



Qualitative Research in Nursing and Healthcare

by Immy Holloway
& Stephanie Wheeler

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Immy Holloway
Stephanie Wheeler

Third Edition

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Preface

In this, the third edition of our book, we consider some of the changes that have taken place since the last edition. All chapters, and most of the examples within them, have been updated. In the light of developments in qualitative health research, a mixed methods research chapter was added.

The reference lists at the end of each chapter are still long and include significant and foundational texts as well as less important references. We aimed to give qualitative health researchers a variety of articles and books which they can follow up themselves depending on their choice of approach. The references provide guidance for further and more detailed reading.

The book addresses a somewhat wider readership than before. Nurses, midwives and health visitors are still the main professions which will use the text; however, it could also be helpful for other health researchers such as doctors and professions allied to medicine, for instance physio- and occupational therapists. The groups for whom this book is intended are thus

1. professionals in the healthcare field who wish to carry out qualitative research in clinical or educational settings;
2. undergraduates, especially mature students who already have some research experience;
3. pre-registration students with an appreciation of research who wish to learn about qualitative perspectives;
4. postgraduates who undertake a qualitative research project and want to revise qualitative research strategies and procedures before proceeding to more sophisticated texts.

We have attempted to provide researchers with theoretical understanding and practical knowledge. Novice researchers might find some of the issues rather complex, and we tried to make abstract ideas more understandable and explained practical procedures in some detail but, we hope, without too much simplification.

How to read this book

Researchers need not read this book from start to finish, although it would help them understand the nature of qualitative research. In particular, they can be selective about part three, depending on the approach they choose.

About the authors

Professor Immy Holloway has been at Bournemouth University since its inception and works in the School of Health and Social Care. Though now retired from full-time work, she still takes an active in teaching and PhD supervision. She wrote, edited and co-wrote several books in the field of qualitative research which have been translated into several languages and published articles in peer reviewed journals. Her latest book is *A-Z of Qualitative Research in Healthcare*. (2008) Oxford: Blackwell.

Stephanie Wheeler, an academic with a nursing and health visiting background, is a specialist in healthcare ethics and was for many years chair of an ethics committee. She has given lectures on ethics all over the UK, organised research conferences in qualitative research and also published in this field.

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PART ONE

Introduction to Qualitative Research: Initial Stages

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 'naïve' 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	Testing hypothesis, prediction, control Narrow focus Product oriented Context free, often in laboratory settings
Sampling	Getting close to the data 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
Analysis	Thematic or constant comparative analysis, latent content analysis ethnographic, narrative analysis, etc.	Randomised controlled trials 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.