location where the research takes place must be suitable. For this the researcher has to know the setting intimately. There is, of course, a very important difference between general knowledge of, say, a paediatric oncology setting and researching it on the particular unit in which the professional has previously worked. Some settings are inappropriate or too complex for the particular research question to be answered. There is no point in planning an ambitious study if access to the setting proves impossible or difficult.

It is not advisable that health researchers carry out research in their own settings both for ethical and practical reasons (this is debated in Chapter 3). Qualitative researchers do not always choose a single setting but in an attempt to demonstrate the typicality of their findings, carry out the research in several settings. The answer to the research question needs to contribute to nursing knowledge and the existing literature (Morse, 2003).

Access to gatekeepers

Researchers negotiate with the 'gatekeepers' – the people who have the power to grant or withhold access to the setting. There may be a number of these at different places in the hierarchy of the organisation. Researchers should not just ask the person directly in charge but also others who hold power to start and stop the research. This includes managers, clinicians, consultants, nurses, general practitioners or other personnel, whose patients or clients might be observed or interviewed. For instance, if nurses wish to observe interaction

on a ward, they must not only ask the consent of the manager of the NHS Trust and the local research ethics committee (LREC) but also that of the ward manager, the people working on the ward and, most importantly, the patients involved. All gatekeepers have power and control of access, but those at the top of the hierarchy are most powerful and should be asked first because they can restrict access even if everybody else agrees. If they cooperate, the path of the research can be smoothed, and their recommendations might make others more willing to collaborate, though their power might influence participants to take part, and the researcher has to ascertain that participation is entirely voluntary.

There can be problems with gatekeepers. They may make demands that the researchers cannot fulfil, trying to guide them in a particular direction or denying access to some individuals. Often their knowledge of research is based on familiarity with randomised controlled trials or surveys; hence, the nature of qualitative research and the aims and objectives of the study must be explained. The topic might have to be negotiated to fit in with the social organisation, physical environment or timetable of the setting. Although researchers cannot start without permission and must take the wishes of the gatekeepers into account, it is important that participants do not see researchers as a tool of management because this would affect the data.

Usually gatekeepers do not interfere in the research process, though ethics committees can and do. In research carried out with financial and social support from superiors, there is sometimes a danger that gatekeepers have their own expectations and attempt to manipulate the research, intentionally or unintentionally. This can affect the researchers' direction or report of the work, and they might find that they are influenced by these expectations. As gatekeepers are in a position of power, resistance might be difficult.

Example

An experienced hospital nurse wished to interview patients with a serious condition about their need for counselling. His immediate superior not only encouraged the research but she also saw it as important because of the support that might be given to future patients with the same condition. The ethics committee had given its approval. However, one of the consultants on the ward disagreed with the form of the proposed research and refused permission for interviews of the patients in his care.

A series of complications and difficulties followed. On the one hand the research was seen as important by the researcher and his colleagues. On the other, to go ahead meant directly contravening the consultant's wishes and generating conflict between him and the researcher's superiors. Endless debates and discussions would waste precious time, and in the end the researcher decided to explore the perceptions of the nurses who cared for the patients

instead of interviewing the patients themselves. Although the piece of research did not directly explore the feelings of patients, it produced results that helped in their care and avoided conflict on the ward. Of course, the study became completely different from that originally planned – and possibly less useful (this example is adapted from a real case).

The above example shows that powerful people within the setting can generate difficulties for the researcher who often has to compromise. Contract arrangements might lead to more constraints on researchers as institutional objectives might take precedence over individual research interest because of the prioritising of resources. Staff time costs money.

Researchers are denied access for a variety of reasons:

- The gatekeeper sees the researcher as unsuitable.
- It is feared that an observer might disturb the setting.
- There is suspicion and fear of criticism.
- Sensitive issues are being investigated.
- Potential participants in the research may be embarrassed or fearful.

Powerful gatekeepers might see researchers as unsuitable because of gender, age or lack of trustworthiness. They must be convinced that the researcher is both able to cope with the study and trustworthy. Friends and acquaintances who are already involved in the chosen location can sometimes persuade those in power of the ability and trustworthiness of the researcher. If researchers are very young, the gatekeepers might feel that they lack credibility; some female researchers suggest that they have problems with male colleagues in positions of power.

Managers might deny access if they feel that the setting will be disturbed by the presence of researchers. A ward climate might change because everybody feels that the researchers are watching every task and movement that occurs; therefore it is important that observers and interviewers immerse themselves in the setting until they become part of it and do not create an 'observer effect'.

Researchers ask potential participants for permission to interview or observe, stating clearly the right of refusal or withdrawal and assuring confidentiality. When the main steps have been taken, the research can begin, always taking into account appropriate timing, site and situation.

Summary

Here is a brief summary of the research process:

- The first step in the process is selection of the research topic.
- After an overview of previous research the researchers identify the gaps in knowledge and define their own research focus.

- The specific topic area and the appropriate approach are selected.
- Following ethical guidelines, the researcher writes a research proposal and seeks access to gatekeepers and participants.
- It is essential that research in the healthcare arena is vetted by the relevant ethics committee.
- The researcher must obtain consent from participants, if possible in writing.
- The study must be of importance for the people or setting under investigation.

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Further reading

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