Qualitative Research in Health Care

Edited by

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Contents

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Preface

The use of qualitative research has long been of interest to me. I suppose I must put this down to the failed experiments in British education in the teaching of arithmetic and mathematics in the '60s and '70s. In plain terms I was put off numbers and statistical analysis by the new radical teaching methods now long abandoned. Well, that's my excuse anyway. The plain fact is that I like to read about how patients react to health care treatments and how nurses and nursing affect them to the good or sometimes not so good. I like to understand what it means to be part of an experience or phenomenon; I believe that many nurses and health care workers feel that way too. That is not to say, however, that I don't understand the value and effectiveness that quantitative research can have, it's just that I find it mostly a bit boring and confusing to read. It is my experience that when proposing qualitative research to supervisors or funders of research they have sometimes stated that I should do research that is quantitative so that it can be relied upon and used to benefit patients better than the 'wishy washy' qualitative type of research. I have really had almost to beg that I be allowed to use it and have, up to now at least, found it to provide a level of real insight into health far greater than that of quantitative research. The truth is, of course, that the method used in any research should be commensurate with the question. Be it qualitative or quantitative it must match the question!

I decided that a book on the use of qualitative research was needed: there are already many books looking at the theories of research but very few that show how various research methods have been used in real-life situations. That is where this book comes in. It uses the real cases of experts in the health care research field and in my view shows what fantastic things can be found out by using qualitative research in health care. I hope you enjoy it.

Qualitative research

CHRIS BASSETT

Introduction

Current, valid and reliable research is becoming more and more important in modern health care practice. Patients' and their families' expectations are increasing, and they, quite rightly, expect their medical and nursing care to be the very best available. There is sometimes a bewildering number of research methods and approaches available to the health care researcher. This book has been written to explore the key issues related to the use of qualitative research in practice. There are many books written that systematically investigate differing types of research methodology, both qualitative and quantitative; very few, however, spend any real time considering the specific difficulties of carrying out valid qualitative research in the clinical health care setting. This book is specifically designed to help the very busy health care researcher in practice become aware of and understand the issues in undertaking qualitative research in modern health care practice and education. Real nurses who are all highly experienced in undertaking qualitative research in practice have contributed to this book. This provides a focus of practicality and, it is hoped, accessibility. Throughout the text a real attempt has been made to use clear and understandable language that is as jargon free as possible, even though this is sometimes difficult to achieve. A practical approach is used to illustrate the research, and invaluable practical advice is offered throughout each of the chapters.

The nurse and research

Nursing research has certainly come a very long way. The role of nurses has changed hugely; they now nurse in a wide variety of environments, sometimes isolated from other colleagues, for instance when working in the community setting or as a nurse specialist, caring for patients, prescribing care and medication with a large measure of autonomy (indeed, specialization has become

an integral part of modern nursing). With this trend has come the absolute requirement that nursing evidence must be the best and most current available. The responsibilities of the nurse are now clear; they have changed and increased in conjunction with the expansion of the nurse's role. The patients and their families expect the nurses to have the answers and to practise in an efficient, safe and effective way. With this expectation, there is the risk that, if the nurses do not provide evidence-based care, they are increasingly likely to be called to account, either through the hospital or community trust's complaints mechanism, via the Nursing and Midwifery Council's (NMC) professional conduct committee or even through the legal system and courts.

In line with these changes, education of nurses has begun to change quite drastically. Nurse education is now fully university based and is becoming very much more rigorous in its approach to the teaching of research. A major part of the nurse's role now includes the use of evidence-based practice to underpin the care and treatment that the nurse dispenses. Over the past 30 years or so in the UK, there has been a growing effort made in nursing towards research-based practice. This has helped at least in part towards establishing nursing as a true profession. Growing professional concern with the best quality care has matched increasing governmental directives for evidence-based practice to become the norm. Research is seen by all to have become essential in improving and developing nursing care, also aiding in the evaluation of care and providing clearer guidelines for practice. This is clearly beneficial to the NHS and, of course, to the patient. The creation of up-to-date information and research can be used to change practice, enhance clinical care and assist in the essential requirement for the reorganization of care in this rapidly changing world of health care. Qualitative research and quantitative research are approaches to the understanding and enhancement of modern health care.

The next thing to help the nurse understand research application better must be an appreciation of the differences between quantitative research and qualitative research. These two similar-sounding terms describe the two overarching approaches to research. They are designed to explore two very different aspects of health care.

Quantitative research

Quantitative research, if carried out with care and in a rigorous way, can carry with it a great deal of power. By power one really means influence. Until quite recently it has been the most dominant kind of research in health care. It is used to test out very important theories, such as the effects of new drugs and treatments on patients, often using randomized controlled trials (RCTs). Quantitative research can provide vital information relating to side effects and the effectiveness of new drugs on huge sample populations in many centres, often throughout the world:

- it features a high level of reliability (you can feel sure that its findings are dependable)
- it can be used to gather very large amounts of information into understandable forms that can then be used to enhance treatment and practice
- its findings can be tested using statistical means, helping one be sure of its reliability

The strengths of quantitative research

The main strength of this research approach is related to its strong and rigorous scientific nature. It can sometimes provide a cogent argument for the release of large amounts of funding, often millions of pounds in the case of certain new drugs or new medical approaches. This is made possible by the rigorous nature of how the research is done. It can prove or disprove theories and is sometimes known as deductive research. This kind of research is generally considered best for those groups, such as hospital managers or the Government, who may wish to implement wide-ranging and expensive policy changes. Finally, quantitative research can be a comparatively inexpensive way of gauging mass opinion using questionnaires and market surveys.

Quantitative research paradigm	Qualitative research paradigm
cause and effect generalizable masculine measurement	intuitive subjective interviews inductive
statistics observable phenomena	generating theory
deduction surveys	participant observation
systematic	soft heuristic
mechanistic deterministic	hermeneutics pluralism
causal relationships hard	particular
operational definitions	diaries phenomenology
hypothesis testing	interpretive naturalistic
experiment universal laws	grounded theory journals
numerical testing theory	humanistic narratives
positivism reductionist	social sciences critical theory ethnography
scientific natural sciences	critical social theory feminine
randomized control trial (RCT)	

Figure 1.1 Quantitative and qualitative research paradigms.

The weaknesses of quantitative research

The weaknesses of this research approach relate in many ways to the way that it attempts to measure and quantify information. It uses a very rigid and systematic approach and attempts to control all of the variable factors that might influence its findings. This approach arguably makes it inappropriate to measure complex human emotions and attitudes as:

- human behaviour is wholly unpredictable
- nursing care does not lend itself to RCTs, as it is humanistic and individualized
- quantitative research tends to present its findings in ways that have little meaning for nurses

Qualitative research

Qualitative research in a way is the opposite of quantitative research. It is very different from RCT for instance; the research is much more orientated to understanding human nature, and as such the researchers get close to the research subjects. This is its main strength: by using this kind of research you can understand how nursing or health care really can affect the patient. It can provide vital information on attitudes and satisfaction, and this kind of information can then be used to improve care. Research methods that use this approach include action research, grounded theory, focus groups and phenomenology. These and other types of research approach findings from qualitative research can sometimes be taken on and used to base quantitative research studies on later.

The weaknesses of qualitative research

The main criticisms that are often levelled at qualitative research are those that relate to its perceived non-scientific approach. This usually comes from those who are used to using only quantitative research. However, in order to produce good qualitative research a clear and rigorous research method is also needed. Other weaknesses include:

- it can be comparatively expensive to carry out as it often relies on one-to-one interviews
- the sample sizes are much smaller than the other types of research, sometimes only five or six participants

Conclusion

Generally speaking, the two types of research approach do not work together well; however, some of the more recent studies carried out into

health care have successfully adopted the two approaches to look at certain problems from two view points. This is increasingly the case. This can be particularly useful when one considers the ways that nurses need to change care. The qualitative research will explore the patient's views on a particular approach to treatment, whereas the quantitative research will provide managers with vital and dependable information that might enable them to put real money into a project. In reality, of course, in order that nurses can make the innovations in practice so necessary, they need to be aware of and use both approaches to enhance the care that they provide.

Qualitative approaches to research

Qualitative approaches to research have their origins in the field of social anthropology and sociology and are associated with the social sciences.

- Qualitative research is usually adopted when little is known on a given topic and is associated with inductive forms of reasoning in an attempt to generate theory.
- This type of research stresses the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry.
- This research is usually undertaken in a naturalistic setting where events are normally allowed to take their course unaffected by the research.

The context of the research is recognized as an integral part of the phenomenon or topic under investigation and described in considerable detail. Qualitative research centres on the study of individuals and/or groups of individuals in an attempt to capture their perspective and meanings. Accordingly, all types of sampling in qualitative research are purposive. The researcher aims to make explicit the knowledge, meanings and perspectives known implicitly by those within a particular society. Thus, qualitative researchers seek answers to questions that stress how experience is created and given meaning.

Several research designs or strategies fall under the heading 'qualitative research', and the most commonly used of these approaches are discussed in the following chapters. I hope you find them interesting and lead you to a better understanding of their uses, and – who knows? – may even lead you to use them to find out more about patient care.

Focus groups

ELAINE STRINGER

Introduction

Much has been written about focus groups in recent times. They are widely used for market research and political decision-making and, as a result, have gained a negative reputation within academic circles. They are, however, a potent means for collecting qualitative data on health-related subjects, which are concerned with perceptions, values and beliefs as opposed to numerical evaluation.

In this chapter I will demonstrate the effectiveness of focus groups through reference to studies I have undertaken or supported at masters level. I will begin by giving an overview of a study I undertook. Further to this I aim to explore my reasons for using focus groups and reflect upon the principles that influenced my management of the research process and data analysis. In addition, I will consider the difficulties, real and potential, that I encountered.

Background to study

I managed and delivered a six-month, clinically based course for post-registration students. The students attended on a part-time basis, and the course consisted of 30 taught days at the university and 30 days of supervised practice within the clinical environment. The taught aspect of the course had a rigorous evaluation strategy, which enabled the effective development of the course to meet the students' differing needs and developments in specialist fields of practice. By contrast the clinical placement evaluation was based upon verbal feedback sessions and the placement educational audit. Through these discussions it became apparent that there were wide variations in the quality and nature of supervision. However, the audits did not clarify the situation. They provided me with

some information, for example the number of supervisors, their specialist qualifications and learning resources, but they did not tell me what actually happened during supervised practice.

It could be argued that the multiple variables – for example different placements, the past experiences of the student, differing supervisors' abilities – prohibit a holistic and definitive opinion regarding supervised practice. However, there is a statutory obligation for all students to be supervised by an appropriately qualified nurse. This nurse should hold other professional and academic qualifications and have relevant experience in that field of nursing practice. The role of the supervisor is to oversee the activities of the student, assess the student's competence to practise and sign the appropriate documentation to verify competence. Clearly the role of the supervisor is integral to any course. While reflecting upon the feedback sessions, I became increasingly aware that I made assumptions about supervisory practice based upon my experience of being a supervisor. In reality I had very little knowledge about how supervisors and supervisees interpreted this situation.

Defining the question

Although I had identified a problem, defining the question took much longer. Getting the question right is an important consideration. It is the question that drives the research! The adage 'garbage in, garbage out' in computer usage can be transferred to the research process. If you do not know what you are asking, how do you know whether you have got an appropriate answer? Having a hunch is not the same as having the essence of your idea written as a research question. While ineffective research may be an academic setback for you, it should be remembered that participants in your research take part in good faith, often assisting you in addition to their own work. They expect the research to be conducted thoroughly and professionally and for their efforts to be relevant and valued.

It took me many frustrating meetings with long-suffering colleagues and my supervisor before I decided upon 'Supervised practice – what does it mean to supervisors and supervisees?' The emphasis was very much upon the individual's beliefs and their values regarding supervision. However, even at this stage I was unsure as to whether I would need to undertake a study or merely apply existing research to my situation.

In order to inform myself, I conducted a literature review. I used multiple sources of information, which included local and national libraries, organizations and relevant computerized information services. In addition, I had the opportunity to discuss my research with several colleagues who had conducted similar or related studies. Through my efforts I concluded

that most of the writings were anecdotal as opposed to research based. This in itself was very interesting! Supervision is generally accepted as good practice, and yet there is a dearth of empirical evidence to support this activity.

The literature review

I found the literature review interesting, frustrating and also comforting because I realized I was not alone with this difficulty. It also helped me to clarify my thoughts and clearly focus upon the topic. I was able to develop a conceptual framework through which I could define the key concepts and also their inter-relationships. It was also addictive because I was always looking for that last piece of research that would give me the answer. Eventually, I realized that the research was not there! I needed to discover the answer to my question.

Research design

The problem, the question and the lack of empirical evidence all compounded my belief that I needed to conduct a qualitative piece of research. This was completely at variance to my original plan, which was to undertake a quantitative approach using a structured questionnaire. This change evolved through the process of reasoning, arguing and investigation. The lesson I learnt from this was that you have to have an open mind, consider different aspects, challenge your ideas and be prepared to make major changes if you are going to answer the question you posed.

The strengths of qualitative research are that it allowed me to gain an inside view of other people's unique experiences and recognize the multiple realities that exist for the individual group members. However, I also had to consider the impact of the weaknesses upon the study. A criticism of qualitative research is the lack of validity and reliability. I recognize this criticism; however, I agree with Lincoln and Guba, cited in Marshall and Rossman (1999), that validity is inappropriate to qualitative research. The central issue is that of trustworthiness. The study should be credible, transferable, consistent and confirmable. My aim was for procedural objectivity, which required me to declare any bias and prevent it from contaminating the evidence and faithfully represent the participants' views. My concerns were that this study was procedurally sound and I provided an identifiable path of investigation.

There are several approaches to qualitative research; the one that appeared most appropriate to my research question was that of ethnography.

Definitions of ethnography focus upon the importance of the culture. The phenomena to be explored need to be within the natural setting because human activity is based upon social beliefs, values and understanding. Cultures are dynamic, flexible and evolving; therefore, ethnographic studies are not concerned with making generalizations but with understanding a specific situation. In my study, I felt I could not view supervision within the context in which people were supervised. The literature review clearly showed the demands of the clinical environment impacted upon the type and quality of supervision.

Ethical implications

I was acutely aware that using a qualitative approach had ethical implications for the participants of the study. Asking people to expose their feelings and beliefs may leave them in a vulnerable position. It is important to consider the ethics of any study and balance protecting rights, privacy and confidentiality while obtaining data. The way I chose to address the issue was to use informed consent. I appreciated that giving the information about the study may have the potential to influence the participants' responses. However, I considered an open and honest approach to be ethically and morally appropriate.

To promote informed consent I gave all the participants a detailed information sheet (see Appendix 1 at the end of this chapter), which identified the boundaries of the study and the role of the researcher, prior to attending the focus group. I requested that they read and complete a consent form (see Appendix 2 at the end of this chapter) before the study commenced, and during the study I had an independent researcher monitor my activities. All participants were also given the opportunity to read and request changes to the transcript before analysis. In addition to addressing any ethical implications, this had the effect of emphasizing the formal nature of the study.

This was an important consideration for me because there was the inherent risk of researcher bias. I was undertaking research in an area where I work and where I am well known by supervisees and supervisors. Morse (1989) advocates the use of consent forms in this situation to prevent situations arising where the participants treat the researcher as a consultant/colleague or friend and to create boundaries to work within. This is an ongoing consideration for many nurse researchers who are conducting studies within their own clinical environment. The advantages are that the nurse has a good understanding of the environment. Furthermore, people are motivated to volunteer for studies, conducted by a colleague, where the question arises from practice. The disadvantages are

that this relationship may affect the validity of the results. Ensuring the study is rigorous and objective is an important aspect of the researcher's role. The findings should present the reality as opposed to providing preferred answers. A further consideration was that of confidentiality. Outside of the group, access was restricted to my supervisor, the independent researcher and myself. I was concerned that no harm should arise from this study. Consequently, I prevented the identification of areas and individuals and destroyed the data after the conclusion of the study.

In the account so far I have endeavoured to give some insight into the decisions I took when planning this study. That is not to say that this is the best or only approach. I chose to undertake the study in this way because I felt that it would give me the information I needed, my methods could be audited and it was ethically and morally appropriate. When conducting a study, it is easy to become absorbed in the subject and the quest for data. What you need to keep in mind is 'what data and at what cost to the individual'. While the goal may be an in-depth understanding, it should not be 'at all costs'. Consequently, you need to consider how you will collect the data in a way that is appropriate to the question, and in an effective and efficient manner. I chose to use focus groups, and the rest of this chapter will concentrate upon this aspect of the study.

What are focus groups?

Focus groups are a means of gaining a large amount of data within a short time span through the spontaneous exchange of ideas between group members (Morgan 1997, Sloan 1998). Indeed, the focus group is reliant upon the verbalizing and sharing of ideas. It is this exchanging of views that stimulates deeper thinking around the subject. A focus group, although an informal technique for gaining data, is well planned and organized. Ideas about assembling a group of people for a 'chat' are totally erroneous.

Focus groups can be used in a variety of ways. Morgan (1997) identifies that they can be used in combination with other methods, for instance observation or interviews. Here the purpose is to generate ideas for further investigation (Greenbaum 1998) or explain data obtained through another methodology. There is a general belief that focus groups need to be used in association with other methods; however, Morgan (1997) comments that they can produce sufficient data when used as a single methodology. For the purpose of this study I chose to use focus groups as a single methodology, mainly due to time and financial constraints. I am aware that there are arguments against the use of a single-method study, and I appreciate that a combination of methods may have provided a more holistic picture.

Morse (1989) proffers the notion that pragmatic validity is increased by the use of multiple sources of data collection. This is supported by the work of Proctor (1998), who comments that validity is increased if a triangulation of methods is used. However, there are disadvantages to the use of triangulation. Proctor (1998) is of the opinion that the study time is lengthened and that the researcher must be equally skilled in qualitative and quantitative research techniques. There are also the dangers of the focus of the study being lost and the fact that different methods may not produce corroborative data.

The main advantage of using focus groups is the richness of the data expressed by the participants. The group promotes interaction and also inhibits individuals from giving misleading information (Sloan 1998). Participants are able to qualify their statements and the researcher can explore the responses (Stewart and Shamdasani 1990). In addition, Stewart and Shamdasani (1990) and Morgan (1997) comment that it is quick, flexible, cost-effective and relatively easy to arrange.

The criticisms of this method are concerned with the effect of group dynamics. Stewart and Shamdasani (1990) identify difficulties arising from dominant members who may lead to the exclusion or intimidation of quieter group members. Morgan (1997) comments that there is a risk of the participants polarizing the group. Either effect may result in individuals proffering views that do not reflect their true opinion. In addition, participants may be reluctant to divulge issues that are sensitive for them or may give edited versions of events.

I chose to use focus groups after consideration of other possible methods, namely observation and interviews. In comparison with individual interviews it is recognized by Morgan (1997) that focus groups give a broader view as opposed to an in-depth interview. However, he also recognizes that the depth of the information is dependent upon the subject's willingness and ability to talk about the topic on an individual basis. While it is recognized that focus groups may be a quick and efficient means of collecting data, Morgan is aware that there may be difficulties in assembling six to eight individuals for each session. In contrast, it may be easier to arrange individual interviews; however, the time involved in the process of interviewing and analysing the data per interview may be far greater than that needed for a focus group (Morgan 1997).

Observation, as a research methodology, offers the advantage of gaining data in the natural setting. Conducting focus groups is recognized as being divorced from practice (Morgan 1997); consequently, the emotional context of the environment may be lost. Observation also allows for the recording of a diverse range of interactions, whereas focus groups rely predominately upon verbal explanations of behaviour (Morgan 1997). However, I was concerned regarding the practical difficulties of observing