Qualitative Research in Nursing and Healthcare

Fifth Edition

Immy Holloway Kathleen Galvin

Qualitative Research in Nursing and Healthcare

Qualitative Research in Nursing and Healthcare

Immy Holloway

Faculty of Health and Social Sciences, Bournemouth University, Poole, United Kingdom

Kathleen Galvin

School of Sport and Health Sciences, University of Brighton, Brighton, United Kingdom

FIFTH EDITION

WILEY Blackwell

This edition first published 2024 © 2024 John Wiley & Sons Ltd

Edition History

Blackwell Publishing Ltd. (1e, 1996 and 2e, 2002); Immy Holloway and Stephanie Wheeler (3e, 2010); John Wiley & Sons, Ltd. (4e, 2017)

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by law. Advice on how to obtain permission to reuse material from this title is available at http://www.wiley.com/go/permissions.

The right of Immy Holloway and Kathleen Galvin to be identified as the authors of this work has been asserted in accordance with law.

Registered Offices

John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, USA John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

For details of our global editorial offices, customer services, and more information about Wiley products visit us at www.wiley.com.

Wiley also publishes its books in a variety of electronic formats and by print-on-demand. Some content that appears in standard print versions of this book may not be available in other formats.

Trademarks: Wiley and the Wiley logo are trademarks or registered trademarks of John Wiley & Sons, Inc. and/or its affiliates in the United States and other countries and may not be used without written permission. All other trademarks are the property of their respective owners. John Wiley & Sons, Inc. is not associated with any product or vendor mentioned in this book.

Limit of Liability/Disclaimer of Warranty

The contents of this work are intended to further general scientific research, understanding, and discussion only and are not intended and should not be relied upon as recommending or promoting scientific method, diagnosis or treatment by physicians for any particular patient. In view of ongoing research, equipment modifications, changes in governmental regulations, and the constant flow of information relating to the use of medicines, equipment and devices, the reader is urged to review and evaluate the information provided in the package insert or instructions for each medicine, equipment or device for, among other things, any changes in the instructions or indication of usage and for added warnings and precautions. While the publisher and authors have used their best efforts in preparing this work, they make no representations or warranties with respect to the accuracy or completeness of the contents of this work and specifically disclaim all warranties, including without limitation any implied warranties of merchantability or fitness for a particular purpose. No warranty may be created or extended by sales representatives, written sales materials or promotional statements for this work. This work is sold with the understanding that the publisher is not engaged in rendering professional services. The advice and strategies contained herein may not be suitable for your situation. You should consult with a specialist where appropriate. The fact that an organization, website, or product is referred to in this work as a citation and/or potential source of further information does not mean that the publisher and authors endorse the information or services the organization, website, or product may provide or recommendations it may make. Further, readers should be aware that websites listed in this work may have changed or disappeared between when this work was written and when it is read. Neither the publisher nor authors shall be liable for any loss of profit or any other commercial damages, including but not limited to special, incidental, consequential or other damages.

Library of Congress Cataloguing-in-Publication Data applied for:

Paperback ISBN: 9781119630609

Cover Design: Wiley

Cover Image: © MirageC/M/omentGetty Images

Set in 9.5/13 MeridienLTStd by Straive, Pondicherry, India

Contents

Preface, xiii About the Authors, xv Acknowledgement, xvii

Part One: Introduction to Qualitative Research: Starting Out

1 The Essentials of Qualitative Research, 3

What is qualitative research?, 3
The characteristics of qualitative research, 3
The primacy of data, 4
Contextualisation, 5
Immersion in the setting, 5
The 'emic' perspective, 6
Thick description, 7
The research relationship, 8
Insider/outsider research, 9
Reflexivity, 9
The place of theory in qualitative research, 11
The use of qualitative research in healthcare, 11
Choosing an approach for health research, 13
References, 14

2 The Paradigm Debate: The Place of Qualitative Research 17

Theoretical frameworks and ontological position, 17

The natural science model: positivism, objectivism and value neutrality, 18

The paradigm debate, 19

Further Reading, 16

The interpretive/descriptive approach, 21

Focus on postmodernism and social constructionism, 23

Conflicting or complementary perspectives?, 24

Final comment, 25

References, 25

Further Reading, 26

3 Initial Steps in the Research Process, 27

Selecting and formulating the research question, 27

Practical issues, 31

The research design and choice of approach, 31

The literature review, 32

Writing a research proposal, 35

Access and entry to the setting, 41

Summary, 44

References, 44

Further Reading, 45

4 Ethical Issues, 47

The foundational ethical framework for research, 49

Ethics in qualitative research, 52

Interviews and observations, 53

The participant information sheet, 60

Researching one's peers, 62

The research relationship, 62

Research in the researcher's workplace, 64

The role of research ethics committees, 64

Reviewing the research project, 66

Key ethical questions: audiotaped interviews, 66

Summary, 70

References, 70

Further Reading, 72

5 Supervision of Qualitative Research, 73

The responsibilities of supervisor and student, 74

Writing and relationships, 76

Practical aspects of supervision, 78

Single or joint supervision, 79

Problems with supervision, 80

Academic problems, 81

Final notes, 82

Summary, 83

References, 83

Further Reading, 83

Part Two: Data Collection and Sampling

6 Interviewing, 87

Interviews as sources of data, 87

The interview process, 88

Types of interview, 89

Practical considerations, 92

Recording interview data, 96

The interviewer-participant relationship, 98

Problematic issues and challenges in interviewing, 99

Ethical issues in interviewing, 103

Summary, 105

References, 105

Further Reading, 106

7 Observation and Documents as Sources of Data, 107

Participant observation, 107

The origins of participant observation, 108

Immersion in culture and setting, 108

Types of observation, 111

Problems in observation, 116

Technical procedures and practical hints, 117

Documentary sources of data, 118

Summary, 122

References, 122

Further Reading, 123

8 Focus Group Research (FGR), 125

The nature and features of focus group research, 125

The origin and purpose of focus groups, 127

Focus group research in healthcare, 127

Sample size and composition, 128

Conducting focus group discussions, 131

Research with online or virtual focus groups, 133

Recording, analysing and reporting focus group data, 134

Critical comments on focus group research in healthcare, 138

Summary, 138

References, 139

Further Reading, 140

9 Sampling Strategies, 141

Sampling decisions, 141

A variety of sampling types, 145

Inclusion and exclusion criteria, 150

Sampling parameters, 150

Sample size, 151

Saturation, 152

Giving a label to the participants, 153

Summary, 154

References, 154

Further Reading, 155

Part Three: Approaches in Qualitative Research

10 Ethnography, 159

The development of ethnography, 160

Ethnographic methods, 162

Ethnography in healthcare, 163

The main features of ethnography, 165

Fieldwork, 169

Doing and writing ethnography, 172

Analysis, 172

Interpretation, 174

Pitfalls and problems, 175

Summary, 176

References, 176

Further Reading, 178

11 Grounded Theory Methodology, 179

History and origin, 180

Symbolic interactionism, 181

The main features of grounded theory, 181

Data collection, theoretical sampling and analysis, 183

The three main approaches, 189

Using the literature, 190

Integration of theory, 192

Theoretical memos and fieldnotes, 192

Pitfalls and problems, 193

Which approach for the health researcher?, 196

Summary, 197

References, 197

Further Reading, 199

12 Narrative Inquiry, 201

The nature of narrative and story, 201

Narrative research, 202

Narratives in health research, 202

The everyday story, 206

Autobiographical and biographical stories, 206

Cultural stories, 207

Collective stories, 207

Illness narratives, 208

The restitution narrative, 209

The chaos narrative, 210

The quest narrative, 210

Narrative interviewing, 211

Narrative analysis, 212

Thematic and holistic analysis, 213

Structural analysis, 214

Dialogic/performance analysis, 215

Visual analysis, 216

Ongoing debates about narrative, 216

Summary, 218

References, 218

Further Reading, 220

13 Phenomenology, 221

Intentionality and the early stages of phenomenology, 222

Phases and history of the movement, 223

The German phase, 224

The French phase, 226

Schools of phenomenology, 227

The phenomenological research process: doing phenomenology, 228

Grounding, 228

Reflexivity and positional knowledge, 229

Humanisation and the language of experience, 229

Phenomenology and health research, 231

Topics for phenomenological approaches, 232

Choice of approach: descriptive or interpretive phenomenology, 233

Procedures for data collection and analysis, 235

Summary, 238

References, 238

Further Reading, 241

14 Action Research, 243

The origins of action research, 244

Critical social theory, 245

Action research in healthcare, 246

The main features of action research, 247

The methodological continuum, 248

Practical steps, 250

Trustworthiness in AR. 252

Problems and critique, 253

Summary, 255

References, 255

Further Reading, 256

15 Additional Approaches, 259

Case study research, 259

Overview, 260

Features and purpose of case study research, 260

Conversation analysis, 262

The origins of conversation analysis, 263

The use of conversation analysis, 263

Discourse analysis, 265

Critical discourse analysis (CDA), 267

Performative social science, 269

PSS in health research, 270

Summary, 271

References, 272

Further Reading, 275

Discourse Analysis, 275

Further Reading, 276

Performative Social Science, 276

Further Reading, 277

Part Four: Data Analysis and Completion

16 Data Analysis: Strategies and Procedures, 281

Transcribing and sorting, 283

Taking notes and writing analytic memos, 284

Ordering and organising the data, 285

Analytical styles, 286

Coding and categorizing, 287

Thematic analysis, 288

Meaning and Gestalt, 289

Problems of QDA, 289

Inferential leaps and 'premature closure', 289

Collaboration in the process of analysis and interpretation, 290

Computer-aided analysis of qualitative data, 290

The reasons for computer use, 291

Storing, annotating and retrieving texts, 292

Locating words, phrases or segments of data, 292

Naming or labelling, 292

Sorting and organising, 292

Identifying data units, 293

Preparing diagrams, 293

Approaches to qualitative computer analysis, 293

Language-oriented, 293

Descriptive/interpretive approaches, 293

Theory building, 294

The practicalities of using computer-aided analysis, 294

Advantages of computer use, 295

Problems and critique of computer analysis, 295

Summary, 296

Further Reading, 298

References, 297

17 Establishing Quality: Validity and Trustworthiness, 299

Quality, 299

Conventional criteria, 300

Rigour, 300

Reliability, 300

Validity, 301

Generalisability or external validity, 302

Objectivity and subjectivity, 303

The concept of validity in qualitative research, 304

An alternative perspective: trustworthiness, 305

Dependability, 305

Credibility, 305

Transferability, 305

Confirmability, 306

Authenticity, 306

Strategies to ensure trustworthiness, 307

Member checking, 307

Searching for negative cases and alternative explanations, 309

Peer review, 310

Triangulation, 310

The audit or decision trail, 311

Thick description, 312

Prolonged engagement, 312

Reflexivity, 313

Quality and creativity, 313

Summary, 314

References, 314

Further Reading, 315

18 Writing up and Publishing Qualitative Research, 317

The research account, 317

Use of the first person, 318

The format of the report, 319

Title, 320

Abstract, 321

Acknowledgement and dedication, 323

Contents, 323

Introduction, 323

Entry issues and ethical considerations, 324

Methodology and research design, 325

Findings/results and discussion, 326

Conclusion and implications, 328

Referencing, 330

Appendices, 330

Critical assessment and evaluation, 331

Guide to research evaluation, 331

Publishing and presenting the research, 332

Books, 333

Articles, 333

Types of article, 334

Alternative forms of presenting or disseminating the research, 335

Summary, 336

References, 336

Further Reading, 337

Final Note, 339

Glossary, 341

Index, 347

Preface

The readership of this book will be those who intend to carry out qualitative research in clinical, academic or educational settings, specifically in the healthcare arena. It aims to introduce third-year undergraduates to qualitative research and to assist postgraduate students in their study of qualitative approaches before they move on to more sophisticated and specialised texts.

This fifth edition of the book is an update of earlier versions. Approaches in qualitative research are constantly evolving, and this is shown in the new edition. The fundamental principles of qualitative research, of course, stay the same, reflecting the firm epistemological ground on which this research approach stands; hence, there are not many drastic changes; the formula of writing and extending individual approaches with integrating updated examples from healthcare research has been retained.

Immy Holloway and Kathleen Galvin

About the Authors

Immy Holloway is Professor Emerita at Bournemouth University in the Faculty of Health and Social Sciences. She has extensively taught, supervised, researched and examined qualitative research and is the co-founder of the Centre for Qualitative Research at Bournemouth, she is still one of its members. Her activities include supervising and teaching postgraduate students in the area of nursing and healthcare. Her special interest lies in developing understanding and skills of students in using a variety of approaches to qualitative research. She has written several books in the field of qualitative inquiry and also published book chapters and articles in this area.

Kathleen Galvin is Professor of Nursing Practice at School of Sport and Health Sciences at the University of Brighton. She has also held positions of Associate Dean (Research, Scholarship and Enterprise) in the Faculty of Health and Social Care at the University of Hull and Deputy Dean, Research and Enterprise at the Bournemouth University and has been an active member of the Centre for Qualitative Research. She too has a portfolio of published articles, books and book chapters in the area of qualitative research and has supervised numerous postgraduate and PhD theses. She is particularly interested in the application of methodologies which can help the public to engage in a more embodied way with qualitative research findings, and in making use of the humanities and the arts in developing qualitative research for the purposes of new deep understanding of well-being and its absence.

Acknowledgement

We would like to thank the many postgraduate students we have worked with over the years for the engaging conversations we have enjoyed together. Without these discussions we could not have developed the book in varied directions. Thank you for the many ways in which you have helped us.

Introduction to Qualitative Research: Starting Out

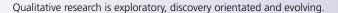
Chapter 1

The Essentials 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 'lifeworld' 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.

KEY POINT





The characteristics of qualitative research

Different types of qualitative research share common features 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; the theoretical framework is not predetermined but derive directly from the data.
- Qualitative research is context-bound, and researchers should be context sensitive.

© 2024 John Wiley & Sons Ltd. Published 2024 by John Wiley & Sons Ltd.

- Researchers immerse themselves in the natural setting of the people whose situations, behaviours and thoughts they wish to explore.
- Qualitative researchers focus on the 'emic' perspective, the 'inside view' 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 reports, descriptions and constructions of the participants.
- The relationship between the researcher and the researched is close and based on a position of immersion in the field and equality as human beings.
- Reflexivity in the research makes explicit the stance of the researcher.

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 experiences and the generation of concepts. The data themselves have primacy, they 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 openminded, 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 delineate, illuminate and describe it. All approaches provide descriptions or interpretation of participants' experiences – and the phenomenon to be studied, but researchers go to a more abstract and theoretical level in the 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. We recommend looking at general texts such as Aurini et al. (2021), Denzin and Lincoln (2023), Mason (2018) and Leavy (2020).

KEY POINT



In qualitative research the data have priority: researchers are led by the data.

Contextualisation

Researchers must be sensitive to the context of the research and therefore immerse themselves in the setting and situation. Both personal and social contexts of all the participants are important. When people enter a setting, they do not come as a 'tabula rasa'; for instance, in a clinical setting, patients and researchers might have particular religious or cultural beliefs, or personal perspectives on blood or pain, and that would affect their behaviour.

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 – including their own – and the broader political and social framework of the culture in which it takes place. Group or organizational affiliation might also influence the inquiry. The conditions in which researchers gather the data, the locality, time and history are all involved. Events and actions are studied as they occur in everyday 'real-life settings' and environments. 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. An example of contextualisation would be the effects of culture in a specific hospital on the actions and language of health professionals and researchers.

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 to stories of participants 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 which consists not only of physical space but also of culture, views and attitudes. 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.

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 be able to better 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 'naïve' observers. They 'make the familiar strange' (Delamont and Atkinson, 1995). This 'defamiliarisation' has its origin in the performative arts but cannot be taken too far, as the researcher is still involved with the participants and their world.

Most qualitative inquiry investigates patterns of interaction, seeks knowledge about a group or a culture or explores the lifeworld 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 or phenomena they study. The term has gained wider use in qualitative research.

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 reports 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, and the process of research is iterative. The two terms 'emic' and 'etic' 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 context.

The task involves describing the location and the people within it, giving visual pictures of settings, events and situations as well as 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 also includes theoretical and analytic description. Thick description describes human behaviour in context.

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 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, although 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 free 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.

Insider/outsider research

Closely connected to this topic is the issue of insider/outsider perspectives. The insider perspective is one when the researcher is part of the specific subculture that he or she is studying; a health visitor might study the role of other health visitors, a clinical psychologist the perception of others in the profession and a surgeon the experience of other surgeons. Suzy Hansford (2019), a psychotherapist, for instance, explored the use of language and communication between counsellors and their clients. Researchers' own experience becomes a resource and source of knowledge. This position has both advantages and disadvantages. On the one hand, it can give greater insights as the group is already known to the researcher and some of its obvious rules and roles are familiar and need not be explained by the participants, who might disclose more to a colleague. On the other hand, the researchers might have preconceptions and close their minds to the meanings of others in their subculture and are not able to take the necessary distance from the research which might prevent the generation of new knowledge. Blythe et al. (2013) describe some of the issues in the insider perspective. They declare the main challenges as assumed understanding, ensuring analytic objectivity and the problem of managing the participants' expectations. Jenny Roddis, while working as an administrator, carried out outsider research of people with thrombophilia and diabetes. (An article was published in 2019.)

Even as an insider, the researcher might take the stance of a 'person from Mars' to fully explore the ideas of the participants and not take the way they would make sense of the situation as a given. In any case, many insider researchers differ from participants in some characteristics such as age, gender, ethnic group or belief. Thus, the researcher's position is always located on a continuum between an outsider and an insider.

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 (2002: 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.

According to Etherington (2004) 'critical subjectivity' means adopting a critical stance to oneself as researcher. Personal response and thoughts about the research and research participants are taken into account, and researchers are aware and take stock of their own social location and how this affects the study. Indeed, Etherington (2017) speaks of different layers of personal experience. Bott (2010) stresses the importance for researchers to 'constantly locating and relocating themselves in their work' (p. 160). 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 with participants and with 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 uncover 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 a critical reflection not only on the researcher's place in the inquiry but also on the epistemological process of producing knowledge. Thus, the concept of reflexivity is concerned with the awareness of socially located and constituted knowledge.

The concept of reflexivity fits into a wider discussion on ontology and epistemology (Berger, 2015). It examines the role of the self in the generation and construction of knowledge. The researchers need to examine their own location in the research, their assumptions and presuppositions – especially when carrying out insider research. Reflexivity assists in acting ethically and sensitively, without bias. Palaganas *et al.* (2017) call reflexivity an 'elusive concept'. It is not a magical cure-all (Day, 2012), nor is it easy to achieve. It takes place on a personal level as it is not only to do with the researchers' background and their feelings and how to cope with them.

Dangers are inherent in reflexivity even on the simplest level: the researchers might take self-reference too far, and some qualitative writers are prone to this (in popular language it is often called navel gazing) by constantly focusing on their own feelings rather than those of 'the other'. The voice of the participants and the illumination of the phenomenon under study should have priority. Nevertheless, the researcher is the main research instrument; they decide 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. The term 'researcher as main tool' in qualitative inquiry, however, has been criticised by writers: it suggests objectification and distances researchers from the participants.