Unit Introduction

Unit 1

The Qualitative Journey

Welcome to first unit of *Qualitative Research Methods* which we’ve called the Qualitative Journey. Hopefully you’ve chosen the qualitative journey based on an understanding that your research problem or the question you want to address would be best answered through a qualitative study. Much depends now upon this choice, so you are strongly advised to confirm your commitment to your topic, research problem and chosen method in the course of this unit. We have used the metaphor of a journey to describe the process of embarking on a qualitative research study.

But before your start, you may wish to refresh your thinking about qualitative research. Just what is it? It falls into the typology of research types known as Applied Research which in Patton’s words “illuminates a societal concern” (2004: 213), as opposed to Basic Research which “contributes to fundamental knowledge and theory”. This kind of research is termed by Robson (2011) “Real World research” and on page 11 is his Box 1.1 which summarises the research role of real world researchers as opposed to academic researchers. This “real world” emphasis signifies applicability of research, meaningful research which solves unsolved problems. Consider whether this applies to your research topic.

Mack, Woodsong and others (2005) describe qualitative research in terms of scientific research in general:

This manual published by Family Health International (FHI) is available on the Internet and on your USB flash drive and iKamva.

*Qualitative research is a type of scientific research. In general terms, scientific research consists of an investigation that:*

*• seeks answers to a question*

*• systematically uses a predefined set of procedures to answer the question*

*• collects evidence*

*• produces findings that were not determined in advance*

*• produces findings that are applicable beyond the immediate boundaries of the study*

*Qualitative research shares these characteristics. Additionally, it seeks to understand a given research problem or topic from the perspectives of the local population it involves. Qualitative research is especially effective in obtaining culturally specific information about the values, opinions, behaviors, and social contexts of particular populations* (Mack, Woodsong, Macqueen, Guest & Namey, 2005: 1).

As a traveller, using this approach, you need to know your destination, you should be aware of what you are leaving behind, it is wise to anticipate possible problems so that you are better prepared to address them; you should certainly map the way ahead pretty thoroughly, and you may agree that you should know a little about the basis of this form of travel. Although you may be happy to take a flight without understanding how aeroplanes remain in the air, frankly, I’m not. So we plan to provide you with a little bit about how this form of research came about, and what principles and theories it is based upon.

The key outcomes are that by the end of Unit 1, you should be in a position to:

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| * Plan a realistic process to ensure you complete your minithesis on time. * Demonstrate awareness of the kinds of research problems/questions best addressed by qualitative methods. * Discuss the location of your study within the Interpretivist research paradigm. |

We use the standard format for our study sessions which we believe provides a comfortable learning environment for you. The Tasks in the Study Sessions are there to be worked through; this is important since skipping over them deprives you of the chance to internalize new ideas and to apply those ideas to new contexts. At the outset of each session, we present the intended outcomes of the session. Read them through and then refer to them as you complete the session to assess whether you have actually gained any new knowledge, ideas or understandings of techniques.

There are three Study Sessions:

SESSION 1 – Looking back – looking forward

SESSION 2 – The nature of the journey

SESSION 3 – What underpins this form of travel?

The first session is an orientation to the process of preparing your protocol and your minithesis; it provides some administrative planning tools for the journey ahead - particularly developing a timeline for completing in the allowed time. The second session is a chance to re-engage with the principles of qualitative research and the kinds of questions it best answers; by the end of this session, you need to be pretty sure of your commitment to this mode of travel and to the journey as a whole. And by Session 3, you will hopefully be sufficiently orientated to find out what makes Qualitative Research tick – where it came from and what philosophical and conceptual understandings underpin it.

**LEARNING RESOURCES**

You will be referred to your prescribed text, the Readings folders on the USB flash drive and iKamva as you work through the Study Sessions. Please note that you can also find additional materials on the iKamva site. As a Masters student, you should read all these resources, and many more! Your prescribed text is by Colin Robson, (2011). *Real World Research* (3rd ed). Chichester, UK: John Wiley and Sons. Remember that the associated website has some interesting and informative resources as well: ([www.wiley.com/college/robson](http://www.wiley.com/college/robson)), so you could make yourself a folder, and copy and paste some of them into this folder for ready access.

Boxes in the text like the ones below guide you to one of the resource sets. As usual, the Readings folder is indexed alphabetically. For example:

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| **READING**  Black, N. (1994). Editorial. Why we Need Qualitative Research. *Journal of Epidemiology and Community Health*, 48: 425-426. |

The USB flash drive and iKamva contains essential learning materials, and you must be able to use it while you study; it contains videos, Powerpoint presentations with voice overs and additional readings. The USB flash drive and iKamva resources are referenced by author’s surname and date for ease of identification, e.g. Mack N et al, 2005. The USB flash drive and iKamva contains supplementary teaching resources to which you will be guided. As you work through the Module Guide, you will be directed to them. Some of the USB flash drive and iKamva Resources are needed for Tasks, others may be helpful for your assignments.

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| ANd9GcREEHPTKP1wnxe_GKOgxNyQLereoEf-qkWmYfAJdPQ1g8-vU7C1 | **USB FLASH DRIVE AND IKAMVA RESOURCE**  Mack, N., Woodsong, C., Macqueen, K. M., Guest, G. & Namey, E. (2005). *Qualitative Research Methods: A Data Collector’s Field Guide*  [Online], Available: <http://www.fhi360.org/sites/default/files/media/documents/Qualitative%20Research%20Methods%20-%20A%20Data%20Collector's%20Field%20Guide.pdf>  [Downloaded: 06.01.2016]. |

Thirdly, there are a few things you will have to look at on the Internet which are indicated by this box: there is a great deal of material available to you. One has to be selective.

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|  | **INTERNET RESOURCE**  Payne, G. & Payne, J. (2004). [*Key Concepts in Social Research. Sage Research Methods.*](http://srmo.sagepub.com/view/key-concepts-in-social-research/SAGE.xml) [Online], Available: <http://srmo.sagepub.com/view/key-concepts-in-social-research/n28.xml> [Downloaded: 14.1.14]. |

It is also very important to remember that as a Postgraduate UWC student, you have access to a vast amount of scholarly literature which is not available free on the Internet. You reach this through the UWC library databases (or listings). UWC subscribes to journals and databases, and your fees give you access to them. You will surely have found out how to use them through the *SOPH Programme Handbook* or by visiting the library website, or our librarian when you’re in Cape Town. If not, you should do so urgently. If you have had any difficulty logging in, sort it out now with the UWC Service Desk at (Servicedesk@uwc.ac.za). Never forget to log into the Library website as an **Off-campus User**; this prompt is located in the left column of the Library website at the bottom. Forgetting to do will cost you time and frustration.

**KEEPING A JOURNAL**

*“… there is much to be said for starting the journal on day one of planning the project”*(Robson, 2011: 1).

To conclude, it is common practice for qualitative researchers to start a research journal as you plan your study. It can take any format - a plain lined hardcover book, or a calendar diary with a page per day. It can also be kept on your computer or mobile phone if you have easy access to it when you’re on the move. Keeping a research journal is regarded as one of the quality criteria for good qualitative research. It helps you to keep track of the process (creating an audit trail); it helps you to be reflexive (or thoughtful about your own influence on the quality of data when you conduct an interview); and it functions as a memory aid for the understandings you gain during data collection. It can also be used to record your reaction to events or processes while you are busy with them, and of course to help you with planning your appointments when collecting data.

We wish you well with this module and hope that it will take you some of the way towards preparing your minithesis protocol: to do this, we will sometimes ask you to practise a technique, and sometimes preparing a section which can be used in your future protocol. On completion of the module, you’ll be assigned a supervisor and start preparing your 12 page protocol for submission to the Higher Degrees Committee. And after that … the real research journey starts!

**References**

Mack, N., Woodsong, C., Macqueen, K. M., Guest, G. & Namey, E. (2005). *Qualitative Research Methods: A Data Collector’s Field Guide.* [Online], Available: <http://www.fhi360.org/sites/default/files/media/documents/Qualitative%20Research%20Methods%20-%20A%20Data%20Collector's%20Field%20Guide.pdf> [downloaded: 06.01.2016].

Session 1 – Looking back – looking forward

Unit 1

## Introduction

We have titled this session to alert you to the fact that this is your moment: you are past the midpoint of your degree and embarking now on an intensive process which will take six to 12 months and a lot of your time and energy. You therefore need to be pretty sure that you have made the right choice of research tradition and design to suit your research problem or question, and to suit your own emerging beliefs about research. By the end of the session, you need to be clear about why you embarking on the Qualitative Research course. This is the main topic of this session. Much of it will be revision of your *Public Health Research* module, so keep that module and your two assignments by your side while you study.

Contents

1 Learning outcomes of this session

2 Readings

3 Administrative considerations

4 Reviewing your mode of travel

5 Are you flexible enough for flexible research?

6 Any problems with the road?

7 Session summary

8 References and further readings

Timing of this Session

This session has two readings and four tasks. It should take you about two hours to complete if you work with focus.

1 Learning Outcomes of this Session

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| **By the end of this session, you should have:** |
| * Developed a timeline for your study. * Reviewed your research problem in terms of a qualitative approach. * Taken stock of the process and administrative requirements of the minithesis. * Grasped some of the pitfalls in the qualitative research process. |

2 Readings

The readings below can be found in your Readings folder on the USB flash drive and iKamva. Use the first author’s surname to find the reading - they are arranged in alphabetical order. You will be directed to them in the course of the session.

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| **READINGS**  Pettersson, K. O., Christensson, K., De Freitas, E. G. G., Johansson, E. (2004). Adaptation of Health Care Seeking Behavior During Childbirth: Focus Group Discussions with Women Living in the Suburban Areas of Luanda, Angola. *Health Care for Women International*, 25(3): 255 - 280.  Patton, M. Q. (2002). Ten Top Pieces of Advice to a Graduate Student Considering a Qualitative Dissertation. *Qualitative Research and Evaluation Methods*. Thousand Oaks: Sage Publications: 33- 35. |

3 Administrative considerations

**3.1 The road ahead**

Over the course of this module, you will study qualitative research in mostly practical terms, by undertaking a range of tasks which will, we hope, prepare you to undertake a Public Health research study. Some of the outputs from tasks and your two assignments may be helpful as drafts for sections of your research protocol. After passing this module, you will be assigned a supervisor who will help you to “put it all together” into a research protocol (with a strict limit of 12 pages, excluding References and Cover page). This could ideally take no more than 2-3 months. Your protocol can be submitted in any month excluding January, July, November and December, to the Faculty Higher Degrees Committee. Once approved at this level, it is passed on to the Senate Higher Degrees Committee and UWC Ethics Committee: so a high degree of resolution is required, with faultless referencing and language proficiency. Once the protocol has been accepted, you will proceed, supported by your supervisor, to obtain the necessary approvals from Ethics Committees in your country, as well as possibly from the facility where you will conduct the research. All this takes time, so you need to plan carefully and “work smart” and efficiently. We provide a booklet on this process as you complete this module, but it is as well to know what lies ahead and to work hard at this stage to minimize pressure later. We’ll try to orientate you to what lies ahead through the first task.

**WHY THE TIMING OF YOUR MINITHESIS MATTERS**

Completing your MPH and therefore minithesis according to the UWC’s rules for “time to completion” is important. But it is at this time that many students who have been flying through the modules suddenly slow down. There are reasons for this – you’re working alone, you have to motivate yourself, there are no regular deadlines to meet, you are breaking new ground, and perhaps unsure of yourself; your supervisor may also send feedback later than they should.

However, you have no idea how often the issue is discussed at SOPH and how many strategies have been planned to address it! Why is it so important? In South Africa, as in the rest of the world, universities are having to watch their costs; South Africa’s higher education system is however also subsidized according to a *student throughput* formula. In other words, there is a subsidy at the time of intake, and one for completion. If the student exceeds the 4 year period, the university loses that government subsidy permanently. The university then puts pressure on SOPH to exclude you. That is why you are charged a penalty, and your supervisor may become much stricter with you. However it is also to your advantage: your minithesis is a MINI thesis; it is not a life’s work; and you will sustain your motivation only through your own progress.

So we ask you to recognise what lies ahead, plan for it, and do your best to graduate within the required period. There are a few ways that seem to assist students to stay motivated during minithesis:

* Don’t change topic or research problem;
* Link up with another student who is busy with their thesis and motivate each other;
* Raise difficulties as soon as you experience them;
* Work consistently and monitor your own progress;
* Make interim deadlines for yourself and stick to them.
* Complain to the Thesis Co-ordinator if your supervisor delays you.

**3.2 Preparing to develop a timeline**

When undertaking a journey, knowing the distance and how much time is required are critical considerations, and no less so for your minithesis. You have probably been studying for 12 months already; you have a maximum of three years to finish your degree, or you must ask permission to take a fourth; this is usually granted as long as you show a track record of consistent work. However if you read the side box on this page, it will give you a little insight into why time matters to you, your supervisor, the School of Public Health and indeed the University of the Western Cape. Bear in mind that minithesis often takes a full year to complete because there are a number of events which are not in your control. Do Task 1 to help you plan more realistically.

Task 1 – What might affect your timing?

Make a spider diagram of all the things that may affect your time to completing your minithesis. Some are to do with the research process, some are to do with your life and work. Then compare your ideas to the Feedback below.

Feedback

Your data collection is often dependent on availability of your participants; the Christmas holidays can get in the way; ethical approval from your own country or facility can delay you by several months if you do not know their schedules; to write up results and interpret them you need some dedicated time to focus; major work or family commitments can affect your plans. You will need to take all these things into account and plan accordingly. But most likely, you will also have to make some sacrifices.

3.3 How long should it take?

Below is the diagram of the research process from *Public Health Research* with an added column which proposes average timing for the process. Nothing is absolute in this process, but it gives you some idea of what lies ahead.

Time period

1 July 2020

Mid-July-end September

Not later than Oct 2020

End-Nov 2020

**Institutional determinants**

Receive results from this module

Develop protocol with supervision (2-3 months)

Submit protocol

Time from protocol submission to getting the green light from

Senate Higher Degrees (approx. 6 weeks)

This process started with *Public Health Research* and is further developed during *Qualitative Research Methods*. It is further refined with a supervisor.

This process started with *Public Health Research* and should be refined with a supervisor.

During the *Qualitative Research Methods module,* you will be assigned a supervisor who will assist you in refining your aim and objectives. They will then pick up the process with you in July.

During the *Qualitative Research Methods module,* you will explore your options, practise some of the techniques, and develop your study design. This will be refined with your supervisor after completion of this module.

During *Qualitative Research Methods*; apply for clearance when you submit protocol to UWC and other relevant authorities.

1. STATEMENT OF THE RESEARCH PROBLEM

* Identify the problem
* Explain rationale for studying the problem
* Analyse the problem
* Describe the research setting
* Use this to write an introduction to the study

2. LITERATURE REVIEW

* Review the literature and other available information
* Develop Reference List

3. FORMULATION OF STUDY AIMS AND OBJECTIVES

* Why do we want to carry out the research?
* What do we hope to achieve?
* Set aims and objectives
* What additional data do we need to reach our research

objectives?

4. RESEARCH METHODOLOGY

* How are you going to collect this data?
* Study design and approach
* Data collection methods, tools
  + Record reviews
  + Questionnaires and sampling
  + Observations
  + Interviews
  + Focus group discussions
* Plan for data collection
* Plan for data processing and analysis

5. ETHICAL CONSIDERATIONS

* Participant Information Sheet and Informed Consent
* Ethics Clearance Application to Higher Degrees Committee
* How to present our proposal to relevant authorities

related to ethical clearance in your country, or facility.

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| FROM PROTOCOL TO MINITHESIS | TIME FRAME |
| 1. Work with Supervisor to prepare 12 page protocol | July-Oct 2020 |
| 1. Submit protocol to UWC-HDC | By Sept 2020 |
| 1. Apply for other Ethical Clearances | At the same time as submitting to UWC HDC or Jan 2021 |
| 1. Prepare for data collection | 6 weeks Dec 2020-Feb 2021 |
| 1. Work on Literature Review | Alongside iii and ongoing |
| 1. Data collection | 6 weeks Feb 2021 |
| 1. Complete Chapter 3 - Methodology |  |
| 1. Data transcription | Start simultaneously with data collection: 8 weeks (6 + 2) Feb -end March 2021 |
| 1. Analysis and writing up findings | After transcription complete, 8 weeks April – May 2021 |
| 1. Complete Chapter 4 - Findings |  |
| 1. Complete Literature Review, Reference List and Introduction (Chapters 1 and 2) | 2 weeks if you have worked on this throughout the process – by end June 2021 |
| 1. Develop Discussion and Conclusion | 4 weeks – July 2021 |
| 1. Complete Chapter 5 – Discussion and Conclusion | Early July 2021 |
| 1. Submit full Draft 1 to Supervisor | Early August 2021 |
| 1. Finalise minithesis | September 2021 |
| 1. Proof reading | October 2021 |
| 1. Courier to SOPH | Latest 1 Nov 2021 |

Note that the date you submit your protocol to Higher Degrees Committee (HDC) will affect the time when you can start collecting your data. Try to submit your protocol by November and plan to collect data at the start of the new year. Remember that you may not start to collect data unless you have all approvals. Thereafter, it will take most of the next year to complete your thesis; on completion, you will need to get your thesis proofread; allow time for this. Taking all of this into account, we now invite you to use the time estimates above to complete Task 2 in which you develop your timeline for your minithesis and MPH.

Minitheses can be submitted for examination in Nov and May. HDC meets monthly, but not in July, December and January. Make a copy of this table for revisions.

TASK 2 – Develop your timeline

Shade the months when you will

be busy with this process. Note any

particularly pressurized times at home or work.

Complete this table using the guidance above. A couple of clocks have been filled in for you. Then keep a copy in your Journal, and revise it with your supervisor once you have finished this module. But hopefully you have realised how critical the timing is, particularly at the end of this module.

Remember that two processes can be undertaken at the same time, i.e. further developing your Literature Review, and waiting for feedback on your Findings Chapter.

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| **From protocol to Minithesis** | **July**  **2020** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec**  **2020** | **Jan**  **2021** | **Feb** | **Mar** | **Apr** | **May** | **June** | **July**  **2021** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec**  **2019** | **Jan** |
| **Finalise design of study and write protocol** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **P** |  |
| **Submit protocol (HDC)** |  |  | **X** | **X** |  |  |  |  |  |  |  |  |  |  |  |  |  | **E** |  |
| **Submit to country committees** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **N** |  |
| **Literature Review** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **A** |  |
| **Introduction and describe setting (Ch) 1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **L** |  |
| **Finalise method (Ch 3)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **T** |  |
| **Collect data** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Y** | **T** |
| **Transcribe data** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **I** |
| **Analyse data** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **M** |
| **Report findings (Ch 4)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **E** |
| **From protocol to Minithesis** | **July**  **2020** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec**  **2020** | **Jan**  **2021** | **Feb** | **Mar** | **Ap** | **May** | **June** | **July**  **2021** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec**  **2019** | **Jan** |
| **Discuss findings (Ch 5)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Full draft 1 completed** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Draft 2 completed** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Proofread** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dispatch final bound copies to SOPH by courier** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Key: X means no HDC meeting**

So we have looked ahead a little, now let’s look back at how far you reached through your *Public Health Research* module.

4 Reviewing your mode of travel

This is the moment when you take out your Assignments from *Public Health Research*, to critically evaluate whether you have made the right choice between qualitative or quantitative research. One of the great fallacies of choices like this is that qualitative research is easier, because it does not require numerical or statistical skills. Think again: you may be avoiding numbers, but the language demands and the reading and labour involved in qualitative research as well as the intense commitment it requires to make it *good* qualitative research, should be considered in making this choice. It is certainly not the easier path to follow, and may take more time. It also has its own set of challenges. Indeed, the choice should be informed by the research problem you are addressing, and nothing else.

As a simple example, if you want to know what proportion of women in a town are delivering their babies in health care facilities, you must choose a quantitative approach; if you want to find out why some choose not to deliver at these facilities, you need to choose a qualitative approach. To consolidate this understanding, read a section of a qualitative study which illustrates this choice. Start by reading the abstract below and then focus on the Introduction – pages 256-257.

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| **READING**  Pettersson, K. O., Christensson, K., De Freitas, E. G. G., Johansson, E. (2004). Adaptation of Health Care Seeking Behavior During Childbirth: Focus Group Discussions with Women Living in the Suburban Areas of Luanda, Angola. *Health Care for Women International*, 25(3): 255 - 280. |

***Abstract***

*The aim of this study was to explore how various factors influenced women’s decisions regarding place of confinement in Luanda, Angola. Ten focus group discussions were conducted with pregnant and nonpregnant women residing in suburban areas of Luanda and the data were analyzed using the grounded theory technique. Four patterns of action of the main theme, “the molding of women’s care-seeking behavior during childbirth,” were identified: (I) the “labor process ‘on-course’ avoiding pattern”; (II) the “labor process ‘off-course’ avoiding pattern”; (III) the “labor process ‘on-course’ approaching pattern”; and (IV) the “labor process ‘off-course’ approaching pattern.” Our findings indicate that personal “courage” and social support empowered women and impacted on their preference for home birth, whereas demand for informal user fees and perceived low quality of care influenced women to avoid institutional care during childbirth, sometimes even in spite of complications. Ability to meet demands for informal user fees and knowledge of childbirth influenced women to seek institutional care. The study highlights the need to improve the quality of available maternal health care addressing the implicit educational, attitudinal, and ethical issues.*

**TASK 3 Part 1 – Why choose a qualitative research approach for a study?**

Having read pages 256-257, answer these questions:

1. What are the key Public Health themes of this study?
2. What is the key social problem that the study seeks to address?
3. Was quantitative research needed to address this problem?
4. What was the research problem (or research question) that the study seeks to address?
5. Why was qualitative research appropriate?
6. Is their rationale for using a qualitative approach convincing?

**FEEDBACK**

a) The key Public Health themes that this study addresses are maternal mortality in low income countries through the lens of women’s care-seeking behaviour.

b) The problem has been underlined. Maternal mortality rates in Angola have been extremely high in Angola, i.e. estimating 1,500/100,000 live births in 1996 and 2002 (International Planned Parenthood Federation, 2002; WHO & UNICEF, 1996); and 1,281/100,000 live births in the capital, Luanda (Angolan Instituto Nacional de Estatistica [INE] & UNICEF, 1994). In 1989, the Angolan Ministry of Health established midwifery-led peripheral delivery units (PDUs) in Luanda and although deliveries increased at these units, it is estimated that at the time of this study, only 11% of deliveries took place at health facilities.

c) As you will see above, substantial quantitative research had already been conducted. At this stage the researchers wished to explore and understand why so few women were using health facilities during labour.

d) The authors posit that there are barriers which discourage women from delivering babies at health care facilities although 87% are thought to attend ante-natal services (Coordenacão de Atendimento Obstétrico de Luanda, CAOL, 2000). The research question is therefore: “What barriers discourage women from using PDUs and other health facilities to deliver in Luanda, Angola?” Or, “What are women’s perceptions of care-seeking behaviour during labour?”

e) The answer to this question is provided by the authors themselves: “The qualitative approach, applying FGDs, was found appropriate to explore and elucidate the ‘whys’ produced by statistical reports describing women’s care-seeking behavior during pregnancy and labor” (CAOL, 2000). They knew the extent of the problem, but in order to make any change to the MMR, they needed to understand, from the perspective of the women themselves, why they did not seek help during childbirth. [They go on to give a rationale for their use of a particular qualitative research approach, i.e. Grounded Theory which will be discussed later in this module].

f) Hopefully you’re convinced by the rationale. Now imagine you’re in a seminar with colleagues and lecturers at the SOPH and you now have to justify your choice of approach.

**TASK 3 Part 2 – Why choose a qualitative research approach for your study?**

Using your assignments from *Public Health Research*, refine your rationale for using a qualitative approach. Write a succinct and clear paragraph, arguing why qualitative research is appropriate. Make your leading statement, and then provide reasons (or evidence) for why you are right. You could use these questions to guide you.

1. What are the key Public Health themes of this study?
2. What is the social problem that the study seeks to address?
3. What is the research problem (or research question) that the study seeks to address?
4. Why is qualitative research appropriate? Support this with citations.
5. Finally consider, is your rationale for using a qualitative approach convincing?

**FEEDBACK**

Your answer might be something like this:

In this study, Pettersson *et al* (2004) aim to explore health-seeking behaviour with regard to giving birth, in order to understand and interpret the factors that influence women’s decision not to deliver in health facilities. From prior quantitative research it was known that women in Luanda are not seeking professional assistance during labour but knowledge and understanding of *why* women do not seek such help was lacking.

Generally, qualitative studies aim to find concepts which can help in understanding perceptions, experiences or behaviours and their social meanings. Qualitative research aims to answer the *what, how* and *why* questions (while quantitative research aims to determine *how many*) (Pope and Mays, 1995). In Pettersson *et al*’s study (2004), they asked *why* women in Luanda seemed to avoid assistance during childbirth and *what* factors influence their perceptions of care-seeking during labour, in order to understand their decisions regarding place of confinement (2004: 257).

Black (1994) notes that qualitative research has the ability to reveal the details behind an issue without trying to measure it or associate it with another variable. Qualitative research was chosen because it could contribute toward a deeper understanding of why women do not seek skilled care during childbirth when it is closely available to them. Understanding this issue from the perspectives of the women themselves had the potential to throw light on a problem that costs many women their lives and thereby make a contribution toward addressing the serious problem of maternal health in Luanda, but also in Africa as a whole.

Keep this work as it forms part of your first assignment.

5 Are you flexible enough for flexible research?

You will recall that Robson (2011) uses the terms fixed and flexible designs instead of quantitative and qualitative research. This he explains is because study designs which are qualitative or flexible may make use of some quantitative data, and vice versa. Qualitative research or flexible design research is not a set of technologies but involves a flexible set of characteristics such as having an “evolving design”. Take an advance look at a section of Robson’s (2011) Chapter 6 Box 6.2 in which he outlines the general skills needed for flexible investigators.

|  |
| --- |
| **READING**  Robson, C. (2011). Ch 6 – Flexible Design. *Real World Research.*  Chichester: Wiley: 134. |

**Task 5 – Evaluate your readiness for flexible research**

Robson (2011) describes five “skills” or qualities of a flexible research in Box 6.2 on page 134. What is your response to each of them? Give yourself a rating out of 3 for each one where:

1 means: I really don’t have this quality, and probably cannot learn it

2 means: I have this quality but could strengthen it

3 means: I have this quality in ample measure

**Feedback**

This is just a light-hearted task which invites you to take a reflexive view of your attitude to the flexibility of flexible design! However, to take the process to conclusion, here is how you can assess your results.

If you scored 8 or less, we suggest you urgently consider changing to the *Quantitative Research Methods* module as this may be more compatible with your approach.

If you scored between 9 and 11, you may have to work a little to get to grips with flexible design to yourself. But you can be saved. For those of you who score between 12-15, welcome to the *Qualitative Research Methods* course: make yourselves at home.

7 Any problems with the road?

Before setting out on a road trip, you might be inclined to ask several more experienced travellers about the road (or their experience of this approach). We have done this for you, asking the question of a number of graduates of the MPH who completed a qualitative minithesis over the past few years. So far we have received two- one from someone who asked to remain anonymous:

*“First thing - one needs to understand that qualitative is too 'revealing' - giving a lot of information which could be difficult to sieve, as most will be rich information. This implies it takes a lot of work understanding and contextualizing what you will be looking at and hearing. You have to be attentive to every detail, trying to find meaning in it, how and why it matters to the respondent. Therefore it requires a lot of time and objectivity.*

*Secondly, draw a realistic time plan especially for data collection, and analysis stages. Be ready for the pressure from work, family and school and balance the time. And follow your inquiry making sure it is originally yours. Never move to another stage before completing the one you are working on. Save thesis document versions with date and time to avoid mix ups. And have a Parking Lot for documents with all important comments from your supervisor as you may need to use these at a later stage.*

*Thirdly having extremely supportive supervisors without whose guidance I would not have completed my thesis was important.  The local Ethical Clearance process was such a huge barrier in my progress, I had given up! And I mean just that. Yet my supervisor who has more than one (my) thesis to review, has the zeal to push on for my sake. I was encouraged to finish. My supervisors were the Best!!! I mean it!”*

The second is from Milly (25.1.14):

*“I found qualitative research very, very enriching. It gave me an opportunity to really thrash out concerns/issues that I was addressing at the time and therefore I had to read very intensively and widely, gaining all the time, gaining more and more insight, experience and expertise. I prefer doing qualitative research.*

*As for pitfalls, I would warn that it is just time consuming, but it’s so wonderful and I enjoyed it so much that I did not mind, I wanted to do my best, because I simply loved it. It is however very important to stay focussed on the topic at hand”.*

In concluding this session, take a look at this reading by one of the better known writers on qualitative research evaluation, Michael Quinn Patton. He provides some advice for those embarking on a qualitative study.

|  |
| --- |
| **READING**  Patton, M. Q. (2002). Ten Top Pieces of Advice to a Graduate Student Considering a Qualitative Dissertation. *Qualitative Research and Evaluation Methods*. Thousand Oaks: Sage Publications: 33- 35. |

Remember to return to this advice regularly, as it may not make complete sense at this stage.

8 Session Summary

So at this stage, we expect you to have confirmed your commitment to a qualitative research approach for your minithesis. We hope that you recognise that it is neither easier nor quicker than quantitative research. If you have done the tasks, you should have some sense of the overall timing of the process from now till the end of your minithesis and of the ethical and administrative requirements; and you grasped some of the pitfalls in the qualitative research process. In the next session,

9 References and Further Readings

Black, N. (1994). Editorial. Why we Need Qualitative Research. *Journal of Epidemiology and Community Health*, 48: 425-426.

Pettersson, K. O., Christensson, K., De Freitas, E. G. G., Johansson, E. (2004). Adaptation of Health Care Seeking Behavior During Childbirth: Focus Group Discussions with Women Living in the Suburban Areas of Luanda, Angola. *Health Care for Women International*, 25(3): 255 - 280.

Pope, C. & Mays, N. (1995). Qualitative Research: Reaching the Parts Other Methods Cannot Reach: An Introduction to Qualitative Methods in Health and Health Services Research. *British Medical Journal,* 311: 42 - 45. [Online], Available: <http://www.bmj.com/cgi/content/full/311/6996/42> [9/19/2000 12:17 PM]

Session 2 – The nature of the journey

Unit 1

## Introduction

What can we learn from qualitative research? What sort of questions or problems are best addressed by this approach? What is its value for Public Health and how is it currently valued? Apart from the most obvious differences between qualitative and quantitative research, what are some of the key differences in perspectives and expectations of researchers from these two approaches?

Mack *et al* (2005) answer the question “What can we learn from qualitative research?” as follows:

*The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. It provides information about the “human” side of an issue – that is, the often contradictory behaviors, beliefs, opinions, emotions, and relationships of individuals. Qualitative methods are also effective in identifying intangible factors, such as social norms, socioeconomic status, gender roles, ethnicity, and religion, whose role in the research issue may not be readily apparent. When used along with quantitative methods, qualitative research can help us to interpret and better understand the complex reality of a given situation and the implications of quantitative data. Although findings from qualitative data can often be extended to people with characteristics similar to those in the study population, gaining a rich and complex understanding of a specific social context or phenomenon typically takes precedence over eliciting data that can be generalized to other geographical areas or populations. In this sense, qualitative research differs slightly from scientific research in general* (Mack, Woodsong, Macqueen, Guest & Namey, 2005: 1-2).

One must not lose sight of the fact that qualitative research, though described above as valuable in combination with quantitative research, can and is often valuable as a stand alone approach.

In this session, we refresh your thinking about the distinctive qualities of the approach, and explore its potential role in Public Health.

Contents

1 Learning outcomes of this session

2 Readings

3 What is the nature of qualitative research?

4 The value of qualitative research for Public Health

5 Questions best addressed by qualitative research

6 Session summary

7 References and further readings

Timing of this Session

This session has five readings and three tasks. In view of the amount of reading, it could take you up to five hours.

1 Learning Outcomes of this Session

|  |
| --- |
| **By the end of this session, you should be able to:** |
| * Distinguish the kinds of problems best addressed by qualitative methods. * Describe key differences between the qualitative and quantitative approaches. * Discuss the value of qualitative research for Public Health. |

2 Readings

The readings below can be found in your Readings folder on the USB flash drive and iKamva or prescribed text. Use the first author’s surname to find the reading - they are arranged in alphabetical order. You will be directed to them in the course of the session.

|  |
| --- |
| Baum, F. (2016). Chapter 6: Research for a New Public Health. *The New Public Health* Australia: Oxford University Press: 150-161.  Daniels, K. et al. (2016). Fair publication of qualitative research in health systems: a call by health policy and systems researchers. *International Journal for Equity in Health,* 15(98).  Black, N. (1994). Editorial. Why we Need Qualitative Research. *Journal of Epidemiology and Community Health*, 48: 425-426.  Jack, S. M. (May/June 2006). Utility of Qualitative Research Findings in Evidence-Based Public Health Practice. *Public Health Nursing,* 23(3): 277-283.  Pettersson, K. O., Christensson, K., De Freitas, E. G. G., Johansson, E. (2004). Adaptation of Health Care Seeking Behavior During Childbirth: Focus Group Discussions with Women Living in the Suburban Areas of Luanda, Angola. *Health Care for Women International*, 25(3): 255 - 280.  Robson, C. (2011). Ch 2 - Approaches to Social Research. *Real World Research.* Chichester: Wiley: 13-30. [*Prescribed Text*] |

3 What is the nature of qualitative research?

**3.1 *You need a very different research approach…***

We’ve established that the choice you’ve made to use a qualitative approach for your study is not based on your own preferences, abilities or fears (of quantitative research). In the previous session, we have reiterated that it should be based on your study problem or study aim. You may remember that Pettersson *et al* (2004) wanted to understand why women decided not to use health facilities for delivery. This involved their beliefs and perceptions and the social and cultural influences on them. The researchers were trying to answer a “why” question, and numerical or statistical information was unlikely to throw any light on it. In addition, the social context – post-war Luanda, 2003, a centre where Angolans from many regions had congregated, was a little understood environment. The researchers explain these specific social circumstances:

*Angola’s long-lasting civil war and political instability has led to extensive*

*migration and considerable transformations of the society. Marriages, or stable “de facto” unions, for example, declined as a result of rapid urbanization and men’s absence, and the number of female-headed households is today estimated to be approximately 30%. Furthermore, the social fabric has to a large extent been destroyed, which has left many families living in a “social vacuum” under extraordinary psychological strain* (Pehrsson, 2000 in Pettersson *et al*, 2004: 257).

The women themselves were likely to have been mistrustful, could have had varied levels of literacy, and furthermore were likely to be influenced by a variety of factors, some of which were hypothesized by the researchers, e.g. quality of care at facilities, cultural pressures. However, social context was also important in the decision to use a qualitative approach, and a particular qualitative study design. Pettersson *et al* (2004: 257) note that there had been huge population increases in Luanda, and write:

*Most of the new dwelling areas have spread in a haphazard manner and are without street addresses. In addition, the political instability has created an atmosphere of suspicion and fear, making it difficult, if not impossible, for researchers to move freely among the inhabitants of the communities.*

This situation influenced the study design including the data collection strategy. In other words, the social context of the participants exercised a significant influence on the researchers, and they must have spent time pondering what research approach and design would help them to answer their research question. This is a critical understanding for you as a researcher and Public Health professional: you need to be conversant with a range of research approaches in order to match a well tried strategy to your research problem. This also suggests that being conversant in both qualitative and quantitative research is important, since you need to assess what strategy is needed.

**3.2 Contrasting the two approaches**

Sometimes understanding the origins of a word helps us to understand its meaning afresh. Here is an interesting discussion on these meaning:

*The term “qualitative” has its roots in “qualia”, the plural of the Latin term “quale” which means: “the subjective qualities of conscious experience […] Examples are the way sugar tastes, the way vermilion looks, the way coffee smells […] the way it feels to stub your toe”* (Nagel, 1995). *By “qualitative” (quale) is meant here the content of human experience of the following kind: a) a colour, sweetness, taste, smell and sound,*

*(b) the content of purely subjective experiences such as pleasure, sensation, pain, and (c) existential experiences such as angst, guilt, responsibility, freedom, meaningfulness, meaninglessness, despair, hope, joy, happiness, love, etc. These are phenomena to be studied qualitatively. The term “quantitative” has its root in “quanta” which refers to something that has mass, weight, volume that can be described in terms of numbers, and can be localized in space and time. For example, houses, trees, cars, tables, chairs, computers fulfill these conditions”* (Hallberg, 2002: 42)*.*

Robson (2011: 17) contrasts the qualitative and quantitative approaches noting:

*“The quantitative route tried to follow essentially the same research path as researchers of the so-called ‘natural’ sciences such as physics, chemistry or biology. Advocates of qualitative approaches considered that, because the focus of social research is on human beings in social situations, you need a very different approach to the research task.”*

Furthermore he argues:

*“Human consciousness and language, the interactions between people in social situations, the fact that both researcher and researched are human, - and a host of other aspects …”* (Robson, 2011: 17) required a different approach.

**Task 1 – Differentiate the typical features of qualitative or quantitative research**

In a two column table, write down as many differences of the two approaches as you can think of. Think of the aims, the ways in which data is collected, the purpose of the approach, how context is included, how findings are reported, the scale of such research studies, the role of the participants, the generalizability of findings, the role of the researcher. If it is helpful, refer to this quantitative study by Nguyen Phuong Hoa *et al*, 2003 on your USB flash drive and iKamva, (which like the Pettersson article is also about health-seeking behavior); the Abstract is below. You could compare it to Pettersson *et al*, 2004 which is on your USB flash drive and iKamva.

|  |
| --- |
| **READINGS**  Pettersson, K. O., Christensson, K., De Freitas, E. G. G., Johansson, E. (2004). Adaptation of Health Care Seeking Behavior During Childbirth: Focus Group Discussions with Women Living in the Suburban Areas of Luanda, Angola. *Health Care for Women International*, 25(3): 255 - 280. |

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| ANd9GcREEHPTKP1wnxe_GKOgxNyQLereoEf-qkWmYfAJdPQ1g8-vU7C1 | **USB FLASH DRIVE AND IKAMVA RESOURCE** Nguyen Phuong Hoa, Thorson, A. E. K., Nguyen Hoang Long, Diwan, V. K. (2003). Knowledge of Tuberculosis and Associated Health-Seeking Behavior Among Rural Vietnamese Adults with a Cough for at Least Three Weeks. *Scandinavian Journal of Public Health*, 31 (Suppl 62): 59 - 65. |

# *Knowledge of Tuberculosis and Associated Health-Seeking Behaviour Among Rural Vietnamese Adults with a Cough for at Least Three Weeks*

Example of a quantitative study

## Nguyen Phuong Hoa, Thorson, A. E. K., Nguyen Hoang Long, Diwan, V. K. (2003)

## ***Abstract***

*Aims: Good general lay knowledge of tuberculosis (TB), its cause and treatment is considered important for both prompt healthcare seeking and adherence to treatment. The main aim of this study was to describe the knowledge of TB among men and women with a cough for more than three weeks and to see how their health seeking related to TB knowledge.*

There is a hypothesis here – that a certain level of knowledge of TB influences health-seeking behaviour. In the Pettersson *et al* article, is there any hypothesis?

*Methods: A population-based survey was carried out within a demographic surveillance site in Vietnam. The study population included 35,832 adults aged 15 years or over. Cough cases were identified at household level and structured interviews were carried out with all cases of cough in person. Results: A total of 559 people (1.6%) reported coughing with a duration of three weeks or longer (259 men and 300 women). A large proportion of individuals with a cough for more than three weeks had limited knowledge of the causes, transmission modes, symptoms, and curability of TB. Men had a significantly higher knowledge score than women (3.04 vs 2.55). Better knowledge was significantly related to seeking healthcare and seeking hospital care. More men than women did not take any health care action at all. Discussion: Health education for TB thus seems to be useful, but efforts must be made to ensure that both men and women in different socioeconomic contexts can access the information.*

**Feedback**

There is some useful feedback in your prescribed text (by Robson) on pages 18 (Box 2.1) and page 19-20 (Box 2.2). However, if you made the comparison between the qualitative study by Pettersson, K. O., Christensson, K., De Freitas, E. G. G., Johansson, E. (2004), and the quantitative study by Nguyen Phuong Hoa, Thorson, A. E. K., Nguyen Hoang Long, Diwan, V. K. (2003), here is some feedback.

|  |  |  |
| --- | --- | --- |
| **Element** | **Qualitative Study**  **Pettersson, K. O., Christensson, K., De Freitas, E. G. G., Johansson, E. (2004). Adaptation of Health Care Seeking Behavior During Childbirth: Focus Group Discussions with Women Living in the Suburban Areas of Luanda, Angola. *Health Care for Women International*, 25(3): 255 - 280.** | **Quantitative Study**  **Nguyen Phuong Hoa, Thorson, A. E. K., Nguyen Hoang Long, Diwan, V. K. (2003). Knowledge of Tuberculosis and Associated Health-Seeking Behavior Among Rural Vietnamese Adults with a Cough for at Least Three Weeks. Scandinavian Journal of Public Health, 31 (Suppl 62): 59 - 65.** |
| **Aims** | Both studies aim to understand factors affecting health-seeking behaviour. The qualitative study, however tries to “explore perceptions” and to deepen understanding of statistical findings on women’s health-seeking behaviours. In the qualitative study, the aim is to describe women’s perceptions of care seeking behaviours with the purpose of uncovering factors that influenced their decisions. The qualitative study looks for perceptions and seeks a deeper understanding of reasons for behaviour (a “why” question). This behaviour is likely to be specific to each individual. | In the quantitative study, the aim is to describe the knowledge of TB among men and women with a cough over more than 3 weeks, and how that knowledge affected their behaviour.  This knowledge is designed to be measurable, and can be assessed separately from the subjects. The quantitative study sets up an indicator of knowledge, and describes and measures it in order to understand behaviour (also a why question) but with a predetermined set of possible reasons. |
| **Methods**  Data collection  Sample  Ethical consent | The qualitative study used focus groups to gather data, seeking a range of characteristics (educational, age, etc) amongst the participants and their settings in order to represent a range of women’s perceptions. Details are provided of these participants with regard to length of pregnancy, past childbirth experiences, education, and age. Attempts were made to represent a wide range of characteristics.  Participants were identified in the field, in the absence of institutional patient records. The range of sites where FGs were held ensured that those who do not use Peripheral Delivery Units (PDUs) were included. Qualitative data was conducted in six delivery units and four in community contexts The relationships amongst participants are mentioned. The context in which focus group discussions were held is detailed, to add context to the data. Of the sample, background education skills and socioeconomic status was collected in both studies but for different purposes. An open question was used in FGs to initiate discussions.  The qualitative sample included 48 participants in 10 focus groups conducted in peripheral delivery units. Focus Groups (FG) were both homogeneous and heterogeneous and the reasons for this are explained.  FGs were audiotaped, then transcribed in Portuguese and checked for accuracy by one researcher. | The quantitative study uses a population-based cross-sectional survey using a questionnaire, with careful control of the classification of subjects, and strategies to eliminate recall bias. A highly structured and fully planned process is presented in very technical terms.  The quantitative study uses a statistically based sample with predetermined criteria. Trained interviewers collected data, with female interviewers visiting woman-headed households. In the quantitative study, 11 547 households and 49 893 inhabitants were sampled according to predefined criteria.  A doctor supervised data collection, and rechecked all questionnaires. A random selection of 15% were re-interviewed within a week. The questionnaire sought to identify all the characteristics of those with prolonged coughs. It included knowledge questions. The questionnaire was pre-tested in the field. |
| The qualitative study emphasizes that participants were asked for verbal consent, given the option to refuse and confidentiality was assured. Institutional consent was also sought. | Institutional permission was sought, and there is no mention of individual rights, which are presumably covered by institutional policies. |
| **Analysis** | The Grounded Theory approach [which will be discussed later in the module] was used to analyse data, in the hopes of uncovering hypotheses which could be further investigated. After each FG, the researchers discussed whether to proceed with further\data collection. The coding process was collectively done, and checked. Two additional co-investigators joined the process later on, both familiar with Portuguese. A cut and paste process was used for mapping. Findings were checked through a theoretical sampling group, including two men. The constant comparative technique was used for validation and through discussion with the moderator and a group of midwives. The results could not be checked with participants because of political problems in Luanda. | Statistical calculation processes were undertaken through Epi Info 6.04 & SPSS. Calculations are described. |
| **Findings/Results and Discussion** | The qualitative study emphasizes the process. The discussion is divided into setting, participants, data collection and analysis. It includes more setting in the method, describes the range of settings where data was collected. The findings sketch the process and context in experiential terms.  The findings are divided into four categories or themes (metaphorically descriptive) each of which includes factors and conditions which might influence them. A model is presented for understanding the patterns of care seeking. This is particular to Grounded Theory, and you are not expected to do this. The themes are briefly summarized, then different perceptions are explored. The findings are not generalized though themes are identified. Examples of verbal expressions are quoted. Within each, a set of sub-themes is discussed. It is primarily descriptive and illustrative. It is comparatively long when compared to the Quantitative study. | The Quantitative study has one section called methods: it covers site, population size, sample size; describes how sample was identified; it also describes questionnaire and definitions; describes strategies to minimise bias, and analysis technique.  The results are presented under three sub-headings: in addition tables of four key results are presented in terms of gender and other characteristics, with p values. An explanatory paragraph is included for each key result. In these paragraphs, only findings are reported, and they are always statistical, comparative or explore particular characteristics further. Mean knowledge scores are also reported. Some examples, e.g. knowledge sources are listed. Under health-seeking behaviour, patterns are identified, and factors that might influence such behaviour are reported statistically. A logistic regression model also revealed associations between certain characteristics and taking healthcare action. |

In comparing the two approaches, there is also a useful comparative table (Figure 1) on page 3 of Mack *et al* (2005) which is available on the Internet or on your USB flash drive and iKamva.

|  |  |
| --- | --- |
| ANd9GcREEHPTKP1wnxe_GKOgxNyQLereoEf-qkWmYfAJdPQ1g8-vU7C1 | **USB FLASH DRIVE AND IKAMVA RESOURC**E  Mack, N., Woodsong, C., Macqueen, K. M., Guest, G. & Namey, E. (2005). *Qualitative Research Methods: A Data Collector’s Field Guide*  [online], available: <http://www.fhi360.org/sites/default/files/media/documents/Qualitative%20Research%20Methods%20-%20A%20Data%20Collector's%20Field%20Guide.pdf>  [Downloaded: 06. 1.16]. |

They conclude that the key difference between qualitative and quantitative research is their varied levels of flexibility.

*Generally, quantitative methods are fairly inflexible. With quantitative methods such as surveys and questionnaires, for example, researchers ask all participants identical questions in the same order. The response categories from which participants may choose are “closed-ended” or fixed. The advantage of this inflexibility is that it allows for meaningful comparison of responses across participants and study sites. However, it requires a thorough understanding of the important questions to ask, the best way to ask them, and the range of possible responses.*

*Qualitative methods are typically more flexible – that is, they allow greater spontaneity and adaptation of the interaction between the researcher and the study participant. For example, qualitative methods ask mostly “open-ended” questions that are not necessarily worded in exactly the same way with each participant. With open-ended questions, participants are free to respond in their own words, and these responses tend to be more complex than simply “yes” or “no.”*

*In addition, with qualitative methods, the relationship between the researcher and the participant is often less formal than in quantitative research. Participants have the opportunity to respond more elaborately and in greater detail than is typically the case with quantitative methods. In turn, researchers have the opportunity to respond immediately to what participants say by tailoring subsequent questions to information the participant has provided. It is important to note, however, that there is a range of flexibility among methods used in both quantitative and qualitative research and that flexibility is not an indication of how scientifically rigorous a method is. Rather, the degree of flexibility reflects the kind of understanding of the*

*problem that is being pursued using the method.* (Mack *et al*, 2005: 3)*.*

In the same manual, these authors note several additional potentials that qualitative research brings to the research enterprise: they note that qualitative research is “exploratory research” which

*“… gives participants the opportunity to respond in their own words, rather than forcing them to choose from fixed responses, as quantitative methods do. [Furthermore] [the O]pen-ended questions [used in qualitative research] have the ability to evoke responses that are:*

*• meaningful and culturally salient to the participant*

*• unanticipated by the researcher”* (Mack et al, 2005: 4).

This might be of particular interest in relation to health issues: to understand the health condition from the viewpoints of those affected by it, is surely critical to addressing the problem.

Furthermore, Jack (2006), in an article you will explore in the next section, provides a more complex comparative Table 1 on pages 278-279, adapted from Barbour (2000).

|  |
| --- |
| **READING** Jack, S. M. (May/June 2006). Utility of Qualitative Research Findings in Evidence-Based Public Health Practice. *Public Health Nursing,* 23(3): 277-283. |

She introduces the issue that the subjectivity of the relationship between researcher and participant is accepted in qualitative research; various strategies have been devised to reduce bias in relation to this subjectivity, such as a reflexive attitude on the part of the researcher. This will be addressed in the session on rigour.

However, one might also question the unrealistic expectation that quantitative research is entirely objective, simply because various strategies seek to distance the researcher from the research; choices are still being made in the design phase of a quantitative research study, although attempts are made to minimize the influence of the researcher.

Another comparative concept introduced in Jack’s table contrasts the analytical processes used in the two approaches: in quantitative research, the logic is regarded as primarily deductive (where “pre-existing theoretical ideas or concepts are tested” (Robson, 2011: 18). In contrast, the qualitative logic is seen as inductive “… starting with data collection from which theoretical ideas and concepts emerge” (Robson, 2011: 19). Thirdly, Jack uses the concept of qualitative naturalism, in contrast to quantitative positivism: these concepts describe world views or epistemological positions, which inform the broad fields within which qualitative and quantitative research operate. Naturalism in this context refers to the value placed on the authenticity or natural, real life quality of the research environment, e.g. interviewing women in the Angolan study in the places where they normally congregate – such as the market, or using focus groups to capture data, or as opposed to the more artificial environment of the administered survey questionnaire.

The final concept to which we should draw attention is the notion that in qualitative research, there are multiple realities amongst people in society; this is linked to subjectivity, and suggests that different people have their particular realities, informed by experience, conditioning, circumstances, power between researcher and researched. This concept is highly valued by qualitative researchers who seek to understand phenomena through the eyes of the participants. It would be worthwhile to explore these concepts in more detail now, and to try to make sense of them as you study further.

4 The value of qualitative research for Public Health

In the previous section, we made the point that qualitative research has capacity to explore particular kinds of problems or questions. This is especially true in the field of Public Health, although there are obviously many important applications for quantitative research in Public Health, e.g. randomized control trials, and quasi-experimental designs . In the next few readings, you are asked to extract arguments from authors for the value of qualitative research in Public Health.

Baum (1995: 459) which elucidates this point as she argues that “Public health problems result from complex social, economic, political, biological, genetic and environmental causes. A range of methods are needed to tackle these and public health researchers are most effective when they are eclectic in their choice of methods.”

Furthermore, Baum situates qualitative research in the Applied or Participatory Research domains as opposed to the Basic Research domain. The author warns, however, against making simplistic arguments for the scientific superiority of one approach over another on the basis of methodology, inasmuch as such debates “… simply mask these more fundamental questions of power and control” (Baum, 1995: 466) which should be part of our thinking when choosing a research approach for Public Health topics. Table 1 (1995: 460) aptly captures the dichotomies in quantitative and qualitative research, and reinforces the importance of recognising the match between field or discipline, aim, as well as one’s perspective or world view when selecting an approach. The table is reproduced below.

*Row inserted*

|  |  |
| --- | --- |
| **Table I. Dichotomies in the qualitative-quantitative public health research debate (Baum, 1995: 460)** | |
| **Quantitative** | **Qualitative** |
| Medical science | Social science |
| Positivism | Interactionism/constructivism |
| Medical care | Public Health |
| Disease | Health |
| Researcher control | Consumer/community control |

Baum also distinguishes a number of important characteristics of qualitative research relating to the relationship between researcher and researched, the role of the researcher and the control of the research agenda (see Table II, Baum, 1995: 465). In this respect, qualitative research has much to offer a social justice and community-orientated approach to Public Health, inasmuch as it gives greater respect and control to “the researched” and to the diversity of understanding problems from their perspective.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table II:** **How basic, applied and participative health research approaches differ (Baum, 1995: 465)** | | | |
| **Differences in** | **Basic** | **Applied** | **Participative** |
| Goals | Abstract and theoretical | Solutions to problems Illumination  Evaluation  Needs assessment policy | Context-bound knowledge for use by participants in research |
| Who uses the results | Medical/Social Science Research Community | Health Professionals and Bureaucrats | Community (residents in area, members of lobby group) |
| Relationship between the researcher and the researched | Researchers collects data from researched but has no ongoing relationship | Expert working with client. May allow some participation | Colleague with community working on equal basis |
| Role of researcher | Production of general theory | Provide information for organisation who uses it for bringing about change and to assist management decisions | Assist community in finding out information they want to know and taking action to change status quo |
| Who controls the research and sets the agenda | Researchers and research funding bodies | Research funding bodies, health institutions and bureaucracies | Partnership between community and researcher |

# Task 2 – Make an argument for qualitative research for Public Health advancement

Explore the five readings to which you’re being directed. All of them touch on the special role that qualitative research plays in relation to Public Health or the Social Sciences more generally. As your learning task, write a short letter to your human resources training unit arguing why qualitative research is important to Public Health practice. They have recently announced that support will be given to personnel who want to take quantitative research training, but not to those who would like to do qualitative research, because, they argue, “a qualitative approach does not meet the scientific standards of Public Health”.

|  |
| --- |
| **READING**  Baum, F. (2016). Chapter 6: Research for a New Public Health. *The New Public Health* Australia: Oxford University Press: 150-161.  Daniels, K. et al. (2016). Fair publication of qualitative research in health systems: a call by health policy and systems researchers. *International Journal for Equity in Health,* 15(98).  Black, N. (1994). Editorial. Why we Need Qualitative Research. *Journal of Epidemiology and Community Health*, 48: 425-426. Jack, S. M. (May/June 2006). Utility of Qualitative Research Findings in Evidence-Based Public Health Practice. *Public Health Nursing,* 23(3): 277-283. Robson, C. (2011). Ch 2 - Approaches to Social Research. *Real World Research.* Chichester: Wiley: 13 - 30. |

**Here is the template:**

The Director, Training Unit

Human Resources Development

Ministry of Health

Dear Madam

A recent memorandum has offered training opportunities to personnel who wish to take a quantitative research course. On enquiry as to whether the same opportunity would be given to those of us who would like to take a qualitative course, a negative response was received, saying that “a qualitative approach does not meet the scientific standards of Public Health” (Response of 20 Nov 2013, CMR/2). I would like to argue for the inclusion of courses in qualitative research in this training opportunity and will make the argument below.

*[Remember that an argument should be made stating first the position, and then providing reasons why you say so. They should be clearly and succinctly made, but it is advisable to provide strong reasons, and to draw on others’ authority (references), if you want to be taken seriously.*

**Feedback**

You are encouraged to do this task as it forms part of your assignment.

5 Questions best addressed by qualitative research

You should by now be fairly familiar with what research problems can best be addressed using a qualitative approach. Here is a self-check quiz for you to see how conversant you have become with distinguishing the application of the approaches. Here is a set of study titles from MPH and one PhD student at SOPH. Some are qualitative, and others are quantitative.

**Task 3 – Qualitative or quantitative study?**

Read each title and aim, underline key phrases that tell you whether it is a qualitative or a quantitative study, and then assign the most likely approach in the second column.

|  |  |  |
| --- | --- | --- |
| **Title of Study** | **Study Aim** | **Approach** |
| Abstract A: Understanding the patterns of alcohol use among adolescents in a peri-urban historically disadvantaged community in the Western Cape Province, South Africa (2009) | The aim of this study was to gain an understanding of what influences the patterns of alcohol use among adolescents in a peri-urban historically disadvantaged community in the Western Cape. The study identified some of the factors that promote and inhibit drinking within the study community from the perspective of the adolescents themselves and a few of the adults who work with adolescents. The study also determined some of the harmful consequences to drinking as described by the adolescents. |  |
| Abstract F: Prevalence of malnutrition in HIV positive infants (age<18months) attending a clinic in Windhoek, Namibia (2010) | The study sought to determine the prevalence and the risk factors for malnutrition in 88 HIV positive children less than 18 months attending Hospital Paediatric ARV Clinic (HPAC). |  |
| Abstract H: Effects of peer counselling on feeding practices of HIV positive and HIV negative women in South Africa: a randomised controlled trial | The study aimed to measure the effects of peer counselling on feeding practices of HIV positive and HIV negative women in South Africa. |  |
| Abstract C: Teenage girls' access to and utilization of adolescent reproductive health services in the Mpika District, Zambia (2011) | This research aimed to explore the factors affecting teenage girls’ access to and utilization of ARH services in the Mpika district, Zambia. |  |
| Abstract B: School-based HIV counselling and testing: providing a youth friendly service (2013) | This study was aimed at producing recommendations for providing a youth friendly school-based HCT service using the World Health Organisation (WHO) framework for youth friendly health services. |  |
| Abstract G: Assessing the knowledge, attitudes and practices of street food vendors in the City of Johannesburg regarding food hygiene and safety (2011) | Aim: To determine the knowledge, attitudes and practices (KAP) of street food vendors, within the City of Johannesburg, with regard to food hygiene and safety. Methods: A descriptive, cross-sectional study utilizing a quantitative research approach. |  |
| Abstract D: Perceptions on the factors influencing oral health seeking behaviour of communities in Randfontein, Gauteng, South Africa (2012) | The aim of the study was to gain an understanding of the factors that influence the choice of oral health care seeking behaviour as perceived by residents in different contexts and to use these perceptions to inform appropriate health planning strategies and implementation of measures that can improve health promotion in Randfontein. |  |
| Abstract E: Experiences influencing the academic performances of 1st year nursing students at the Western Cape College of Nursing, South Africa, during 2008 (2010) | The aim of the study was to explore experiences influencing the academic performance of 1st Year nursing students at the Western Cape College of Nursing, South Africa, during 2008 when the College was confronted with unprecedented failure rates among 1st Year students. |  |
| Abstract I: Impact of a family centered approach on uptake of HIV testing and antiretroviral therapy for exposed and infected children in Solwezi, Zambia | Aim: To establish whether a family centered approach to HIV care in which HIV positive adults are counseled on the importance of having their children tested results in the adults bringing their children under the age of five years for testing and or accessing HIV care, and to explore challenges faced by caregivers in bringing children for testing and care. |  |

**Feedback**

Check your answers against the actual Abstracts which you will find on your USB flash drive and iKamva in a file called:

|  |  |
| --- | --- |
| ANd9GcREEHPTKP1wnxe_GKOgxNyQLereoEf-qkWmYfAJdPQ1g8-vU7C1 | **USB FLASH DRIVE AND IKAMVA RESOURCE**  SOPH. (2010-2012). *Abstracts of MPH theses conducted at* SOPH. Cape Town: SOPH, UWC: 1-8. |

You should now be in a position to revise the rationale for your using a qualitative research approach for your study design. This rationale will become part of your protocol once you start working on your minithesis, so we ask you to develop it further on the basis of your work so far, and be ready to submit it as part of Assignment 1.

6 Session Summary

You have worked hard in this session and are hopefully starting to feel confident about your selected approach. In the course of it, you have clarified the particular capacities of qualitative research, considered what problems are appropriately researched through this approach and explored and motivated the relevance of the approach for Public Health research. All of this is by way of familiarising yourself with the approach. In the next session, we delve briefly into the philosophical underpinnings of the approach before getting on with its application. You may be able to strengthen your argument for the approach if you understand what informed its development.

7 References and Further Reading

# Baum, F. (Feb 1995). Researching Public Health: Behind the Qualitative-Quantitative Methodological Debate. *Social Science and Medicine,* 40 (4): 459–468.

Baum, F. (2016). Chapter 6: Research for a New Public Health. *The New Public Health* Australia: Oxford University Press: 115-161.

Daniels, K. et al. (2016). Fair publication of qualitative research in health systems: a call by health policy and systems researchers. *International Journal for Equity in Health,* 15(98).

Hallberg, L. R. M. (ed). (2002). *Qualitative Methods in Public Health Research – Theoretical Foundations and Practical Examples*. Lund: Studentlitteratur.

Mack, N., Woodsong, C., Macqueen, K. M., Guest, G. & Namey, E. (2005). *Qualitative Research Methods: A Data Collector’s Field Guide.* [Online], Available: <http://www.fhi360.org/sites/default/files/media/documents/Qualitative%20Research%20Methods%20-%20A%20Data%20Collector's%20Field%20Guide.pdf> [Downloaded: 06.01.2016].

Nagel, T. (1995). “Qualia”. In T. Honderich (ed). *The Oxford Companion to Philosophy.* Oxford New York: Oxford University Press.

Pettersson, K. O., Christensson, K., De Freitas, E. G. G., Johansson, E. (2004). Adaptation of Health Care Seeking Behavior During Childbirth: Focus Group Discussions with Women Living in the Suburban Areas of Luanda, Angola. *Health Care for Women International*, 25(3): 255 - 280.

Session 3 – The origins of the qualitative approach

Unit 1

## Introduction

In the last session, we focused on methodological features of the qualitative approach. However, Flick (2006: 28) argues that qualitative research is not merely the application of a set of methods (or technologies) but also “a certain research attitude”. In this respect he draws attention to “curiosity, openness, and flexibility in handling the methods … [and] a special degree of reflection about the issue [of research], the appropriateness of the research question and methods, and also … [the researcher’s] own perceptions and blind spots” (Flick, 2006: 28). This, he argues, cannot be taught – instead it needs to be recognised by the researcher in training, and embraced. And in order to do so, it may be helpful to learn a little more about where this approach comes from. There are some highly theoretical readings about the origins of qualitative research which you may not want to engage with at this stage, but we’ve given you one to explore; and for those reluctant readers, it is important to recognize that if you don’t grasp the origins and nature of qualitative research, it is possible that you will misunderstand it and therefore misuse it.

Contents

1 Learning outcomes of this session

2 Readings

3 What qualitative research leaves behind …

4 Getting to grips with your own worldview

1. The emergence of qualitative research approaches
2. Approaches often used in qualitative research
3. Session summary

8 References and further readings

Timing of this Session

This session has three readings and two tasks. It could take you up to two hours to complete.

1 Learning Outcomes of this Session

|  |
| --- |
| **By the end of this session, you should be able:** |
| * To consider whether a Positivist approach can answer all research questions. * To differentiate a Positivist research perspective from an Interpretivist and a Critical Theory perspective. * To distinguish three Interpretivist methodological traditions and their research methods/ techniques, which are pertinent to Public Health research. |

2 Readings

The readings below can be found in the Readings folder on USB flash drive and iKamva.

|  |
| --- |
| **Gephart, R. (1995). Paradigms and Research Methods.** University of Alberta. [Online], Made available from [robert.gephart@ualberta.ca](mailto:robert.gephart@ualberta.ca) [Emailed: 1993]: 1-9.  Pettersson, K. O., Christensson, K., De Freitas, E. G. G., Johansson, E. (2004). Adaptation of Health Care Seeking Behavior During Childbirth: Focus Group Discussions with Women Living in the Suburban Areas of Luanda, Angola. *Health Care for Women International*, 25(3): 255 - 280.  Robson, C. (2011). Ch 2 - Approaches to Social Research. *Real World Research.* Chichester: Wiley: 14-16 & 17-24. |

3 What qualitative research leaves behind …

Think about scientific research – the processes developed over centuries with the purpose of understanding the nature of the world we live in. Tried and tested quantitative techniques had been honed to study and extract knowledge about the natural world. The philosophical view underpinning these techniques has its origins in the eighteenth century period known as the Enlightenment (see Robson, 2011: 16), and is known as Modernism. It represented a reaction against irrational thought, ignorance and superstitions of the preceding centuries, and a desire for explanation of all natural phenomena. In Box 2.1 “Positivistic science – the ‘standard view’” (Robson, 2011: 21), we have a set of tenets which capture *what counts as scientific knowledge* in Positivist terms.

Moving forward a century and a half, a new philosophical position emerges, driven by a re-assessment of Modernism in response to the atrocities committed during the Second World War; philosophers ask the question - if Modernism signaled systematic improvement in human society, how could this have happened in its name? Other driving forces were Feminist thinking, and discipline-based concerns about the legitimacy of applying techniques developed for studying the natural world to humans “… who are conscious, purposive actors, [with] ideas about their world and attach meaning to what is going on around them” (Robson, 2011: 17).

Qualitative approaches were developed at a time when doubt was cast on the potential of the “philosophical view of natural science” (Robson, 2011: 20) to explain every phenomenon or question. That is the important part *–* to explain *every* phenomenon or question. It is not a rejection of the quantitative research approach *per se*, it is an acknowledgement that quantitative research cannot ex plain everything. Read the amusing example of explaining women’s stronger association with housework in terms of natural science and you’ll get the picture (Robson, 2011: 17). Then try Task 1 using this section of your prescribed text.

|  |
| --- |
| **READING**  Robson, C. (2011). Ch 2 - Approaches to Social Research. *Real World Research.* Chichester: Wiley: 14-16 & 17-24. |

**Task 1 – What Positivism cannot do for my research question**

Look back at Robson’s summary “What is science” and “A scientific attitude two traditions – quantitative and qualitative research” (pp14-17) in which he discusses the philosophical view of Positivism, and its own shift to a Post-positivist view of scientific research. After this, focus on “The two traditions: quantitative and qualitative social research” (p17). Then answer the questions below.

a) Jot down any five tenets of Positivism which you consider most important from the reading, i.e. this could be seen as a list of what got left behind by the qualitative approach.

Now think back to your own planned study, and make notes in your research diary. This task may or may not work for your research question, but it could be interesting. Refer to Box 2.3 on page 21. Take your research problem, and review it in terms of the original Positivist philosophy: for example …

b) Could you answer your research question on the basis of observation or direct experience alone?

c) Could it be answered without addressing values of any kind?

d) Is this study aimed at deriving “universal causal laws”?

… and so on.

**Feedback**

a) For me, one of the dominant features of the Positivist tradition which gets left behind by qualitative research is the notion of objectivity – that any researcher (quantitative included) can entirely set aside their own values and perspective is questionable. The second thing that struck me was the irrelevance of simply applying the techniques of Positivism in the Social Sciences since they concentrate on human interactions. Universal causal laws (Robson, 2011) are also a questionable goal in my view: to illustrate this, pregnant women in post-war Luanda are likely to feel and act very differently from women in rural peacetime South Africa or middle-class women in urban Amsterdam, when it comes to delivering their babies. What universal causal laws can possibly govern their decisions?

Your own judgement is required regarding your study but, remember that the Positivist position itself has moved on from this extremely limiting position to a Post-Positivist position, as is illustrated in Box 2.4 on the same page. We have engaged in this strongly polarizing task, simply to illustrate the key philosophical shifts in the qualitative approach.

4 Getting to grips with your own worldview

You may remember that in the last session, we touched on the philosophical orientation of qualitative research. Having a consciousness of your own philosophical and theoretical perspective may sound a little intangible right now, but Gray (2004) argues, that it is important since it can help in choosing a research design, in deciding what kind of evidence you need, and how you will interpret it (paraphrased Gray, 2004: 17). In other words, in order to design a research study, you need to know what *counts as knowledge* in your world view, and what counts as evidence for that interpretation of knowledge. As you’ve already read, Robson (2011) discusses a Social Constructionist orientation of qualitative research, noting that “… social properties are constructed through interactions between people, rather than by having a separate (objective) existence, as is asserted in the Positivist paradigm. In a Constructivist epistemology, it is argued that meaning does not exist in its own right, but that it is constructed by human beings as they interact and engage in interpretation” (Robson, 2011: 24).

Note that an epistemology or worldview “tries to understand what it means to know. Epistemology provides a philosophical background for deciding what kinds of knowledge are legitimate and adequate” (Gray, 2004: 16).

Pettersson *et al* (2004),for example, listened to the voices of pregnant women in Luanda, discussing their decisions about place of confinement; in this interaction with the women, the researcher constructs an understanding of the meaning these women assign to home delivery as opposed to giving birth at a health facility. This constitutes an Interpretivist theoretical perspective, implying that meaning is developed through interpretations of the social world by those who live in it. Interpretivism is a Constructivist approach and is sometimes seen as a synonym (Robson, 2011) which involves “culturally derived and historically situated interpretations of the social life-world” (Crotty, 1998 in Gray, 2006: 20). Constructivism argues that truth is constructed by those who live in it, and the researcher; there is nothing absolute about that truth; phenomena are filtered through its participants and the instrument of the researcher.

Robert Gephart (1995) includes another worldview or research paradigm through which another sort of understanding is derived, namely critical theory: some of its key figures are Karl Marx and Jurgen Habermas. Although Gephart is dealing with management research in this paper, he provides a helpful overview and tabulation (see below) of the three positions. Through it, he argues that the Critical Theorists focus on understanding underlying, often systemic phenomena which may be masked by ideology or social assumptions, e.g. the oppression of women; they seek to address issues of power and exploitation, providing a basis for change.

**Critical Theory**

Gray (2006) identifies four assumptions that underpin Critical Theory or Inquiry:

1. *“Ideas are mediated by power relations in society.*
2. *Certain groups in society are privileged over others and exert an oppressive force over subordinate groups.*
3. *What is presented as ‘facts’ cannot be disentangled from ideology and the self-interest of dominant groups.*
4. *Mainstream research practices are implicated, even if unconsciously, in the reproduction of the system of class, race and gender oppression”* (Gray, 2006: 24).

Different from the Positivist researcher or Interpretivist, one’s role is not just to create understanding or knowledge of phenomena; the researcher seeks to reveal social or political contradictions and to disrupt *taken for granted* understandings of phenomena.

**Task 2 – What is the relevance of an Interpretivist to your study?**

Study the table below and then read Gephart’s paper which is on the USB flash drive and iKamva.

Concentrate on the discussion of Interpretivism and consider its relevance to your study as you read. Focus also on the conclusion. Try to write two paragraphs which explain why (or why not) this world view or epistemology is an appropriate paradigm for your study.

|  |
| --- |
| **READING**  **Gephart, R. (1995). Paradigms and Research Methods.** University of Alberta. [Online], Made available from [robert.gephart@ualberta.ca](mailto:robert.gephart@ualberta.ca) [Emailed: 1993]: 1-9. |

Although many of you who see yourselves as Public Health activists may feel drawn to the third (Critical Theory) paradigm, the methods that go with it are too time consuming for a minithesis. So we will confine ourselves to an Interpretivist approach to qualitative research.

TABLE 1 – MANAGEMENT RESEARCH PARADIGMS

|  |  |  |  |
| --- | --- | --- | --- |
|  | **POSITIVISM** | **INTERPRETIVISM** | **CRITICAL THEORY/ POSTMODERNISM** |
| **ASSUMPTIONS** | Objective world which science can ‘mirror’ with privileged knowledge | Intersubjective world which science can represent with concepts of concepts of actors; social construction of reality | Material world of structured contradictions and/or exploitation which can be objectively known only by removing tacit ideological biases |
| **KEY FOCUS or IDEAS** | Search for contextual and organizational variables which cause organizational actions | Search for patterns of meaning | Search for disguised contradictions hidden by ideology; open spaces for previously silenced voices |
| **KEY THEORIES IN PARADIGM** | Contingency theory; systems theory; population ecology; transaction cost economics of organizing; dustbowl empiricism | Symbolic interaction; ethnomethodology; phenomenology; hermeneutics | Marxism; critical theory; ‘radical’ perspectives  PM: poststructuralism; postmodernism; deconstructionism; semiotics |
| **KEY FIGURES** | Lorsch and Lawrence; Hannan and Freeman; Oliver Williamson | Goffman; Garfinkel, Schutz; Van Maanen, David Silverman | Marx; Habermas: Offe |
| **GOAL OF PARADIGM** | Uncover truth and facts as quantitatively specified relations among variables | Describe meanings, understand members' definitions of the situation, examine how objective realities are produced | Uncover hidden interests; expose contractions; enable more informed consciousness; displace ideology with scientific insights;  change |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **POSITIVISM** | **INTERPRETIVISM** | **CRITICAL THEORY/**  **POSTMODERNISM** |
| **NATURE OF KNOWLEDGE or FORM OF THEORY** | Verified hypotheses involving valid, reliable and precisely measured variables | Abstract descriptions of meanings and members= definitions of situations produced in natural contexts | Structural or historical insights revealing contradictions |
| **CRITERIA FOR ASSESSING RESEARCH** | Prediction=Explanation  Rigor; internal & external validity, reliability | Trustworthiness  Authenticity | Theoretical consistency  Historical insights  Transcendent interpretations  Basis for action, change potential and mobilization |
| **UNIT OF ANALYSIS** | The variable | Meaning; symbolic act | Contradictions, incidents of exploitation  PM: the sign |
| **RESEARCH METHODS and TYPE(S) OF ANALYSIS** | Experiments; questionnaires; secondary data analysis; quantitatively coded documents  Quantitative: regression; Likert scaling; structural equation modeling  Qualitative: grounded theory testing | Ethnography; participant observation; interviews; conversational analysis; grounded theory development  Case studies; conversational and textual analysis; expansion analysis | Field research, historical analysis, dialectical analysis  PM: deconstruction, textual analysis |

**Feedback**

Use what follows as your interim feedback; but in the Session Summary you will find a few points which you should have made in justifying why you would take on this world view for your study.

These then are the major epistemologies or worldviews from which contemporary

research is conducted: Positivism, Interpretivism and Critical Theory. Later in this

session, we introduce several research designs which are often used in Public Health, and

which take an Interpretivist stance to knowledge. These are Ethnography and Grounded

Theory. In addition, we introduce Phenomenology and case studies which are also often

used in Public Health research.

5 The emergence of qualitative research approaches

**5.1 A range of approaches**

A cluster of qualitative approaches or methodologies emerged in the early 20th century from a “scholarly wave of ideas” (Allwood, 2002: 202). The cluster manifested itself “as a continuously changing heterogeneous meaning cluster, different parts of which are influenced by different traditions at different times” (Allwood, 2002: 203). The approaches and methods of qualitative research emerged in different disciplines at different times, but became prominent in the literature of the 1970s. However the disciplines of psychology and the health sciences lagged in adopting Interpretivism, waiting until the 1990s before seeming convinced of its value (Allwood, 2002; Mays and Pope, 1999).

An important point made by Allwood (2002) is that qualitative research is heterogeneous: there is no single methodological canon or set of assumptions. This may seem confusing at the outset; those of you who are well versed in quantitative research may feel worried that this seems unscientific, that no one seems to have made up their mind; others of you may pick up that there are still some contradictions in the literature with regard to terminology and processes; some of you may determinedly cling to your quantitative understandings and try to apply them in qualitative research. So in order to try to save you from this abyss of misunderstanding, we will provide a short overview of the different approaches.

|  |
| --- |
| **A note on your minithesis**  In a later session, we will introduce three of the approaches (asterisked below) in a little more detail, but without intending to prepare you to use them. As qualitative research is heterogeneous, you are not expected to become an expert in all these approaches, unless your research question really demands it. Even then, you may be discouraged by your supervisor from undertaking an Ethnographic study or a Grounded Theory study, because it will simply take longer and more resources than you have for your minithesis. You would have to undertake a PhD to apply any of these approaches, and the same applies to mixed methods approaches, and action research. What you are encouraged to undertake is a generic form of qualitative study, using any or several of the data collection techniques, and a generic form of analysis which will be discussed later in the module. You will however need to adopt a flexible, reflexive and curious attitude, and to situate yourself at least within a Constructivist as opposed to a Positivist world view, recognizing that you, the researcher, *have become the real instrument of research*. |

In the table below, you’ll see that the three worldviews or epistemological positions discussed above have been linked to a range of research approaches or methodologies: this demonstrates the linkage between worldview, methodology and method or technique. We will concentrate on the Interpretivist worldview.

|  |  |  |
| --- | --- | --- |
| **Three epistemologies (with related theoretical perspectives in brackets)** | **Methodology (a systematized approach)** | **Method (techniques through which research is conducted)** |
| Positivism | Experimental research  Survey research | Sampling  Statistical analysis  Questionnaire  Document analysis |
| Interpretivism/Constructivism (incl symbolic interactionism and phenomenology) | Ethnography\*  Phenomenological research\*  Grounded theory\*  Heuristic inquiry | Observation  Interview  Focus group  Case study  Document analysis |
| Critical Inquiry (incl Feminism, Postmodernism) | Action research  Discourse analysis | Observation  Interview  Focus group  Case study  Content analysis |
| This table is loosely based on Gray (2006: 16) whose original table was based on Crotty (1998). However it has been simplified and the theoretical perspectives column has been presented as a subset of epistemology; Critical Inquiry (Gephart, 2006) has replaced Gray’s separation of Constructivism into two strands. The table suggests that the epistemological position of the researcher (and his or her aim) influences both the selected methodology and choice of methods. | | |

6 Approaches often used in Public Health research

Three Constructivist approaches seem to have particular application in Public Health Research, and a brief introduction is provided here as to what particular application each may have. Each has been developed for its potential to throw light on a particular phenomenon.

**6.1 Phenomenological research**

Phenomenological research derives from the belief that in order to study social reality, we have to focus in depth on that social reality. Imagine that you want to understand what it is like to be living with AIDS, or to have been diagnosed with diabetes, or as a nurse, to suffer from regular bouts of depression. For a Public Health system to respond to these conditions, the phenomena must be understood in depth, from an insider’s perspective.

Phenomenology assumes that there is an *essence* or core meaning in experience. The researcher aims to explore how human beings make sense of experience and transform experience into consciousness, both individually and as shared meaning – they try to provide a description of “lived experience” (Patton, 2002).

In phenomenological research, the researcher is expected to try to understand a condition deeply, from the research subject’s point of view; the researcher is enjoined to set aside (difficult though this seems) previous understandings and pre-conceptions of that social reality and to capture experience as it is lived. This is termed “bracketing prior experience”.

In the process of “travelling through other peoples’ experience … , the researcher eventually arrives at a general understanding of a phenomenon in its unique and essential manifestations” (Becker, 1992: 33). In summary, phenomenological research is the attentive practice of thoughtfulness. It would involve small numbers of individuals with experience of the particular condition being researched, e.g. living with HIV. The essential phenomenological question is:

*What is the meaning, structure, and essence of the lived experience of this phenomenon for this person or group of people?*

Unstructured or in-depth interviews are the main means of data collection.

(Compiled on the basis of a 2009 presentation by Dr Pat Mayers, Associate Professor, Division of Nursing and Midwifery, Department of Health and Rehabilitation Sciences, University of Cape Town).

**6.2 Ethnographic research**

While the focus of phenomenology is on “the personal construction of the individual’s world” (Gray, 2006: 22), ethnography studies culture, and how culture influences behaviour. “An ethnography [which is how this sort of study is referred to] provides a description and interpretation of the cultures and social structure of a social group” (Robson, 2011: 142)”.

Researchers in this instance might ask the question: how do the cultural practices of middle class urban youth affect their attitudes to those of them living with AIDS, or how does culture affect middle class urban youth living with AIDS; another example is: how do senior citizens living on farms in the Clanwilliam district understand their condition when first diagnosed with diabetes 2. Thirdly, how do nurses in an urban hospital facility regard colleagues who experience depression?

In ethnographic studies, the site becomes part of the study, and forms the boundary of the study; research tends to involve larger numbers of participants over a protracted period, and is strongly dependent on observation and some interviewing for data collection (Gray, 2006).

For Public Health, ethnography has an important role to play, in that cultural norms exert influential pressures on members of society and the groups they live in, discouraging for example “safer delivery” in health facilities in Luanda, and carrying misconceptions of drug regimes, or stimulating stigma. Cultural norms can also be harnessed to promote Public Health messages and authority systems, say in relation to encouraging male circumcision as a preventive strategy for HIV.

So in summary, it is cultural practices that the researcher tries to understand in relation to the phenomenon of interest.

**6.3 Grounded Theory research**

Finally, here is a short introduction to a third Interpretivist research tradition - Grounded Theory. Liamputtong and Ezzy (2005: 332) note that Grounded Theory is “a combination of theoretical sampling and thematic analysis developed by two symbolic interactionists, Glaser and Strauss (1968)”. That is useful since it names the originators and the date of its development as an approach, but it possibly makes Grounded Theory sound even more mysterious. Robson (2011: 489) provides a helpful explanation of its aim. He notes that the approach seeks to “generate a theory to explain what is central in the data. Your task is to find a central core category which is both at a high level of abstraction and grounded in (i.e. derived from) the data you have collected and analysed. ”

You will remember that you have already encountered a study undertaken using the Grounded Theory approach in the paper by Pettersson *et al* ( 2004) titled “Adaptation of Health Care Seeking Behavior During Childbirth: Focus Group Discussions with Women Living in the Suburban Areas of Luanda, Angola”. Take a look at pages 261-270 which contains the Findings.

|  |
| --- |
| READING  Pettersson, K. O., Christensson, K., De Freitas, E. G. G., Johansson, E. (2004). Adaptation of Health Care Seeking Behavior During Childbirth: Focus Group Discussions with Women Living in the Suburban Areas of Luanda, Angola. *Health Care for Women International*, 25(3): 255 - 280. |

The central or core category that they come up with is “molding” (which they link metaphorically with the actual process of a child’s birth).

*The metaphor [of molding] was therefore found appropriate to illustrate how evolving circumstances created ambivalence in deciding the place of confinement and how pressure from various factors might force women to conform to specific care-seeking behavior, for example, by avoiding institutional care even if it was required.*

Within this core category, they find four different trends which they describe and discuss.

To supplement your understanding, look at the powerpoint presentation on your USB flash drive and iKamva by Prof Brian van Wyk. You are not, however encouraged at all to try this approach for your minithesis, but you should have a general knowledge of its unique characteristics.

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| --- | --- |
| ANd9GcREEHPTKP1wnxe_GKOgxNyQLereoEf-qkWmYfAJdPQ1g8-vU7C1 | **USB FLASH DRIVE AND IKAMVA RESOURCE**  Van Wyk, B (2008). *Grounded Theory.* Powerpoint Presentation from Summer School course. Cape Town: SOPH, University of the Western Cape: SOPH. |

**Task 3 – Test your understanding of these three Interpretivist traditions**

Taking your research question, describe the advantages and limitations of these three traditions – Phenomenology, Ethnography and Grounded Theory – to your study. By applying these ideas, you can test your own understanding of the approach.

**Feedback**

Here’s an example focusing on Ethnography by Penny Makuruetsa, a past student, now a graduate, from Botswana (2009).

The study that I intend to undertake explores the perceptions and experiences of caregivers in providing palliative care to their terminally ill HIV/AIDS children. Using the ethnographic approach in this study will help me observe those who are the key players, their activities, the cultural influences on their behaviours, what is actually needed to facilitate their functioning and what makes things happen. The findings will obviously provide rich information, as people can be studied within their own cultural environment without the influence of the decontextualised research setting. Brink (2006:115) emphasizes that, “The researcher is able to examine the language of the culture, learns the organizing framework and describes the cultural perceptions of reality from the viewpoint of a member of that culture.”

*Ethnography could actually assist in achieving one of my objectives, which is to establish the information and support needs of carers regarding the care of their HIV/AIDS sick children. Extensive information could be generated through this approach, as it offers a range of data collection methods such as observing participants in a naturalistic setting, observation of the whole environment and interactions therein and the opportunity to focus on the influence of culture.*

*However the approach could also have some challenges: it needs more time than I have, as I would have to observe for days on end to really understand the carers’ practices; the method may require higher level skills in observation and it raises the problem of affecting, through my presence, the day to day duties of the carers. In addition, handling the large amount of information generated, could cause headaches. Therefore for this particular study, the approach may not be suitable.*

7 Session summary

In this session, we have explored some difficult concepts, but some which nonetheless need to be understood in that they exert influence on the decisions that you make in designing your research study. We distinguished the Positivist, Interpretvist and Critical Theory epistemological positions, or ways or regarding what counts as knowledge and noted that you are positioning yourself as an Interpretivist or Constructivist. In addition, you were introduced to three Interpretivist traditions – Phenomenology, Ethnography and Grounded Theory. Although you were warned that these methodologies are too time consuming for a minithesis, you were nevertheless invited to imagine how you could use each of those methodologies to achieve a particular result with your topic.

In summary, taking an Interpretivist stance in relation to your topic may be an appropriate decision because: it allows you to understand the meanings your research participants’ derive from their experience, and if you want to solve a particular problem with and for them, this is critical. An Interpretivist stance is an acknowledgement that experience is subjective, and does not exist outside of people. So, if you want to understand why drug users share needles in spite of the risk of HIV, you need to gain understanding of their reality rather than attribute their behaviour to causes external to their realities. Understanding this offers the potential to address social issues with those who experience them, in terms that are real for them. In other words, you would need to understand how drug users understand the concept of risk, which may be very different to the way you and I understand it.

8 References and further reading

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