

## Chapter 19- Writing Up a Qualitative Research

- A research report mirrors the proposal though the latter is more detailed and includes the findings and discussion
- Results are submitted to external examiners commissioning or funding agencies or to a journal
- Anonymity and confidentiality of participants are essential

### \* Use of the first person

- it is better to write in the first person in introduction and methodology. (more reader-friendly)
- it describes what researchers themselves chose to do and researcher roles become integrated to the study
- it's important that the first person is not overused and the use of "I think, I feel, I believe" is not appropriate.
- the use of passive form can be used but is not considered good English

### \* The format of the Report

- The main distinction between Qualitative and quantitative research report lies in the flexibility of the qualitative.
- A list of abbreviations and acronyms is important before the first chapter or at the end (in alphabetical order)
- Terms have to be written in full in the first time then abbreviations can be used.
- Findings and discussion are the major part of the study in which the literature is integrated.

### \*Structure:

1. Title
  - \* the first immediate contact with the research.
  - \* its impact on judging the work is considerable.
  - \*should be informative.
  - \* may change as some of the research has been done.
  - \* it may contain subtitles or more than one part.

- \*it reflects the aim of the study.
- \*Questions are not good in titles.
- \*in thesis or dissertation, the title page contains: the author name, year, Educational institution.

## 2. Abstract

- \*is a summary of the study, determines whether the research can be chosen or not.
- \* behind the title and before the table of contents. (in thesis or dissertation)
- \*brief overview of the research aim, methods and findings (and implications).
- \*200-500 words (in thesis or dissertation, it's longer than that for an article)
- \*in one sheet (A4), single spacing, past tense.

## 3. Acknowledgment and dedication (in some guidelines, it should be after the table of contents)

## 4. Table of contents

- \*sectioned into chapters headings and subheadings with page numbers.

## 5. Introduction

- \*contains: background and context of the research as well as the aim.
- \*researchers explain the significance (rationale) and how it could improve clinical practice or policy.

## 6. Initial literature review

- \*can be part of the introduction
- \*contains the main foundational and up-to-date studies
- \*the gaps become apparent

## 7. Entry issues and ethical considerations and contains:

- \*how the participants were approached.
- \*how did researchers gain permission

\*how the ethical principles were followed in the study and how participants' rights were protected.

- to have permission from the ethical committee doesn't necessarily ensure that researchers behave ethically.

## 8. Methodology

-longer than in quantitative research

### A. Research design

\* it includes the main methods and the theoretical framework.

\* brief description of the methodology and why it is chosen.

\* explain the fit between the question and the methodology

### B. The sample and Setting

\* the writer describes the informants, who they were, how many were chosen, the reason for the choice, how they obtain the sample and the setting of the study.

### C. Specific Techniques and Procedure

\* step-by-step description of the data collection procedures (interviewing, observation, etc.) and any problem encountered and the reasons for using a particular methodology.

### D. Data Analysis

\* how the data are coded and categorized and how the theoretical constructs were generated and if a computer analysis was used.

\* in theses and dissertations, it's essential to give examples of each step.

### E. Trustworthiness and authenticity (or validity and reliability)

\*notes:

-the communicative part is important in the qualitative research (like telling a story)

- the content of participants' quote helps the readers to judge on how the findings are derived from the data and to establish the credibility of the emerged categories and themes.

- direct quotes makes the discussion more lovely and dynamic. Long quotes or duplications are not needed. Short quotes make the study fragmented. Quotes must demonstrate wide range of participants not one or two (except in exploring negative cases). Protection of identity and anonymity is important.

- quoting the words of experts is not usually good especially if it can be summarized or paraphrased. But quotation can be used if it is critical and written by well-known author or expert. 2 mistakes we must be aware of:

- 1) using complex and incomprehensive language and terminology
- 2) lack of analysis. Theoretical ideas and interpretations must be developed.

## 9. Conclusion

\* is a summary of the findings

\* it should include If the writing has answered the questions asked or not, if there are weaknesses and limitations and if the study has added to knowledge in the field.

\*contains implications and recommendations (or can be in a separate section)

\* to check the quality, the following questions must be answered:

- 1) why have I included this here? (on reflecting about a statement)
- 2) what are the main issue arising from the data?
- 3) how has the study achieved it aim(s)?
- 4) what were the answers to the research question?
- 5) what is new and different in my research?
- 6) How has it contributed to knowledge?
- 7)How does it fit within the wider framework of the knowledge and advances in this topic area?
- 8)What are the implications for the profession or policy that derive from my study?

## 10. Reflections and reflexivity

- how the research could be improved, extended or illuminated from different angle

- reflexivity is when health care professionals describe their location in the research.
- a direction for a different type of research might be indicated

#### 11. Referencing

- Page (singular) is shortened to (P) but Pages is shortened to (PP)
- the title of the book or the journal should be underlined or in italics
- Page numbers must be written
- Direct quotations need page numbers after name and date

#### 12. Appendices, could contain

- table of informants (with pseudonyms), their ages, experience or length of service.
- interview guide and a sample of interview transcript
- some fieldnotes
- the formal initial letter to the participants or an example of the letter of permission
- a copy of the letter of approval from the ethical committee

#### **\*Critical Assessment and evaluation**

- Guides must be followed to evaluate the qualitative research are written by Horsburgh (3002), Rayan et al. (2007) and Green and Thorogood (2004).
- (see page 329) --> "revision of research contents mentioned above

#### **\*Publishing and presenting the research**

- Sometimes health professionals produce a book or a chapter in an edited book. Commercial considerations are the main concern.
- The style and length of the article can play a role. For example: Articles accepted by Journal of Advanced Nursing are longer and more academic than those in the Nursing Times.
- Different Journals have different guidelines and styles

**\*Types of Papers published in Journals:**

1- articles for academic colleagues

- colleagues who have interest in the theoretical and methodological framework as well as in the topic and implications of the findings for practice.

(I don't know if we are required to know the names of the journals "Page 332")

2- for practitioners

- articles that describe findings and implications for practice (usually that assist in the understanding of patients or the work of nurses and midwives)

3- for lay readers

- must be short, clear and accessible

**\*Alternative forms** of disseminating the research include theatrical performances, dance, poetry or others.

Done By: Nadeen Freihat