

FROM EXPERIENCE TO DEFINITION: ADDRESSING THE QUESTION 'WHAT IS QUALITATIVE RESEARCH?'

Liz Smythe, RN, RM, PhD

Associate Professor, School of Nursing, Faculty of Health &
Environmental Sciences, Auckland University of Technology

Lynne S. Giddings, RN, RM, PhD

Associate Professor, School of Midwifery, Faculty of Health &
Environmental Sciences, Auckland University of Technology

Abstract

Most health professionals today have heard of 'qualitative research' but many remain confused as to what it is and how to go about doing it. In this paper, two experienced qualitative researchers become engaged in conversation exploring the question 'what is qualitative research?' Lynne Giddings and Liz Smythe are Associate Professors in the Faculty of Health & Environmental Sciences at the Auckland University of Technology. They engage a reader in exploring issues such as: What might draw you to qualitative research? How does qualitative research make a difference to practice? How can reading a qualitative research article inform practice? From a qualitative perspective, what is 'truth'? How many participants? What happens to the data? What about the bias of the researcher? Can qualitative findings be trusted? Stories and exemplars are used to highlight the processes and issues involved in undertaking a qualitative research study.

Key words: Qualitative research, qualitative interviewing, purposive sampling, trustworthiness, ethical considerations, transferability.

Introduction

It is tempting to begin this paper with a 'definition' of qualitative research, words that can be parroted back and forth to indicate knowledge. Yet, that goes against the spirit of this venture of sharing our understandings of qualitative research with you. Qualitative research always seeks to find the issue of concern in its everyday context, and by means of interviews and/or observations and/or accessing text, hear the voices of those closely involved. We have

decided to 'be qualitative' in our approach to the question of 'what is qualitative research?'

The experienced researchers most accessible to us were ourselves so we interviewed each other. You will notice that our 'speaking aloud thoughts' has a different style and tone from standard academic writing. We argue that academia can distance writing from everyday, conversational chat,

Smythe, L., & Giddings, L. S. (2007). From experience to definition: Addressing the question 'What is qualitative research?' *Nursing Praxis in New Zealand*, 23(1), 37-57.

yet it is in the 'everyday' that all of us live as people, as students, as health professionals, and as researchers. Qualitative research strives to uncover the understanding that already exists in people's experience (that sounds like a definition!) This paper is structured around a series of key questions that we imagine anyone new to health research might want to ask about qualitative research. You will find the answers are not as crisp and definitive as one would expect in a paper on quantitative research, for such is the nature of qualitative thinking and understanding. We present 'raw' data, and then in the nature of qualitative inquiry, offer interpretive insights.

To introduce ourselves: Liz is a midwife and nurse who is best known for her interest and expertise in Heideggerian Hermeneutics. Such research focuses on what it means to be human in relation to a phenomenon of interest. Her doctoral research asked, what does it mean to be 'safe' in childbirth? On-going research has explored the nature of 'thinking' particularly in relation to 'research' and 'leadership'. Lynne is a nurse, midwife, and massage therapist. Her primary research experience was in history and over the years has been committed to researching issues in health education and practice that focus on social justice and women's health. Her work is strongly influenced by critical, poststructural and feminist philosophical approaches.

What might draw you to qualitative research?

The thing that called me to be a health professional in the first place was

always people. People are always much more complex than numbers can ever say. They are in life circumstances that uniquely situate them. To come to any understanding is always a huge challenge. Qualitative research begins to take you deeper into asking the big questions of life. That's what fascinates me. That's what I want to get more attuned to and better at (Liz).

As a beginning practitioner the first question one may wonder about is 'how do I become a physio, or nurse, or whatever?' There are lots of books that tell us about the anatomy, the physiology, the tough stuff to learn. And then there are books, that we don't always read because we are focused on the tough stuff, that tell us about the people who receive our care. What I enjoyed in class was when real people came and talked about living with real conditions. I can still remember when they brought a man in who had lost his voice box through cancer. Understanding that experience did something to my practice that knowledge didn't (Lynne).

As an experienced practitioner I was very knowledgeable as to how to detect changes in a premature baby, how to monitor gaseous exchange, how to use the equipment, how to give drugs, and what signs to look for and so on. That knowledge was critical to me as a neonatal clinical nurse specialist. And I was very supportive of that sort of scientific research that ensured I got it 'right'. But the questions that came to me most were about the actual context in which these things happened. I became very moved by watching family, friends, particularly

grandparents come and see the baby, a very tiny little person inside a large incubator. I watched the pain in people's eyes when they looked and felt they could not relate to this little person. I was drawn to research that would show how we could help them to reach out and touch this fragile new life (Lynne).

The data above suggests the 'draw' to qualitative research is about:

- Being fascinated by the experience of real people.
- Recognising that life is complex.
- Wanting to uncover understanding that improves practice.
- Grappling with some of the big and elusive questions of life.

How does qualitative research make a difference to practice?

There was one particular story in my research on 'being safe in childbirth' of a woman who had quite a difficult birth. At the end of telling me her story she went on to tell me another story that she probably thought was of no great consequence, but it was the story that made her cry. It was about having a shower after the birth and how vulnerable she felt. I've told that story many times to midwives and the impact is incredibly powerful. We just take for granted things like taking someone for a shower. We never stop and think about what that experience might be like for the woman who has a body that she no longer feels familiar with, who is exhausted, who doesn't want to "get blood on their towel" and just needed someone to 'be with her' in a way she did not have. Those little insights can have a huge impact on practice because people suddenly

'see' what they have previously taken for granted. So one of the things my research might have done is simply make midwives stop and think about how to 'be with' women when they have that first shower. You might think 'so what', but this woman was still crying over it a year later. If you can make practice better in the little things, then you are going to change people's experience (Liz).

The morning after the birth, I couldn't move. I had had an epidural. I knew there was some sort of pad under me, but apart from that I really didn't know what they had done down there or what was happening or if I was bleeding everywhere or if I'd had an accident or what had happened, and I was actually quite scared of that. A nurse came in, I am sure she wasn't a midwife. They changed shifts. I said "I need to go to the toilet", she said I could go and have a shower and did I need a wheel chair. I said "I don't know", so I sort of stood up and discovered that my legs worked vaguely and I said "oh I will walk down there to go to the loo".

I got down there, and I was really upset because I didn't know what I could do and what I couldn't do. I knew I had stitches and I didn't know if it would hurt when I went to the toilet. There are all those sorts of things that you don't know. And so in the end I called her on the buzzer and I said "what can I do and what can't I do? and I didn't pack soap and shampoo in my sponge bag, I don't know why". And she said "oh well I will

get you some hospital soap”, so she gave me some soap. It was a bit of a drama. I had forgotten my shampoo and so I said “look I’ll just use soap”. And I said “what do I use to wash myself” and she said “oh just wash yourself with water and you can use soap and all the rest of it”.

I actually needed a bit more ‘being with’ than I got. She literally disappeared while I sort of struggled through a shower and by the time I finished that, I collapsed. I got half way back and they put me in a wheel chair and took me back to bed.

Looking back on that shower, I was petrified. I didn’t feel particularly well, probably because I was hungry and that was probably the reason I didn’t feel well rather than I was losing heaps of blood or anything. And the other thing was I was terrified of leaving blood on their towel and I was trying to avoid it. When I actually called, when I buzzed her to come back I burst into tears. I think then she realised how desperate I was and sort of did an about face and stopped treating me a bit like a number and started talking to me. That was a really vulnerable time. (Smythe, 1998, p. 210)

The questions we all grapple with are ‘how do I become good at my practice?’ I know that I can teach someone about every movement of a particular task. But it’s the person who creates the holistic experience of the therapy. If they are not ‘presenced’ or haven’t

integrated these things into their being-with the person, you don’t have good practice. I used to watch people with tweezers taking a splint out of a wound and hurting the person, but when I took a pair of tweezers they became an extension of the feeling part of me. I would work out ways of doing it that didn’t worsen the pain. Now you don’t get that in textbooks. You learn that through people talking about it. It is important practice is based on scientific principles but what people remember is the human side of the contact, the stories. That’s what we are researching in qualitative research (Lynne).

I have Parkinsons. I recently put in a research grant to do a study on people with Parkinsons and found the existing literature very depressing. It was all about how many times my third finger twitched, blood levels of dopamine, when I would get senile, definitive measures of mobility and so on. What is missing are the stories of people living with Parkinsons. Recently I went to a seminar where there were health professionals and people with Parkinsons. The main presentations were: one on the medical view of Parkinsons, the next on the genetic research on Parkinsons, and then I told some poems and stories about living with Parkinsons. After I talked, I didn’t get a minute’s break. I had connected with people’s real life issues and concerns. The experiences of those people with Parkinsons only make up 2% of the literature. You need that scientific information, but people also need to understand the daily living with it. People need to know how to live (Lynne).

Qualitative research:

- Brings to light things ‘that matter’ yet in the routines of practice are seldom thought about or talked about.
- Recognises that the ‘how’ of practice is more than just the ‘doing’ of the tasks. There is a ‘way’, an engagement, an attunement that makes a difference.
- Accepts that stories and poems about real people hold insight and understanding in a way that connects with something ‘deep inside’.

How can reading a qualitative research article inform practice?

I remember I went to visit a colleague who had had a baby about 3 days earlier. I knew that she had been very sick, she had pre-eclampsia, but she was over it. When she saw me she burst into tears and said “I nearly died”. That conversation was an amazing experience. It wasn’t until I read some research where someone had interviewed people who had nearly died, and read an incredibly powerful poem that had been drawn from the data that I understood. In the poem they were fine on the first day surrounded by their family, fine when the nurses were around, fine when the doctor visited another day, and then “The Sallies came on Sunday, they sang a few songs. And I cried like a baby” (Parker, 1999, p. 75). The impact comes later. I understand that now. I will watch for it and not be surprised when out of the blue such a person falls apart (Liz).

Oh, it’s been an experience all right,
A real experience.

I nearly died, you know.

The kids were all there with me,
They were so good.

They told me ‘I love you Mum’.

I nearly died you know.

The nurses were great,

I wasn’t really scared.

I thought ‘It’ll be okay if someone is here’.

I nearly died, you know.

The doctor came one morning,

he stood at the end of my bed and smiled,

I didn’t know who he was. He said,

‘I saved your life, you know’.

Ah, we laugh about it now,

it wasn’t so bad.

It’s all in the past, behind me now.

I nearly died you know.

The Sallies came on Sunday,

they sang a few songs.

And I cried like a baby.

Oh God,

I nearly died, you know.

(Parker, 1999, p. 75)

I think you come up against yourself in qualitative research. The studies have an impact on you. There is one on loneliness on Max van Manen’s web site. The researcher interviews ‘lonely’ people and it starts off with somebody who has been divorced, somebody whose wife has died, typical lonely people, but then there is a final piece of data when a man talks about going away on holiday with his family, the people he loves most, and in the midst of a day on a lake that is an incredibly lonely experience because his family do not share his memories of the lake of his childhood. That connected with my own experience of loneliness in similar situations that I might never have recognised by that name before. Qualitative research can help us understand the paradoxes and

contradictions that don't always make sense, that can make us feel like we are not doing it properly, we are not as good as other people, yet that is exactly how it is for other people too. It gives voice to what is hidden (Liz).

When we read qualitative research it can:

- Bring clarity to our own experiences, resonate with what we already know but have never quite put into words before.
- Help make real the 'I' in the middle of experience, and make us open to how our actions as practitioners may affect a person.
- Get us thinking

I remember the first time I ever realized that I was truly alone. It was on a summer holiday with my wife and children. We had come to a Northern Ontario lake where I vacationed when I was a boy. It was here that I first learned how to swim and fish and drive a boat. The lake itself is spectacular and I had not seen it since I was a teenager. Upon arriving I could hardly contain myself. Immediately I borrowed a boat from the owner of the Lodge and piled my family in. Off we were to explore the lake. It was almost overwhelming for me to return to this most special of all places when I was a boy. Yet the further out in the lake we went, the more bays and inlets I recognized and pointed out, the more bored my family became with it all. By the time we returned I was furious. How could they find this wonderful lake boring? It felt like a slap on the face. After some harsh words

with my wife, they left me down at the beach alone. It was a long time before my anger dissipated. It was replaced by depression. And then standing there looking out over the soft water it hit me: here I was with the people I loved most in this world, and who loved me most in this world yet no matter how hard I tried, or how hard they tried they could not see this lake the same way I did. They could not know me like I did. No one could. The only constant travelling companion I have known throughout my life is me. It was there on that beach that I felt, not just lonely, but really alone in life. Stark naked alone. I no longer felt any relationship with this familiar lake and its shoreline and its rocks and trees. Like a tree planted in the ground I was there, a complete and utter entity unto myself. Bounded by my own skin and breath. And it was frightening. To really understand in an undeniable way I journey through this life alone. That no one (except God) can really know my story, my life my being (Davies, 2007).

What might one's personal engagement with qualitative research be like?

When you deal with qualitative research you actually deal with the vulnerable side of practice and the vulnerability is not just in the issues that you look at, it's in you as a practitioner because it makes you vulnerable. The person you confront at every corner is yourself. The actual change comes in your attitude and how you practice. It's the same when you read qualitative research (Lynne).

Qualitative research is risk taking because you face-up to 'you' in practice. You face-up to the patients as well, not as the person with liver cancer but as Joe, not as the Parkinsonian patient, but as Mary (Liz).

As you dwell with a qualitative article you may find you:

- Notice how researchers introduce themselves as real people and use the pronouns 'I' and 'we'.
- Connect with your own personal experiences, which may speak to your emotions and inner person.

From a qualitative perspective, what is 'truth'?

Truth? You know when it's there. And you know when it's not there. It's not measurable. You can have all the criteria in the world, all the tick boxes ticked, but it's back to that thing called 'real' to realise. Truth to me is something that's realised. It's the 'I' within the real-I-ised. I can hear somebody speak words but you know when the person's truth has been spoken (Lynne).

For me truth over the years has become more and more problematic. When you are young you assume that there is truth and you just have to learn it. But I come to see that truth is socially constructed, and it is what it is because that's how society wants to perceive how things are. My truth is likely to be different from your truth but because we are human and in the same situation there are truths that we share. That's how we get on with each other. But truth can't be pinned down and put in a box because the world keeps changing. So we always have to be open to the thought that what

we think is truth may not be the truth, or what was truth yesterday may not be the truth tomorrow. Practice calls for wisdom as well as knowledge. We need to be always calling out the wise practitioners who are thoughtful and mindful, who question, challenge, contest, and make problematic the question 'what is truth?' Truth is always waiting to be re-found, only to be lost again. And until we grasp that, we are not going to commit ourselves to the journey of always thinking (Liz).

It's about the knowing of self within a context. I don't completely go along with the post-structuralists. Having said that truth is constructed and ever-changing, there is still a humanness of self-knowing, respect, Viktor Frankl's book "Man's search for meaning" (1984) taught me a lot about that. I can recognise other people's truth even when it's not my truth, not my experience. I don't believe there is total chaos, meaninglessness. Books and books have been written about love and respect (Lynne).

One of the best ways of grappling with the issue of truth is to find a text book from your profession of 50 years ago and see what counted as truth. For me in midwifery, when I was born 50+years ago, everything was routinised, the baby was sent to the nursery, bottle fed, the mother was sent to bed for 10 days, feeding happened every 4 hours because that was the rule. Science bred a 'measured' mode of practice where everything was weighed or timed. Now look at childbirth today: women are home within 24 hours, babies are fed on demand, women make their own choices. It's all been totally turned

on its head, yet in both situations the practitioners would say 'this is the truth, this is the way it should happen'. Who was right and who was wrong? Well in their time, they thought that they were the best that they could be. We forget that there was a time before the routine. When we bring in routines, or new ways, there will be things that will not work. We talk about the pendulum swinging. I think it rather goes around in circles. To me truth is a bit like that. If you have too much of one thing you put in a bit of another. But you know (Liz and Lynne).

From a qualitative perspective:

- We 'know' truth.
- Truth is socially constructed: for example, there is a truth about which side of the road you drive on depending on the country you are in; you know what clothes to wear to an interview (or what clothes would be considered not appropriate); in a hospice situation there is truth about how much treatment should be given to prolong life.
- We each have our own truths yet we share truths in common in our respective communities.
- We can respect the truth of others, even if we do not hold the same truth
- Individually, and as a society, we deem some things to be 'untrue'.
- Truth changes over time.

How do we ask research questions from a qualitative perspective?

A qualitative research question looks like this: it's a question. It's not a statement of a relationship, a statement of cause and effect, an hypothesis as in quantitative research; it is a question.

The questions take on different structure or form depending on what position the researcher is taking in relation to the issue or problem. So if the question is looking at people's experience, and the researcher wants to know 'what's happening here, (the process of something), then the question will capture that. For example, grounded theory is the methodology of asking questions about process. So we could say, "How do nurses triage in an accident and emergency unit?" That question indicates where the researcher is coming from and what they want to know. So a research question carries a great deal of information. It's just not a matter of asking any question; it's getting a question that captures how, who and what you want to explore (Lynne).

I always feel slightly embarrassed about my research questions because they are so simple: like 'what is the meaning of tra la la la la?' Compared to a quantitative question it just doesn't seem to 'do it'. But I know that I need my question to be free from too much baggage, too many assumptions, to be really open to possibilities. So it needs to be really simple, fundamental. But at the same time it needs to point me in clear direction so I know exactly what it is that I am trying to grapple with. The most important thing to me about a research question is that it is the guiding light through the whole study. It is really easy to get distracted, to go off down other interesting avenues, but you have got to stay true to the question. So you have got to get the question 'right' at the beginning (Liz)

And it takes time. It takes talking to others, and reading around the issue (Lynne).

The nature of a qualitative research question is:

- It asks a question rather than makes a statement (i.e. a hypothesis that one then sets about to support or not support as in quantitative research).
- Although it may look simple each word makes a difference in shaping what exactly is being asked.
- It tries to avoid assumptions. Hence it is brief and uses few descriptive concepts.
- It guides every ongoing step of the study.
- The conclusion of a qualitative research study answers the question posed.
- Writing the question is not as easy as it looks!

So how do you get the question right?

It's the little words that are fascinating. I find when I am working with research students it's the little words that show most clearly what they want to do. I am talking about words like 'what' and 'how' and 'why'. If you say you want to look at 'what is the meaning of being admitted to hospital?' that means that you want to hear people's stories about what that felt like. Whereas, if you ask the question 'why are people admitted to hospital?' it's a totally different question because underpinning that is 'why can't they stay at home?' or 'why can't they get admitted when they need to?' There is political stuff in the 'why' question that is not necessarily in the 'what' question. And so you have to unpack that whole sense of what's behind the question and what do you really want to know, because it's the little words that are going to set the direction of

the compass or viewfinder and give you the methodology that is congruent with where you are going (Liz).

If we asked 'how' do people get admitted to hospital? we could use a process approach, for example, grounded theory. We would want to know about the phases and stages. And if we wanted to understand how people tell their story, we might want a narrative approach (Lynne).

What we are saying is that you can't decide on a research question without also deciding on the methodology because the two have to walk hand in hand. As you think of the question you may play with methodologies but you then return to play with the question. It's good to get into a group to talk about ideas. Some people can do it with a piece of white paper but I find talking helps. The fundamental question is 'What is it that you want to understand? What is it that you want to find out?' You keep revisiting that. Some questions want to know everything: "What is dying? What is giving birth?" They are big questions, huge questions. So, in qualitative research, part of the process of coming up with a researchable idea is to see what it is about, to ask what the phenomenon is that you are interested in, and think of who it is for, how it can be used, and what we want to achieve (Lynne).

One of the cues I often give students is 'Who do you want to go and talk to?' Do you want to talk to the clients / patients / consumers and/or the staff that work with them, or do you want to talk to the managers and the politicians and the stakeholders,

because that shows where your interest is (Liz).

Considerations when writing a qualitative research question are:

- Setting the thrust of the question by paying attention to the choice of ‘what’ ‘how’ ‘why’ words.
- Recognising there needs to be congruence between the research question and the specific methodology.
- Clearly identifying the phenomenon of interest.
- Determining to whom the question is being addressed.

From question to participants

My question for my PhD was “What is the meaning of being safe in childbirth?” So ‘what’ means that I am looking for the fundamental essence, the heart of this thing that we call ‘safety’. ‘What’ and ‘meaning’ go together. ‘Being safe’: ‘being’ is a verb which means that I am talking about something that is not a fixed thing, it is always ‘in process of becoming’. And ‘safe’ – that word is open to question right through my study. Normally we assume we know what we mean by ‘safe’ but I am saying, no, we don’t actually know what we mean by ‘safe’. I want to trouble that word. I want to open it up to see what it means. Childbirth is huge, and so it was a huge question. From there I have to think ‘who knows about being safe in childbirth?’ The women know about it, because they have had the experience, and midwives, and obstetricians. Lots of other people know about it too, but somewhere you have to draw the line and say ‘these are the people that I am going to talk to’. These details may not appear in your question but need to be

clarified in your proposal. And then you have to think ‘well, who of all those people am I going to talk to?’

The nature of qualitative research is, and this is where it’s different from quantitative research. I can go and hand-pick those people. I can choose people that I know are articulate, speak a language I am very comfortable with, have an interest in thinking through these issues, and have a particular story to tell. I can choose people who perhaps represent different standpoints even though I need to go in open to the fact that what they think may be quite different from my assumptions. And I can choose them one by one. Or I can put an advertisement in the paper and get anyone. There are no rules about who has to be or who can’t be in the study. Having said that, there are usually some criteria that would mean you wouldn’t have some people in the study because it might not be safe for them, or because their experience is outside your specific interest. It is very much a deliberate choosing. The books use the term ‘purposive’ sample, which means you can hand pick. You need to invite people to participate in a manner that is very easy for them to say ‘no’. For example, send them a letter so they can choose simply not to reply. (Liz).

What this story shows:

- Words themselves are loaded with ready-made assumptions. Qualitative research does not necessarily seek to define terms as in a quantitative study (operational definitions) but rather holds key words open so taken-for-granted meaning can be challenged and extended.

- There are many possible ways of accessing participants in a qualitative study. It is not necessary to use an objective, random approach as in a quantitative design.
- There needs to be careful thought as to who can most helpfully give answers to the questions that arise from the main research question.
- Language is the key to a qualitative study; therefore, unless interpreters are available, it is usual to only include participants with whom the researcher shares a common language.
- Participants need to be kept safe. Therefore anything that might make a person unsafe or vulnerable may be a reason to exclude them from the study.
- Careful thought needs to be paid to how people are invited to join the study. It is usual to provide a written information sheet that they can read before making a commitment. It is important the researcher has no other relationship (eg. Teacher/student) that may make the participant feel obliged to participate and/or vulnerable in sharing personal information.

Finding and respecting participants

Sometimes if you are asking questions about a phenomenon that's marginal, for example, family violence, being raped, being lesbian, being of a particular ethnic group, you may have people from within the culture and use first approach snowball sampling. That means you find someone who becomes your advisor and they ask people to then contact you if they wish to be part

of the study. It's an indirect form of seeking out participants so it makes it safe for them. My PhD question was "What are the stories of people who are different within nursing?" I had a cultural advisor in USA who was African American. She approached one of her friends, who was a professor, to see if she would be in my study. Her response was "I'm not going to be in another white woman's research project and become a bridge for her to achieve her PhD". My friend argued my position and she eventually agreed. I'll call her Mary. She arrived for the interview on time. She was 5 foot 2 inches tall, dressed immaculately and literally swept into my room. We ended up spending probably 5 or 6 hours together over 3 interviews. At the end the last interview I asked her why she continued in the study and she said that when she arrived she was ready to leave within 60 minutes, or withdraw from the study. What actually kept her there were the questions I was asking and the attitudes that she perceived I had. In other words, the participants are vulnerable. They suss out whether they are willing to share their stories, and how much of the story they will tell (Lynne).

What this story shows:

- You may need other people to become involved in helping recruit participants, particularly if the 'experience' is one that people hide or is not 'socially acceptable'.
- Participants may not want to be involved in research.
- A researcher's respect for participants shows and is recognised. Participants may physically withdraw from a study (as is their right) or filter and limit the stories they are willing to share.

Being clear yet being open

Choosing the word 'different' in my research question took hours and hours of discussion, reading books on marginalisation, prejudice, bias. If I said 'what is your experience of marginalisation?' I would already have been making assumptions. Already I would have a political layer on top of my research question. Therefore I searched for a word that would make people think about what I was wanting. Now everybody is different. The word in the question was given single quotation marks because it needed to be unpacked. For this reason, in my participant information sheet I explained what I meant by 'different'. What I was particularly looking for were people who were viewed as different by society. Within nursing I was looking for people who weren't of the dominant culture. Then I had to define what is the dominant culture, and certainly in the United States and New Zealand, nurses on the whole are White, female, middle class, heterosexual, often Christian, and certainly 'nice'. You have got to be a 'good woman' to be a 'good' nurse. So I was interested in people who perceived that they were 'different from the dominant stereotype'. So the people that came were African American, Maori, Hispanic, Asian, Lesbian-identified women, and women who were attempting to work with people on the margins of society such as mental health nurses, working with HIV, introducing new systems. In other words, people who were going against the main stream, who were outside the status quo, but I left it for people to define their own labels. I didn't go out and seek 'Maori women' 'Lesbian women'. I sought people

who thought they were different, and then they put the label on, if at all. I had one participant who said 'labels are for jars' which meant by putting a label on someone you are already creating a certain expectation. At the beginning of my research I thought I could fit people neatly into boxes. During my research I learnt that people are bigger than the labels we put on them. My participants defined their own group. I think the thing about qualitative research, right from coming up with the question and choosing the participants, is that you are confronted continually with assumptions you make and you are confronted with your own vulnerabilities and prejudices. This makes the research dynamic and demanding, but delightful (Lynne).

What this story shows:

- Words open and close possibilities. In qualitative research it is usual to search for the word that keeps an open space for unthought-of insights to emerge.
- People do not fit into neat and tidy categories.
- Participants often offer the researcher important personal insights, but the researcher must be open to having personal assumptions and beliefs challenged.

Interviews

Two participants in my study helped me see how different people are to interview. When I interviewed the female obstetrician it was like a game of table tennis. I would no sooner ask the question than she'd fly the answer back and be waiting for the next question. I was absolutely exhausted by the end of it because I had to think

so quickly. The male obstetrician was such a contrast. The day I went to interview him I had such a sore throat I couldn't talk, but I didn't want to cancel the interview because it had been hard to set up so I went and wrote the beginning question out on a piece of paper. He started talking and he simply talked for an hour. I only asked the initial question! Every person interviews differently. No interview is ever the same as the one before, even if you try and ask the same questions. Most qualitative interviewers try and pick up the flow of the conversation and go with it. That can be exhausting because you are listening, and thinking ahead to the next question at the same time (Liz).

A good interviewer, even with descriptive qualitative research which traditionally uses a template, still lets the participant guide the interview. I teach my students to use coloured cards, and when the person has dealt with a question you put that card aside, so when you come to the end with the person saying 'what else do you need to know?' you've got three or four cards left with the remaining questions. That works very well (Lynne).

I found that the more experience I had interviewing, the fewer questions I asked, because you and the person get into the flow, thinking, remembering and speaking. Once they are in the flow they may go to a question you have may have thought would be at the end, but they deal with it near the beginning. People don't speak or think in a linear fashion. So, the more I do interviews, the more I learn to listen and stay silent, using mostly non-verbal cues (Lynne).

...and the more you learn to value what comes out of silence. Pausing before you leap into the next question is so important, because often in the pause they will think of something else to say. Then knowing that as soon as you turn the tape off at the end of the interview the person will say something profound! Sometimes they do that because they don't want it on the tape, but mostly it's because they have some space to think and remember. So you learn to not pack away your tape recorder too quickly (Liz).

A qualitative interview:

- Is always unique, and dependent on the person to person interaction, time, place, mood and context.
- Can be exhausting for the interviewer who tries to create a relationship of engaged listening while at the same time is thinking ahead to be ready with the next question.
- Is not a structured list of questions asked one-after-the other, because this is not going to yield rich conversational data, and may steer the person away from telling the stories they know matter most.
- Needs the interviewer to have some system of cues to ensure they cover the questions they want to ask.
- Allows for thinking time which sometimes needs silence. Interviewers need to be comfortable with letting silence hang.

The vulnerability of being a participant

What is it like to be interviewed as a participant? I remember interviewing a colleague in class as a practice interview, in front of the students. We

chose what we thought was a safe topic. Once before we had interviewed each other about our daily experience of having a bath or shower and it had felt like we'd literally taken all our clothes off in front of the whole class. So we decided not to go there! This time we interviewed each other about the experience of getting our hair cut, as a 'safe' topic. As I interviewed my friend she started talking about a time she remembered in her childhood and burst into tears, in front of a class of 20 people. It just reminded us afresh of the vulnerability of telling our stories (Liz).

Often people will cry during an interview. My experience is that that's okay. We so rarely have the experience of being listened to so intently in such a respectful way. I know when I have been interviewed, I find the feeling amazing. We are not used to being listened to for a whole hour. Normally in conversation it's a back and forth. To have someone giving you their total attention for an hour is a unique experience (Liz).

Recently I had an interview that was not good. The person interviewing me kept paraphrasing what they thought I said. I was saying 'yes' to shut them up so I could get on with what I wanted to say. Some of the skills we have as health practitioners of anticipating and rephrasing is not a good interviewing technique. I was left feeling incredibly frustrated. I wanted to say 'just stop and listen' because the person was making so many assumptions (Lynne).

What this shows:

- Participants may become

(unexpectedly) emotional during an interview.

- To be listened to intently is often an unusual and valued experience.
- To feel not-listened to is also a possibility.

Capturing the data

In general conversation we pick up things but we also miss a lot. People used to say that it was better not to use a tape recorder in grounded theory because you miss something, and it's true you miss the non verbal. But you remember them, as long as you make field notes soon after the interview or observation. Videoing is very good for recording interviews because you can capture the energy and the interaction between the interviewer and the person being interviewed. It's not a common practice at the moment but it will become more common (Lynne).

For my masters thesis I did observation of pregnant women coming in to have an 18-22 week ultrasound scan. I was with them before, during and after the scan. You get very skilled at reading a whole set of actions. I developed little symbols so if a person was looking anxious I had something I could quickly write down to show that. At the end I thought I knew what I had observed. When I did the analysis I got total surprises. For example I missed that before the scan they talked about 'the' pregnancy, and 'the' baby and after talked about 'my' baby. I only saw that whole doing the analysis phase (Lynne).

I worked with archival material in the 1970s. In those days documents were still stored in boxes. So I would have a box with 1912 on it. It was like

opening a Christmas present because I didn't know what was in it. My delight was the photographs. Even more delightful were letters in people's own handwriting to various people. Dr Truby King would write to Dr Bennett in such a way you would know he wasn't happy with Dr Bennett. That's not written in the history books. Archival material is full of surprise packages (Lynne).

Discourse analysis uses text rather than interviews. Text includes the written word, and also media, films, art (Lynne).

Qualitative data may include:

- An audio-taped interview which is then transcribed.
- A video taped interview.
- Observations of participants in a particular context.
- Archival material.
- Any text of any form.

Capturing meaning is always problematic and is always an interpretation, distanced from the actual experience.

How many participants?

You may have from 'few' to 'many' participants in a qualitative study. The number chosen relates to 'what do you want to understand' which links with the methodology which then links with the method. Choosing the numbers of participants is part of the method. For example, in grounded theory there is a lot written about numbers. You need enough to uncover process. So it would be more than I would use for phenomenology. In a descriptive qualitative study you need more participants because you are making categories of the data. Some people

get a surprise when using descriptive qualitative when I say you need 15-20 as a minimum. But qualitative descriptive have a different sort of interview from most qualitative approaches. You have questions already set that you work through, a template. One can use computer programmes to organise data very effectively in descriptive qualitative research, programmes like NVivo. The more descriptive the data the more it suits computer organisation, like grounded theory (Lynne).

As a phenomenologist I am coming to learn that 'fewer' participants is better. I don't use a computer to collate and organise the data. I keep it all in my thinking, and I know if I have too many participants I get a sense of being totally overwhelmed with the data and don't feel like I'm doing justice to anyone. Some of the best work I've done has had between 8-14 participants, because I can manage that much in my head. I have a study at the moment that has more than 30 participants and it is just a nightmare. It's too big. You never know how many interviews you are going to do until you walk away from an interview feeling like 'that's enough'. I think it's about the depth and quality of the data gathered rather than the number of interviews (Liz).

There are studies like one by a woman called Kathryn Kavanagh from America who journeyed with a woman who had renal and pancreatic failure. For 8 months Kathy as researcher walked the journey with this woman and produced an amazing piece of research about her story. In Australia Judy Lumby did a similar study with a woman diagnosed with cancer. A one person study can be very powerful (Liz).

Decisions about the number of participants are based on:

- The type of methodology.
- Advice from experienced researchers.
- A felt sense of knowing when there is enough quality data.

What happens to the data?

You do an interview and end up with a tape. Today you can use digital download which may be able to go directly into a voice activated computer programme, or you can have someone transcribe it, but it is best if you actually transcribe the interview yourself. A transcribing machine lets you start and stop the tape easily, and rewinds so when you start again the tape goes back a few words. That helps you get immersed in the data. But if you are a really poor typist, getting someone else to do the transcribing is wonderful. My advice is that you still need to listen to the tape to get the feeling of the interview again and check the transcript. Don't take the transcript at face value (Lynne).

When you are first faced with a transcript you can easily feel overcome with a sense of 'what on earth am I looking for, what am I doing and what do I want to come out of this!' It depends on the methodology. If I am doing narrative inquiry which is a way of collecting stories about a particular phenomenon, what I look for is a beginning, middle and an end of a story. We tend to think that we tell stories in a linear fashion, but in fact we tell them in a messy way. The beginning might be at the end when they say "oh, by the way, I was aged...", or "it happened when I was at school." What came last may come

first. There is no simple technique. People talk about content analysis, thematic analysis, and so on, and there are ways that we can organise our data that can be useful for that, but you have to 'do it' (Lynne).

I went to a workshop where we had been asked to take a transcript with us so we could work with the data. The transcript I had wasn't a good one: some of the words were missing because the sound quality was poor. It felt 'all over the place'. In my mind I had been calling it a messy transcript. The teacher, who was Max van Manen, said we had to go away and craft a story from the data. My initial thought was that was cheating but because I am a 'well behaved' student I went away and had a go. Within the messy transcript was the most wonderful story where the woman talked about bringing her first baby home from hospital. She started the story by describing having to wait until late in the day, the trouble they had dressing this little baby, managing all the tiny buttons and bows, and then struggling to work out the car seat. There is this real sense of mounting tension. Finally she arrived at the door of her home and in that moment she burst into tears at the overwhelmingness of being the mother of this wee baby. It's an incredibly powerful story. I could so easily have missed it altogether. What I do now when I have a story like that is I write to try and unpack the meaning that is hidden within it. And as you write you come to understand, and the thoughts become embedded in your thinking. By the time you've done that with lots and lots of stories you've got lots and lots of ideas. At that stage it's often wise to go away

and leave them in a dark, quiet place for awhile. When you come back you somehow seem to 'know' what it is that this research needs to say (Liz).

One of my PhD students was struggling to find the central argument of her thesis. At the end of a day of wrestling with the data, she was sitting in a spa pool, drinking a glass of wine, probably not thinking about her thesis. Suddenly she noticed a spider's web, and knew that the notion of the interconnected, fragile web was absolutely perfect to describe the complex nature of relationships between children with chronic illness, their families and the myriad of health professionals involved. That's often how it happens. When you stop thinking about it, something triggers the thought. That makes it sound really simple, but without the entire struggle that went before, she wouldn't have got the 'ah ha' that happened in the moment (Liz).

The manner of working with qualitative data:

- Is different for each methodology.
- Is not something you can learn from a book; you have to do it for yourself.
- Requires patience, trust, courage and a willingness to believe that insight will come.
- May involve considerable writing and re-writing.

What about the bias of the researcher?

I don't think we can lose the feelings and the personhood of the interviewer. When you are interpreting the data, who you are, your cultural background, how you are feeling, what's happened to you- someone might have recently

died in your family - it all affects how you interview and how you interpret the data. Now that could be called bias by some. I call it putting in the colour, the vibrancy, the full-bodiedness into an interview, the things that make it about 'life' (Lynne).

In my PhD on 'Being safe in childbirth' I was very mindful that I had not had a baby myself. Therefore when the women told their stories, I don't know if it was better or worse, but I didn't have my story to put into that mix. Had I had an unsafe experience myself that would have been a bias that could well have skewed what questions I asked, how I asked and what I heard from the participants. I included my biographical details in my thesis so the reader could see where I was coming from. I told two stories that had made me aware that safety was very paradoxical. One was from the busy delivery suite where I worked. As a very junior midwife one afternoon I found myself in charge of the whole unit. It was very, very busy. Hours later, I found a Pasifika family alone in a room with the light out. Nobody had been near them. As I walked in the woman started pushing and out came the baby. And it was perfectly safe, because there were no problems, and everything was fine. Even though she had no care, it was safe because everything was already safe. Another story comes from the short time I worked in a tiny hospital on one of the outer islands in Vanuatu. At the first birth I attended, a baby was born with really thick meconium liquor. I knew that had I been back in New Zealand this little baby would have gone straight to the neonatal unit for close observation. However, not only

was there no neonatal unit but all the nurses were going straight back to bed, because that's what happened at night. So I took this little baby up to my bedroom and we both went to sleep side by side. For me the whole notion of safety became unravelled in those experiences. (Liz).

What is the nature of bias?

- As qualitative researchers we always bring our own unique bias, it can be no other way.
- It is important that before we embark on the data gathering we stop and reflect on the bias we bring and consider how it may influence the study. Being interviewed is a good way of 'seeing self' –a pre-understanding interview.
- Our own personal experience of having our assumptions challenged may help us move beyond our taken-for-granted beliefs and ideas.
- It makes a research report more trustworthy if the researcher identifies their own bias. This is particularly important in phenomenology/hermeneutics, life history research and critical approaches.

What does a research journal article represent?

When we read the end product, the research article, it's like the whole process of research has been distilled into 7 or 8 pages, and that's what we are going to be using to guide our practice. There's a lot gone into that (Lynne).

I published an article describing the findings of my PhD thesis, probably an article of 5 or 6 pages. Behind

that were 13 chapters each about 20 pages long that then were completely rewritten into 4 data chapters that were about 25 pages long, and all of that presented in a 200 page thesis with the literature, discussion etc, ends up in a 6 page article. You realise how much is lost in the process (Liz).

A research journal article:

- Is the synthesis of a very long journey of writing.
- Usually only offers a very small part of the whole study.

Can you generalise from qualitative studies?

You can't generalise qualitative research in the same sense as you do quantitative research. If you do a quantitative study of the vital lung capacity of asthmatic children aged 8-10 on the whole you can generalise to asthmatic children of the same age, probably universally. Whereas qualitative findings may not be able to be generalised in the sense of applying to them to all people who have that phenomenon, although parts of it will. Recently I've done some research with women who live with chronic conditions. On reading the literature in the same area, some of the findings were transferable to the women in my study. I read about women with menopause and again, some of the experiences were transferable. So although it's not generalisable, the information can be useful. In the chronic illness study, one of the findings we came up with was the issue of 'dependence versus independence'. In rehabilitation theory the idea is you bring people to allow them to be independent. What we discovered in our study is that women talked about having to be dependent so

that they could be independent. That meant they chose to have someone help them dress in the morning, even though they could dress themselves, but they chose that because then they would have energy to go to work, or go to meet someone in town. So the finding from our study would be transferable to anybody with a disability. It's not generalisability in the quantitative sense but it is taking some part of the phenomenon and thinking about it in relation to people who have some similar experience (Lynne).

While qualitative research is not generalisable in the same manner as quantitative research:

- Findings can be carried from one situation to inform another.
- The questions and thinking provoked can usefully challenge taken-for-granted practice.
- Because the uniqueness of a small number of participants is made explicit in a qualitative study there is less danger of assuming the people of one study are 'the same' as people in a different context.
- Nevertheless, there seems to be remarkable 'knowing' that is shared across time, cultures and contexts.

Can qualitative research be trusted?

You won't hear qualitative researchers talking about reliability and validity but you will hear them saying 'this research is trustworthy'. My experience of presenting qualitative findings at a conference is when you read out some findings and suddenly a silence descends, that shows you have absolutely captured the attention and thinking of the audience. There is a

profundity, almost a sacredness in the room that you can feel. You know that something that's been said has impacted. People know trustworthy. Some call it the phenomenological nod, they nod as they listen saying 'yes'. And it's proved in their own life when they go back to practice and start putting those insights into practice (Liz).

As a long time reader of qualitative research, I've sometimes noticed that there is a big distance between how people describe their methodology and what you observe when you read their findings Methodology is important, and integrity is something you show in your research question, how you work with your participants, how you prepare them, your attention to detail, and with the manner of your interpretation. It's called congruence, internal consistency; or just "good fit" (Lynne).

I remember a study in which a mother of a baby in a neonatal unit was about to be shown how to bath her tiny baby for the first time and the nurse said "I'll be back in a minute." The mother waited and waited and waited. When the nurse finally got back she had no understanding of what that mother had been through in that time of waiting. When you read something like that you are reminded of all your own similar experiences. You 'see' how we put clients through enormous angst through those thoughtless little words. I did some research on the violence of the everyday which picked up those sorts of examples, and that resonated with so many people. I presented it to a group of elderly women and they knew those stories. Those stories were

their stories. And that's how practice begins to change, when we become mindful of the tension that can arise from simple words like "I'll be back in a minute."(Liz).

Qualitative research is trustworthy when:

- Findings resonate with people's life experience. Then they trust there are valued insights emerging from a study.
- A large group of people becomes strangely silent in attentive listening. It shows there is a sense of revealing trusted understandings.
- I hear my own stories being told in the voice of someone who has had a very similar experience.
- It somehow 'speaks' to the reader/s. Without this no qualitative research article, however sound, will ever change practice.
- There is methodological congruence. Experienced researchers will look for this before they deem findings to be trustworthy.

Conclusion

What are the hallmarks of qualitative research?

Time and again qualitative research comes back to the relationship between the practitioner and the client. Unless you get that right, then care is deficient. However, when you look at quantitative research, the relationship so often disappears as we focus on the health issue, forgetting that it exists within the life of a person and that the health professional is also a person. Experience is always a 'people to people' experience. It's

helping us to understand how we can be in our humanity with fellow humans in a way that is therapeutic (Liz).

Unless we understand our experiences, our practice is just bare bones, just the black lines. Qualitative research puts the colour in, the vibrancy, the meaning on things (Lynne).

Quantitative research has such lovely facts that you can take back to practice and implement, but qualitative research is not like that. It speaks to the soul. It helps you to understand. It will make you a different practitioner but it's really hard to put your finger on 'how'. But people know it. If you go to a health counsellor you 'know' when you have been listened to. When you get blood taken you know when you have had a caring act, and when it's non-caring. It's the 'being' side of knowing (Lynne).

For me qualitative research makes me stop and think. It draws me back into my world of practice and confronts me with 'how am I in that situation?' Even though I might read some research data in a study and think 'well that's not how it is for me or the people I know' that makes me start thinking about 'well, how is it for me?' It's that provoking your thinking that I think is essential to health professionals. Unless we are always thinking we are not being as good as we can be. The logical reasoning process of quantitative is important but in itself not sufficient. When you read a qualitative research article you are likely to finish it with more questions than answers, but those questions are gifts because they make you go away and question the assumptions

that you take for granted; question the habits and traditions that you just accept. Questions make you re-think stereotypes that you have in your mind about how people are. They open possibilities for how practice could be different. That's exciting stuff (Liz).

To sum up qualitative research:

- It is always about 'people' and how they are in their interactions together, be it one on one, or caught up in bigger organisational and political institutions and structures.
- The answers that emerge are still always open to question.
- It adds colour, vibrancy and meaning to 'information'.
- It speaks to the soul and brings 'knowing'.
- It may not bring ready-made solutions but it should make us engage in thinking about practice in new ways.

To understand the nature of qualitative research one needs to first grapple with the question 'what counts as

truth'? As soon as you let go of the idea of truth as something objective, timeless, generic, and able to be clearly articulated in a conclusion, you will be ready to embrace the qualitative paradigms. There you will find tentativeness, possibilities, questions and insights. Nothing will be pinned down. Real people's stories, specific to unique context, culture and time will point in the direction of understanding. Sometimes you will hear stories you already know for you have lived them yourself. As you explore a variety of methodologies in class or in textbooks, you will pick up different flavours. Some will feel almost poetic while others have the hard thrust of political change. Hopefully what you will come to glean is what some might call 'wisdom', that which so often gets passed over in a world where only what can be measured 'counts'. We hope you have enjoyed and learned something from 'listening' to our stories. Qualitative research can help us explore, think and wonder about our practice.

Liz and Lynne

References

- Davies, M. (n.d.). Loneliness, (Textorium: phenomenological research paper). Retrieved February 14, 2007 from <http://www.phenomenologyonline.com/articles/davies.html>.
- Frankl, V. E. (1984). *Man's search for meaning: An introduction to logotherapy*. New York: Washington Square Press.
- Parker, V. (1999). On confronting life and death, In I. Madjar & J. A. Walton (Eds.). *Nursing and the experience of illness*. St Leonards: Allen & Unwin.
- Smythe, E. A. (1998). *'Being safe' in childbirth: A hermeneutic interpretation of the narrative of women and practitioners*. Unpublished doctoral thesis. Massey University, New Zealand.