

COLLECTING AND ANALYSING QUALITATIVE DATA

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Introduction

This volume cannot hope to represent the huge and bewildering variety of kinds of research which are described as 'qualitative' by their protagonists (Denzin and Lincoln, 1998). Instead, three exemplar studies have been chosen to illustrate three methods of collecting data commonly used by self-styled qualitative researchers: in-depth or loosely structured interviewing (Chapter 12), non-participant observation research (Chapter 13) and participant observation research (Chapter 14). The latter refers to researchers becoming part of the setting they are studying and reporting on activities which would probably happen whether they were there or not. The term *ethnographic data* is often used as an alternative to qualitative data, when data have been collected through methods of naturalistic observation. But sometimes this term is used for qualitative data of any kind.

This part of the book also includes an exemplar of action research (Chapter 15). Action research is a term which is even more slippery than the term qualitative research. There is no inherent reason why action research should be reported in qualitative rather than quantitative terms. But, currently, most people who describe themselves as action researchers do not quantify much of their data. Hence the inclusion of this exemplar in this part of the book.

Patterns which show in data have always been put there by the activities of researchers in doing the research, analysing the data and

writing it up. This is true whether the data are cast into numbers and manipulated statistically or whether they are expressed in verbal forms without attempts at quantification. To say that researchers create their data does not mean that what researchers claim are figments of their imagination. But it does mean that, in order to appraise the research, readers need to be able to reconstruct what was done by the researcher in order to judge whether the claims are credible or not. This chapter is primarily about the way in which the methods of qualitative research produce data.

1 Forcing the answers in the Health and Lifestyle Survey

The British Health and Lifestyle Survey (Cox et al., 1987; Blaxter, 1990; Cox et al., 1993) was a large-scale survey of people's health experience and health-related beliefs and behaviours, carried out in England, Wales and Scotland in 1984/5. There was a follow-up in 1991/2 so that changes over time could be measured. It was a questionnaire survey with a mixture of forced choice and open-ended questions. For some writers (Wright, 1997, for example) most of the data it produced would be regarded as *qualitative* since few of them reach the interval or ratio level (see Chapter 6, section 3). However, it is more usual to draw the line between any data which can be expressed numerically on one side, and call these 'quantitative', and data which are presented in the form of verbal descriptions ('qualitative') on the other. For survey research this line usually falls somewhere near the distinction between data which are produced from forced choice questions, and data which are produced from open-ended questions.

Figure 16.1 gives one of the pages from the interviewer's protocol for administering the Health and Lifestyle Survey. It is a good illustration of the *structuring of data prior to collection*. It has already been decided what relevant opinions people can have and whether, for the survey, they can hold these opinions in a binary way (*know/don't know* and if *know*, *yes* or *no*) as for Question 13, or with varying degrees of strength, as with the *rating scales* for Question 14. Apart from Question 13b, these questions are posed in such a way as to generate responses which are pre-classified and hence easy to count. With an initial sample size of over 9,000 and a follow-up of 5,352, handling responses in numerical terms is really all that is feasible. The results of the survey have to make statements, such as, for example, working class people hold a given opinion more strongly than middle class people, or that men say 'yes' to this question more frequently than women. And the aim is that such statements of

Figure 16.1 Interviewer's schedule for Questions 13 and 14 of the Health and Lifestyle Survey (Cox et al., 1987)

		Col./Code	Skip to:				
13 a)	Do you think it is ever people's own fault if they get ill?	(358)					
	Yes	1	b)				
	No	0	Q.14				
	Don't know/not sure	8					
	IF 'YES' (CODE AT a)						
b)	Why do you think it's their fault if they get ill? RECORD VERBATIM. DO NOT PROBE OR PROMPT						
14	SHOW CARD B On this card are things people have said about health. I'd like you to say how far you agree with each statement. The answers you can give are shown on the top of the card. READ OUT EACH ITEM AND CODE						
	STATEMENT	Strongly agree	Agree	All depends (Don't Know)	Disagree	Strongly Disagree	Col.
a)	It is sensible to do exactly what the doctors say	1	2	3	4	5	(359)
b)	To have good health is the most important thing in life	1	2	3	4	5	(360)
c)	Generally health is a matter of luck	1	2	3	4	5	(361)
d)	If you think too much about your health, you are more likely to be ill	1	2	3	4	5	(362)
e)	Suffering sometimes has a divine purpose	1	2	3	4	5	(363)
f)	I have to be very ill before I'll go to the doctor	1	2	3	4	5	(364)
g)	People like me don't really have time to think about their health	1	2	3	4	5	(365)
h)	The most important thing is the constitution (the health) you are born with	1	2	3	4	5	(366)

frequency, while derived from a sample, will be true also of the wider population (see Chapter 10, section 1).

The questions in Figure 16.1 were chosen in the light of what knowledge there was at the time about important ways in which people's beliefs about health do vary, and how variations in such beliefs correlate with both their health-related behaviour and their morbidity and mortality. Research using loosely structured interviews was an important preliminary to deciding on the questions for the questionnaire. The questions were pilot tested. With few exceptions, it was essential that the same questions were used in the follow up in order to measure changes over time reliably (see Chapter 10, section 14).

There are good reasons for using forced choice questions (Chapter 10, section 14) but the data they produce have obvious limitations. Responses to Question 13a on the Health and Lifestyle questionnaire would tell how many people of different kinds would say 'yes' when asked 'Do you think it is ever people's own fault if they get ill?' But 'yes/no/don't know' answers do not indicate what people mean by saying 'yes'. There is a very large number of different ways in which people might mean a 'yes' answer. Question 13b attempts to deal with this. But it immediately produces another problem. How are all the various answers to question 13b to be classified into a limited range of types about which some summary statements might be made? And with a very large sample some kind of summary statement will be necessary if the data from this question are to be used at all. Asking question 13b in itself, of course, puts some structure into the data collected. Note that there is no equivalent follow-up question for people who answered 'no' or 'don't know' to Question 13a – nor indeed are there any follow-up questions to people who answer 'strongly agree' to Question 14a, and so on. However, these other questions structure the answers *in advance* to a much greater extent than does the open-ended Question 13b: they are questions for which the responses are *pre-coded*. For Question 13b the data will have to be structured to a much greater extent *at the point of analysis*. A wide diversity of responses will have to be classified into a limited number of types, and the frequency of each type counted.

2 Thematic analysis: structuring data after collecting them

In the exemplar study for Chapter 12 Mildred Blaxter picks up a puzzle which was raised by answers to Question 13 on the protocol shown in Figure 16.1. As one of the members of the Health and Lifestyle team, she was intrigued by the finding that working class

people were much more likely to blame ill-health on individual behaviour, than were people from other social classes. The puzzle came from comparing this with the substantial body of research (see Chapter 11, sections 3 and 4) showing that socio-economic deprivation is much more important than behaviour in delivering ill-health and premature mortality disproportionately to the working class. Hence her title '*Why do the victims blame themselves?*' The Health and Lifestyle responses to Question 13b gave some hints, but Blaxter investigated this further by re-analysing some loosely structured interviews which had been conducted as part of the Health and Lifestyle study.

The term 'unstructured interview' is quite commonly used in the literature but it is slightly misleading. Any kind of talk which is recognisable as 'an interview' has an 'interview structure' with one person playing the role of and talking as an interviewer and another person playing the role of and speaking as a respondent. What the term 'unstructured' (or 'in depth') usually implies is that the interviewer has some kind of checklist of topics he or she would like the interview to cover, but without specifying the order in which topics will be dealt with or the form of words in which questions will be posed. The term 'loosely structured' is a better term for this. The loosely structured interview will allow for interesting, but previously unpredicted lines of enquiry to be followed up, and for respondents to raise topics of interest to them.

Loosely structured interviews produce large quantities of data on which some structure has to be imposed. Box 16.1 contains an extract from Blaxter's study which shows part of the process of imposing a structure on data derived from a loosely structured interview. Note that the transcript only includes speech by the respondent, and sometimes in paraphrase. The implications of this are discussed in sections 5, 6 and 7.

The text in Box 16.1 shows extracts from one of Blaxter's interview transcripts coded in terms of *themes*: for example: 'life stage', 'stress, social circumstances' and so on. This is not very different in principle from the coding implied in the interviewer schedule in Figure 16.1: the coding there is shown in terms of code numbers. But for Blaxter coding is done at a different stage of the research process and respondents have had more opportunity to determine which codes will be used in analysing the data simply because they have played a more pro-active role in the interview than someone responding to a forced choice, fixed sequence questionnaire.

Where themes come from in qualitative research is sometimes a mystery. In some way or another they always come from the data, but since any set of data is capable of being analysed in terms of a very large number of themes, it is often difficult to know why a researcher has chosen one set of themes rather than another. However, the attempt is to find a limited set of ideas which are both relevant

Box 16.1 Coding data thematically

G14 – aged 54, 12 children

The main complaint chronic bronchitis: began with 'change of life at the time'. But also began when husband, 'a war pensioner', could not work and she 'took on a really old house' with the idea of lodgers. 'And then I took ill. I had a' the work and a' thing, you see.'	life stage stress, social circumstances
The bronchitis 'started off with flu, and developed from that.'	
Doctors told her it was smoking, and 'I stopped for nine months!' (But claims was better when she started again.)	(?) behaviour
Second, later, account of beginning of bronchitis: had a bout of pneumonia and neglected it, because she will never 'give in' to illness. 'Cos that was me, wi' pneumonia and bronchitis, walking down to the City hospital' (very long account of resisting hospitalization, on this and other occasions)	self-neglect
'I said, I'm nae gaun intae nae bed, I've a' these bairns at hame, I'm gaun back.' 'It's got to beat me first afore I'll call the doctor.'	life stage 'not giving in'
At about the same time she had a bad fall on ice in the street, 'Something gaed intae my leg'. Secondary trouble is still pains in the leg and arms. 'It wis after that I first got the cold, and it went to my chest.'	effects of trauma
At present has laryngitis, but 'I'm blaming the weather.' 'And smoking disnae help.'	weather behaviour
The continued pain is perhaps 'just wear and tear on the spine'. Of course 'You couldnae expect onything else, wi' all that bairns.' She had two children after 40, which was 'too auld, maybe.'	natural ageing childbearing
Also has 'a kinda knot at the back o' my neck', which may be affecting the spine, but 'I think it's just a cyst maybe'.	
Also suffers from migraine. Considers whether it is perhaps associated with her neck? But 'I've had migraine since the last one was born.'	childbearing
Nevertheless describes self as healthy. 'The only recipe I say is nae to lie down wi' the least little thing that's wrang wi' ye. Sometimes, if ye ging awa' and do a little bit of washing or something, you forget a' about your pains.'	self-responsibility 'not giving in'

to the topic of the research and which, between them, constitute a common framework in terms of which the data deriving from different respondents can be described. In terms of contrasts and comparisons

'themes' have some similarity with the idea of 'variables' in quantitative research: where Maud said 'x' in terms of this theme, Geraldine said 'y'.

Thematic analysis of this kind can be done more or less rigorously. Sometimes qualitative researchers attempt to achieve inter-rater reliability (Chapter 6, section 6) in coding a passage of talk as being an example of a theme. This can be done by using a panel of judges to code a sample of transcripts and using an inter-rater reliability test to express their level of agreement (Armstrong et al., 1997). The process of data collection in qualitative research may not be very reliable when viewed in contrast to the use of a structured questionnaire (see Chapter 10, section 14), but there is no reason why the analysis of the data should not be highly reliable.

The analysis of qualitative data these days is often aided by one of the powerful software packages designed for this purpose, such as NUDIST or Ethnograph (Fielding and Lee, 1991; Richards and Richards, 1994). Occasionally the process is described as *content analysis*. This term is more frequently used for analysing printed or broadcast media, and sometimes suggests a numerical approach, but the principles are much the same (Silverman, 1993: Chapter 4).

Where data collection involves a questionnaire, many of the important decisions about what the data can mean have been made before the data are collected. Where loosely structured interviews are employed many of such decisions are delayed until after the interviews. Conducting loosely structured interviews may avoid the problem of imposing an inappropriate structure on the data, but the meaning of the data collected from one person will derive from making comparisons and contrasts with the data collected from all the people interviewed: something that can only be discovered after many interviews have been conducted. Interesting issues arising from interviews with some people may not have counterparts in the data from interviews with others. Perhaps this will reflect important differences between respondents, or merely the fact that what comes out of loosely structured interviews depends on the twists and turns of conversation. Where there is only one opportunity to collect data from each person this is a problem if the researcher does not know what is relevant until after all the interviews have been completed.

Sometimes researchers using loosely structured interviews will have an opportunity to do follow-up interviewing, and hence an opportunity to focus a second wave of interviews on the issues which have emerged as important from the analysis of the first wave.

Loosely structured interviews and questionnaire research are not necessarily alternatives to each other. They are very commonly combined in a single research programme. For example, the design of the Health and Lifestyle questionnaire (see Figure 16.1) was based on preliminary research involving loosely structured interviews which

indicated the kinds of things which people believed to be relevant to their health. But because it is impracticable to conduct loosely structured interviews with large numbers of people it would have been unclear as to how far those interviewed were representative of the wider population. The questionnaire research with its large sample was ideally suited to accomplish representativeness, in the sense of being able to quantify how many people in the population would be likely to answer 'yes' to a particular question. But, as noted above, the survey could not provide detailed insight into the diverse meanings of 'yes', 'no' and so on. Some elucidation was available from the preliminary interviews, and this is the subject of Blaxter's study (Chapter 12), but had these data been unavailable it would have been possible to reverse the order of events: representative questionnaire survey first, followed by a programme of loosely structured interviews to find out what people might mean if they gave particular answers to the questionnaire.

3 Loosely structured interviews contrasted with naturalistic observation

The notion of validity which lies behind most qualitative research is rather different from that discussed in Chapter 6. There the discussion was in terms of the validity of research instruments. But from a qualitative researcher's point of view, instruments may get in the way of achieving *ecological* or *naturalistic* validity (Cicourel, 1982). As the term 'ecological' suggests, the analogy is often drawn between, on the one hand, the study of animal behaviour in zoos and laboratories where scientific validity may be great, but may only tell about what animals do in highly artificial situations, and, on the other, the study of animal behaviour, *naturalistically* in the field, where scientific validity may be lower, but ecological validity can be achieved. In health and social care research the strongest claims to ecological validity can be made by those who study events going on 'in their natural habitat' by observation or participant observation. None the less, the idea of ecological validity still guides those who prefer open-ended, loosely structured interviews to questionnaire research, and even to some extent, those who prefer open-ended questions on questionnaires over forced choice ones. The point they are making is that highly structured research methods may rip data out of their context, and the analysis put them together in ways that may be quite different from the understandings and experiences of the people from whom the data were derived. This leads to a policy of avoiding, as far as possible, imposing a structure *in advance* on what is being studied.

However, there must be serious doubts about the capacity of any interview to achieve ecological validity (Cicourel, 1982). Put crudely,

what researchers learn by interviewing people is what people will tell researchers in interviews. This may or may not have any relationship to what they think, feel or do in other situations. Blaxter's study, for example, used loosely structured interviews to elicit ideas about health and illness. The responses took the form of stories – narratives – with plots in which one thing led to another, and characters – themselves and their kin – who had personality characteristics and motives and who responded to their circumstances in various ways. Blaxter was not interested in whether these stories were true in the sense of being historically accurate accounts of events as they had happened. She was interested in the stories as being illustrations of the ways in which these women, ordinarily, in everyday life, understood matters of health and illness. In this sense stories told to an interviewer during an interview have to stand for what would be going through a respondent's mind when, elsewhere, at another time, he or she was faced with some situation with health implications. Blaxter has no access to these other situations and there is no way of knowing whether the themes – see Box 16.1 – discovered in the interviews are constituents of the way in which respondents understood illness in the course of their everyday lives, or instead, just devices they use to put together stories to tell interviewers. It seems reasonable, however, to assume that there is some relationship between understanding and telling.

What happens in people's minds is never directly observable and there is always a problem of inferring what people *think* from what they say or do. This problem is doubled when the evidence for what people think *in one situation* is inferred from what they *say* in *another situation*, as is often the case in an interview. This is not necessarily a problem that respondents can help to resolve. In an interview a respondent will probably know what they think they think when they are in another situation. They will not necessarily be right about that and it is nearly always impossible to find evidence to judge whether they were right or wrong.

Putting a high premium on ecological validity favours researching situations at first hand by observing them happening, rather than at second hand, by hearsay via interviews, though using the two approaches in tandem is not uncommon (see Bowler's study in Chapter 13 for example). Various strategies of observation are possible, each of which has its strengths and weaknesses.

Participant observation research implies that the researcher is or becomes a member of whatever social situation is being studied. For example, if the research location is a hospital ward then the researcher combines the role of researcher with that of being a patient, a nurse, an ancillary worker or with some other role which is a constituent of the situation. There are various reasons for favouring *participant* over non-participant observation. One is to gain access to situations which

might otherwise be inaccessible. Another is to minimise the effect of observation on whatever is happening, since people may behave differently when they are aware that they are being researched. Participation by the researcher in the ordinary activities of the setting serves to distract attention from the fact that research is going on. *Covert*, or secret participant observation will achieve this most completely, but there are strong ethical objections to spying on people (O'Connell Davidson and Layder, 1994: 214–17). It seems that if *overt* participant observation is conducted over the long term, people forget that they are being studied. There is an ethical argument for saying that they should be constantly reminded. But in practice it seems that few participant observers do this. While Bowler's research (Chapter 13) was not covert, it seems doubtful whether the midwives she studied had any clear idea as to how she would subsequently describe them.

There are problems with adopting a participant observation strategy. Someone, for example, who as a researcher plays the role of a nurse on a ward, will then always be communicated with as if a nurse, and will only have access to those situations where nurses can go. What he or she can observe will be limited and slanted by the role adopted. Again, once a role has been adopted researchers may become inhibited from asking the kinds of questions researchers need to ask, but people in their participant role would never ask (Pryce, 1979: 293). All this is particularly so with covert participant observation research where researchers are limited by the need not to 'blow their cover' (Patrick, 1973: 135).

There are, of course, roles which are inaccessible to participant observers. As an adult a researcher cannot adopt the role of a child; someone who is not a doctor cannot practise medicine for the purpose of research. Though Roth's famous study of a TB sanatorium was done from the viewpoint of a patient (1963), he did not contract his TB in order to carry out the research.

Again the tasks which come with the role may be inconsistent with observing, and particularly with recording observations. The issue of recording data is a particularly important one. Gomm, whose study features as Chapter 14, was fortunate in that most of the interesting action occurred in meetings where all participants were sitting at tables making notes from time to time. None the less, his data would have been better if these events had been audio-recorded. More usually there are difficulties in combining the role of the participant with the task of recording observations. Often participant observer researchers make records in retrospect and then there must be doubt as to the accuracy and completeness of these.

The merits of participant observation depend to some extent on the kinds of settings which are being studied. Those which are closed to outsiders may only be researchable by participant observation

research, which explains why so many studies of criminal activities have been done using participant observation, covert in many cases. But there are many settings where it is quite normal to have participants standing around watching, asking questions and making notes: hospital wards are again an example. In settings like this, non-participant observation is unlikely to be disruptive of what usually happens and may give the researcher more freedom to concentrate on research tasks.

Readers of participant observation studies then need to know how the role adopted gave access to some scenes, settings and communications, disbarred the researcher from others, and how it constrained or facilitated the accurate recording of data.

Non-participant observation may also include the one-way mirrors which used to be common in psychological research, audio and video recording. There can be technical difficulties in using these methods, which include both the fixed viewpoint of the one-way mirror or the fly-on-the wall camera, and the difficulty of producing transcribable audio recordings of many people moving about in busy settings. None the less, records made in these forms constitute data which are relatively unanalysed and fix it in this state in such a way that it can be revisited again and again. By contrast the diary written by a participant observer at the end of a session of observation will contain data which are highly analysed in the sense that he or she will have only taken notice of what they thought was important, and will only have remembered and recorded some of that.

A major argument against non-participant observation and in favour of participant observation comes from the idea that a researcher can only explain what people do by sharing their experiences and coming to understand the world as they do. However, this is not an assumption which is shared by all researchers, and not all qualitative research is designed to capture the experience of those studied. Other researchers, by contrast, start from the position that people do not themselves know why they do what they do, and that therefore trying to understand the world as they understand it is not an important task for the researcher. This includes researchers who are interested not so much in what people *mean* by what they say, as in what people *do* by saying things (see Chapter 14).

Once the tapes had been transcribed and anonymised, I found that I was rarely able to tell which speaker had been me, and which had been someone else. Even if I could recognise myself I was able to give no better explanation for why I myself said something, than I could give for the utterance of someone else. Perhaps this was due to the kind of explanations I was seeking, which were not in terms of private beliefs and motivations, but rather in terms of public acts of speaking, of what was sayable, and how saying it produced a particular social structure. In such respects, insiders

are likely to be in the very worst position to provide such explanations: what do goldfish know about water? (Gomm, 1986: 403)

This linguistic orientation to data is discussed in section 6 below.

4 Grounded theory research: structuring theory and data together

As Bryman and Burgess note (1994: 5–6), there are many studies claiming to use a grounded theory approach, but very few using the approach actually specified by Glaser and Strauss who coined the term (1967). Indeed, the exact nature of grounded theory has been a matter of some debate, even between Strauss and Glaser themselves. The account given of grounded theory below may well be contradicted by accounts in other books.

Many elements of grounded theory are used by people who do not use the term. The discussion below includes references to the work of Phil Strong and David Silverman, neither of whom claim to be 'grounded theorists'. While the exemplar for Chapter 14 was written for this book as an example of grounded theory, the original research on which it was based never used this term (Gomm, 1986). Whether what an author did was 'really' grounded theory, is much less important than what the author actually did in order to produce the study.

The term 'grounded' refers to the idea that theories should be derived from or 'grounded in' data, rather than data collected according to some theory formulated in advance. This relates to the research aim of achieving ecological validity (see section 3) and to the notion that theories formulated in advance impose an artificial structure on data which may give an erroneous picture of what happens naturally. The main elements of grounded theory are *theoretical* or *purposive* sampling and *constant comparison*, as will be discussed below.

Chapter 10 of this book deals with *representative sampling* where samples are selected to represent a population in a statistical sense, such that much the same frequencies of a phenomenon found in the sample will also be true of the population from which the sample was drawn. *Theoretical sampling* (Strauss and Corbin, 1998: Chapter 13) is also representative in a sense, but samples are selected to represent what is theoretically interesting, irrespective of how common or uncommon this might be. Thus Phil Strong in his studies of parent-doctor interaction in paediatric clinics opined that how the interaction proceeded depended on, among other things, doctors' notions of who was a proper adult to accompany a child to a clinic (Strong, 1979; Strong and Davis, 1978). While it was statistically rare for fathers, couples, grandparents, or older siblings to accompany a child, such rarities were none the less theoretically very interesting for showing how the features of the most usual consultation depended on it

being the mother who accompanied the child. Hence grounded theory often involves *deviant case analysis*: looking at what rarely happens in order to illuminate what usually happens. In survey work, by contrast, the unusual is generally regarded as of lesser importance (Silverman, 1992).

Theoretical sampling operates alongside *constant comparison*. In the example of paediatric clinics this meant making comparisons between consultations involving mothers, fathers, couples, grandparents, older siblings and so on to see how they differed. More generally, it means trying to find examples of all the different possible combinations of factors in order to find out what difference each factor makes.

Even *constant comparison* has to stop sometime and grounded theory exponents write about the end point as a state of *theoretical saturation*.

the criterion for judging when to stop sampling the different groups pertinent to a category is the category's theoretical saturation. Saturation means that no additional data are being found whereby the sociologist can develop properties of the category. (Glaser and Strauss, 1967: 61)

In terms of Phil Strong's research, theoretical saturation would have been reached when studying additional consultations added no more to his explanation of why consultations proceed as they do. Obviously the more complex and elaborate a theory, the longer it takes to reach a point of theoretical saturation.

The final stage of grounded theory is the attempt to apply the theory to a much wider range of circumstances than those from which it was derived. Though only briefly, Gomm in Chapter 14 begins to generalise theoretical ideas about uncertain speech from findings on educational assessment, to hospital wards and terminal diagnoses, to job interviewing, to legal proceedings, to scientific project teams and to poison oracles in East Africa.

As a way of analysing data that have already been collected, theoretical sampling (within the data set) and constant comparison are not necessarily restricted to qualitative research. It is quite common for quantitative researchers to do this in analysing big data sets such as the General Household Survey or census data. Outside of grounded theory research the same procedures are often described simply as 'comparative method' (Ragin, 1987). What is more distinctive of qualitative research is the use of a grounded theory approach as a *data gathering strategy*, starting with very little in the way of a theory, and then collecting data according to what becomes theoretically interesting as the theory develops. Here 'theoretical sampling' tends to mean the identification by the researcher of what to look out for and note down next, and what to re-look at in the field notes and think about again.

The method entailed continuous comparison of data and model throughout the research project. I began the research by developing a rough working framework based on the existing literature, conversations with colleagues and pilot interviews. I travelled back and forth between the emerging model and evidence throughout the data gathering and writing. In doing so, some elements suggested by the literature and prior intuitions could be grounded in evidence, while others could not. Other elements proposed at the outset or suggested by a subset of cases were retained but were modified considerably to conform to the evidence. (Sutton, 1987: 574)

It is interesting how similar this account of using a grounded theory approach seems to the kinds of 'discovery stories' told by researchers in the physical and natural sciences (Koestler, 1959). There is always a difference between the way research is done as a complex of intellectual and practical activities, and the way research is written up as a set of justifications for claims made by researchers: how researchers say they did the research is not necessarily how they actually did it (Knorr-Cetina, 1983). Looked at in this way it seems highly likely that something like a 'grounded theory approach' is common as a way of *doing research* in a wide variety of disciplines, but that as a way of *writing up* the research it is particularly popular with qualitative researchers in the social sciences (Atkinson, 1990).

5 The linguistic turn in qualitative research

Most of the data collected and analysed by qualitative researchers are linguistic: speech or writing. Most of the remainder are of other communicative acts: postures, gestures and other acts which convey some kind of meaning to others. There are two basic ways of orienting to such data. One way is to regard what people say, write or otherwise communicate as evidence of what is in their minds: of how they think, understand or feel in general. In this sense any utterance stands as a sample of some individual's, or of some category of individuals', cognitive and/or emotional processes. Thus in Chapter 12 Blaxter's interviews are presented as if producing samples of the way in which her respondents understand illness in the context of their lives, all the time, whether they are being interviewed or not. In Chapter 13 Bowler presents utterances by midwives as samples of speech indicative of their minds being inhabited by ethnic 'stereotypes' with the implication that racial prejudice is a persistent characteristic of these people. In both studies, some sample utterances by some people are used as the basis for making generalisations about how these same people, and others like them, usually think, make sense of their experience and act on their interpretations.

The *linguistic turn* (or a *rhetorical approach*) refers to a different way of approaching such data. Instead of regarding what people say as evidence of what people think or feel, utterances are understood in

terms of what people are doing with language at the time, in the place where they use it. People do a large number of things with words, such as asking and answering questions, making polite refusals for not answering questions, issuing compliments or complaints, humouring the person they are speaking with, and so on. What they actually do with words depends on the context in which they are using them. From this point of view the data that derive from an interview are first and foremost evidence about how people – interviewers and interviewees – go about doing interviews. There is no safe generalisation from what someone says in an interview to what someone might say or think in another situation.

Linguistic orientations to qualitative data are diverse and have diverse origins. From linguistics comes the notion of *speech acts* which treats sayings as doings (Searle, 1969). Thus to say 'I'm feeling under the weather' may or may not be an accurate report by someone on their own feelings of health, but it is also a common way of doing a polite refusal, or casting a command for indulgence into a socially acceptable format. It might equally be one of a large number of other speech acts, such as jokes, insults, lies, excuses, answers to questions, commiserations and so on. In these terms what someone *meant* by an utterance is less important than what happened because they said it. Often the consequence of one speech act is another speech act.

From ethnomethodology comes the idea that all actions are *situated* and can only be understood in terms of what people are doing in the immediate situation (Heritage, 1984). *Conversation analysis (CA)* (Hutchby and Wooffitt, 1998) blends this with the idea of speech acts and involves a fine-grained analysis of speech data in terms of how this utterance here is to be understood as a consequence of some earlier one (see Section 6). Thus, for example, the explanation for 'an answer' is that it is a response to an earlier utterance which was heard as a 'question'. Or perhaps an utterance is to be explained as a refusal to answer a question which has not actually been asked, but which can be predicted from something said earlier, or from some other feature of the situation. Goffman's *dramaturgical* approach (1961a, 1963, 1967, 1971) has been influential in the sense that speakers are seen as performers, producing themselves as characters with identities that seem appropriate to them for whatever little playlet they think they are currently involved in. From this perspective it makes no sense to ask 'what is this person really like?' but only to ask how this person brings off an impression of themselves as being this kind of person.

Within the same field of studies, *narrative analysis* (Kohler Riessman, 1993) pays attention to the way people are always telling stories to show what led to what, with casts of characters with biographies, motivations, moral qualities and so on, and how people use storytelling to show what kinds of people they are and where they fit in the

social structure (Dingwall, 1977). Though Blaxter's interviews (Chapter 12) elicited a large number of narratives from her interviewees, her study is not a thorough-going narrative analysis. She takes what her respondents say as evidence of how they understand their experience, rather than as a source of information as to how people construct plots, imbue characters with motives and use other story-telling devices in order to negotiate their relationships with other people.

The social structure of the immediate situation of *speech events* is also a matter of interest. In any situation some participants will have or claim more or different *speaking rights* than others. The right to ask questions, issue commands, raise new topics, interrupt or correct other speakers and so on are often asymmetrically distributed. This is how we *hear* that one kind of person is more powerful than another (see Chapter 14). The social structure of a speech event is extremely important in shaping what is said and how it is said. Thus it is to be expected that what people say in a one-to-one interview will be different from what they say in a group interview such as a focus group. From this point of view there is little interest in whether people express themselves more honestly or authentically in individual interviews by comparison with the way they would express themselves in focus groups. For most topics there would be no way of deciding this matter. Rather, the interest is in the differences between people speaking in pairs and speaking in 'multi-party speech exchanges' where views as expressed are shaped by much more complicated processes of turn taking, topic raising, and so on (Myers and Macnaghten, 1999).

A close attention to the use of language in context has been especially enlightening in health and social care, where so much of the work is done through talking (for example, West and Frankel, 1991; Silverman et al., 1992).

6 Thematic analysis and linguistic analysis compared

Thematic analysis and linguistic analysis will often produce very different accounts of the same data, as illustrated by comparing Box 16.2 with Box 16.5. The interchange in Transcript 1 might be cited as evidence in support of the importance of two themes in an interview study of reactions to receiving a terminal diagnosis, as shown in Boxes 16.3 and 16.4.

Used in this way, feeling 'absolutely shattered' is being taken as an accurate report by Mrs Williams on how she felt at a moment 9 months previous to the interview, and her feelings taken as an equivalent to those of respondents who used the terms 'gob-smacked' and 'knocked sideways'. What she said in the interview about doctors is taken as evidence of her feelings of sympathy towards doctors.

Box 16.2 Transcript 1: Analysed thematically

Themes illustrated

Interviewer: And when you were first told about your diagnosis what did you, what did you, mm, what was your re—, your first reaction?

Mrs Williams: Absolutely shattered, I suppose [2 seconds silence]. Wouldn't anyone I mean [3 seconds silence] I mean I have a lot of sympathy with them. It;mmm. It mmm can't be easy for the doctors to errr, tell you that sort of thing and they do it as kind of gently as they can but it's, well it's not nice [laughs] sort of thing, and as I say it was rather shattering.

Theme 3: Reactions – disorientation

Theme 7: Feelings about doctors – sympathy

Box 16.3 Theme 3: Reactions to learning one's diagnosis

Many respondents reported acute feelings of disorientation on first learning their diagnosis:

'knocked sideways'
'gob-smacked'
'absolutely shattered'

were common descriptions . . .

Anger was also a common feeling experienced (see Theme 7 in Box. 16.4)

Box 16.4 Theme 7: Feelings about doctors

Anger at doctors was also a common feeling on first hearing the diagnosis . . . However, many respondents showed concern and sympathy for the doctors who had the unpleasant task of breaking the news to them, for example:

I mean I have a lot of sympathy with them. It can't be easy for the doctors to tell you that sort of thing

Either, both or neither might be true, but there is no way of verifying this. More importantly, to make what she says stand as evidence in this way, her words have been wrested from the context in which they

Box 16.5 Transcript 2: Analysed linguistically	Linguistic moves
1 <i>Interviewer:</i> And when you were first told about your diagnosis what did you, what did you, mm, what was your re—, your first reaction?	Question
2 <i>Mrs Williams:</i> Absolutely shattered, I suppose.	Answer
3 [2 seconds silence]	Silence [taken as negative evaluation of answer]
4 <i>Mrs Williams:</i> Wouldn't anyone I mean	Appeal as to adequacy of answer
5 [3 seconds silence]	Silence [taken as negative evaluation]
6 <i>Mrs Williams:</i> I mean I have a lot of sympathy with them. It;mmm. It mmm can't be easy for the doctors to errr, tell you that sort of thing and they do it as kind of gently as they can but it's, well it's not nice [laughs] sort of thing, and as I say it was rather shattering.	Repair of assumed complaint about doctors followed by restatement of answer given at 2 above

were uttered. The linguistic approach attempts to read her words in the immediate context of a speech exchange between an interviewer and an interviewee. It helps somewhat to re-organise the data and re-code it in linguistic terms, as in Transcript 2 (Box 16.5).

Mrs Williams is asked a question (1) and gives an answer (2). Her answer elicits no response from the interviewer: there is a 2 second silence (3). One of the important characteristics of conversations, including interviews, is that people take turns to speak (Sacks et al., 1974). Therefore participants are forever having to work out whose turn it is to speak. As in this example, this makes silences problematic for them, since the other person's silence can either be heard as a failure for them to take their turn, or as an indication that one hasn't finished one's own turn; that there is still something else to say. Among the things one might 'still have to say' is a correction of what one has already said. It is always more polite to give someone an opportunity to correct themselves, than to correct them, and silences leave a space for this (Levinson, 1983: 339–45). And as every school child knows, a silence following an answer to a question indicates that the answer has been incomplete, or deficient. In this case Mrs Williams' answer to a question is responded to by silence from the interviewer. Had this been an 'ordinary conversation' then one of the

most predictable responses from the interviewer would have been some kind of commiseration or validation, such as 'I'm sure you were'. Of course there is a possibility that the answer Mrs Williams gave was one which was seeking for just that kind of validation, and had little to do with how she actually felt 9 months ago, but we cannot know this. In any event there is nothing in the way of validation from the interviewer and whatever response Mrs Williams expected, all she gets is a silence. Insofar as conversations are ruleful, it is a workable rule that the absence of a positive validation implies a negative evaluation. One of the most obvious interpretations of this silence available to Mrs Williams is that her answer (2) was incomplete or deficient. Mrs Williams responds as if this was so (4). She says 'wouldn't anyone I mean'. This might be heard as if Mrs Williams were saying 'for goodness sake, what do you expect people to feel when they are told they are dying? What other kind of answer could I possibly give?' But whatever she meant, it provokes the same response – silence (5). Two attempts to respond to a question, both followed by a silence can be taken by a respondent as a very strong message that the answer given was deficient.

Mrs Williams' next utterance (6) then expresses sympathy with doctors. What she says has the same effect as saying 'Though I was absolutely shattered, I don't blame the doctors for this.' One explanation for her saying this comes from assuming that she thinks she might have been heard to have complained about doctors when she said 'absolutely shattered'. This is to regard utterance (6) as an attempt to repair her earlier answers by disclaiming any imputation that the doctor who announced her terminal diagnosis was incompetent or unfeeling.

This reading of the data raises some questions as to whether Mrs Williams feels sympathetic towards doctors, or whether she expresses sympathy with them as a way of extricating herself from a sticky moment in an interview. The thematic and the linguistic readings are not incompatible with each other, but they are different.

The linguistic analysis of the data given above in Box 16.5, may or may not be an accurate reconstruction of how interviewer and interviewee produced what was said in the interview. However, it is a possible interpretation, and as such draws attention to the dangers of taking utterances out of the context in which they were made and citing them as evidence as to what the people concerned generally think or feel.

The distinction made above between thematic analysis and linguistic analysis should not be taken to suggest that there are just two ways of analysing qualitative data. Rather there is a wide variety of ways, some of which tend towards the thematic, and some towards the linguistic (Silverman, 1993; Miles and Huberman, 1994).

7 The objectivity of qualitative research

Quantitative research is, usually, highly accountable. Because of their emphasis on reliability and standardisation, quantitative researchers can specify precisely what they did to get the data they acquired. Figure 16.1 only says what the Health and Lifestyle interviewers were *supposed* to do, and not what they actually did. But increasingly survey research involves tape recording to check whether interviewers stuck to the brief, and various reliability checks (see Table 10.7 in Chapter 10). This high level of accountability means that readers can scrutinise the methods used and come to a conclusion as to whether they were appropriate, or how far the methods might have shaped the data in misleading ways. The exemplar reading for Chapter 8, concerning NHS consumer satisfaction surveys, is an exercise of this kind of scrutiny. In the absence of a full account being given, it is possible to *replicate* quantitative research to check it out. And as Chapter 4 suggests, experimental researchers who do not provide enough information do not get included in systematic reviews and their work is likely to be sidelined.

A long history of research with regard to interviews shows that even with forced choice questions the persona and behaviour of the interviewer has a considerable effect on the responses (Bradburn, 1983; Davies, 1997: 57–85). The bias is usually towards the social desirability of a response, respondents tending to answer in ways they imagine will show them in the best light. By contrast with questionnaire researchers, interviewers using loosely structured interviews disclose more about themselves and provide stronger clues as to what might be acceptable answers. It is not the shaping of responses by the situation of the interview which is the problem so much as its invisibility in much qualitative research. There are even more opportunities to create the conditions for this kind of bias in focus group research (Green and Hart, 1999).

A parallel tradition of research demonstrates the importance of researcher expectations in determining what the experimental researcher sees and how he or she interprets it (Rosenthal, 1966; Rosenthal and Rubin, 1978). If 'expectancy effects' are important in the highly controlled world of controlled experiments, how much more important must they be in the context of a participant observation study (Sadler, 1981). In experimental research the criteria that are used to define phenomena as being of particular kinds can be clearly specified and, in principle at least, the judgements can be verified. But qualitative researchers doing observation research have to make minute by minute interpretations of what kind of thing they are observing, often without themselves knowing quite how they are making these interpretations.

It is thus much more difficult to make data collection in qualitative research accountable than in quantitative research. Participant observation research and loosely structured interviews are unreplicable. Collecting the data can take a very long time, and it is part of the tradition that researchers adjust themselves to the circumstances of the research, and respond differently to different people rather than behave in a standardised way. This is a necessary requirement for achieving ecological validity (section 3). It would be virtually impossible for a participant observer researcher to give an account of everything he or she did that might have shaped the data collected over 6 months of observation. Qualitative researchers often provide *reflexive accounts*, discussing how their persona or their actions might have shaped the data (Grbich, 1999: 65–6), but these come nowhere near to matching the accountability of research reports in quantitative studies. Qualitative researchers who do interviews can, in principle, make themselves accountable by providing readers with transcripts of the interviews they do; the same is true with audio or video recordings of naturally occurring events. Then readers can judge how far the doing of the research shaped the resulting data. Researchers who receive funding from the Economic and Social Research Council now have to commit themselves to archiving their data for this purpose (Hammersley, 1997).

However, there are severe publishing constraints on conveying this information easily to readers. Note how Blaxter, for this reason presumably, does not present full transcripts: only edited highlights (see Box 16.1). For providing an objective account the crucial information that is missing is what the interviewer said in order to provoke the words said by the interviewee, as demonstrated in section 6 above. In the Blaxter and Bowler studies readers are given little insight into this and no insight into which data have been discarded, and hence no way of knowing how the researcher's behaviour shaped the data and whether this brings the results into question. Conversation analysts by contrast typically present long passages of transcripts including interviewer as well as interviewee talk, so that readers can make judgements of this kind (see section 6). Purists in the tradition of conversation analysis will sometimes refuse to draw on any data other than that which can be shared with readers in the form of a transcript (Anderson, 1979).

Bias in favour of, or against some types of people is a possibility in all kinds of research (Hammersley and Gomm, 2000), but there are particular possibilities for bias in qualitative research. Whether this is a problem depends very much on the assumptions made about the purpose of research. Some researchers, particularly those influenced by feminism, consider that the purpose of research is to advocate on behalf of groups who are misunderstood and oppressed; giving them 'a voice' they would not otherwise have (Mies, 1983, 1991; Stanley and

Wise, 1983). The genre of life-history research where researchers, in effect, 'ghost' the stories told by those researched is a case in point (Bornat, 1993). Mies recommends that researchers adopt a position of 'conscious partiality' (1983: 122). The idea that research should not be an activity restricted to researchers is currently popular. Writers such as Lather (1995) or Romm (1997) suggest that research should be a collaborative activity with the researcher 'empowering' others to produce their own accounts of the world. If this is the purpose of the research then taking on the partisan views of the group for whom the researcher advocates is not a problem for the researcher. But it remains one for the reader, who, with access to the same situations might have come to different conclusions and without such access may suspect that the data have been massaged for propaganda purposes (Hammersley, 2000; Hammersley and Gomm, 2000).

If the purpose of the research is to provide an account from multiple perspectives, and/or to explain why people do what they do, have the views they have, and what are the consequences of this, *sympathetic bias* of this kind is highly problematic (Becker, 1967). Dingwall suggests that an important criterion for judging qualitative research is whether:

it displays its adherence to an ethic of fair dealing . . . does it convey as much understanding of its villains as its heroes? Are the privileged treated as having something serious to say, or simply dismissed as evil, corrupt or greedy without further inquiry? (Dingwall, 1992: 172)

8 Generalisability and qualitative research

For practical reasons qualitative researchers can only deal with small samples of people. There is a problem of *representativeness* here. However, it is important to be clear as to what the problem is. As noted in Chapter 10, section 1, representativeness is not an all or nothing matter. It depends on what it is that the researcher is trying to represent and its achievement is diversity-related. For some purposes a single individual can serve to represent the entire human race. Aliens who captured a single specimen of *Homo sapiens* could come up with some pretty accurate generalisations about some aspects of human anatomy and physiology, for example. Their problem would be that they wouldn't know what it was safe to generalise about! Anatomical and physiological homogeneity is what makes it less of a problem that experimental researchers in medicine often use convenience samples rather than samples that could be guaranteed to be representative (see Chapter 5, section 12), though the findings of the human genome project are suggesting that this is more problematic than was previously assumed. Blaxter's sample (Chapter 12) was of Scottish working class women in their 50s. It was necessarily a small sample. It

would be unreasonable to assume that the way these women made sense of health and illness is representative of all working class people, male and female, or of all working class people who answered 'yes' to Question 13a (Figure 16.1), or of all working class women who answered 'yes' to this question. It is possible that their sense-making is representative of a majority of Scottish working class women aged 50 at the time of the interview; but the sample is still too small to be confident about this. For all these possible generalisations some evidence might be drawn from cross-checking with the Health and Lifestyle Survey data. Those surveys were, after all, designed to be representative and to yield valid generalisations.

The reason why generalisations of the kinds above would be doubtful is that particular beliefs about health and illness are likely to be highly diverse. None the less, there is an important generalisation which arises from Blaxter's study. This is along the lines that people's (all people's) beliefs and understandings of health and illness, whatever they are in particular, are in general woven into their understandings of life as a whole. The point of Blaxter's article is that picking off bits and pieces of their ideas with a forced choice questionnaire misses the way these ideas hang together into individually coherent systems of thought. Blaxter herself uses the term 'experiential coherence' (see Chapter 12).

Qualitative research has been quite successful in producing 'general' ideas which help to make sense of social, psychological and organisational processes. These include ideas such as 'total institution', 'moral career', 'deviancy amplification', 'stigma', 'suspicion awareness context', 'degradation ceremony', 'psychological survival' and such like, each of which draws attention to the similarities between phenomena which otherwise might appear quite different from each other. The first, for example, illuminates similarities between mental hospitals, prisons, military units, monasteries, cargo ships and boarding schools (Goffman, 1961b); the second draws attention to the way in which social affairs are organised to nudge people along more or less predictable trajectories as school children, patients, criminals, workers and so on, and how being at a certain stage of the 'career' determines the criteria by which someone's state and behaviour will be judged and interpreted by others (for example, Weir, 1977). The production of ideas with general currency is a rather different kind of 'generalisation' from that entailed in generalising from a representative sample to the population it represents. In a different way linguistic analysis has spawned a now large array of concepts which are generally applicable to the analysis of talk and writing (Hutchby and Wooffitt, 1998).

Robert Stake (Stake and Trumbull, 1982) coined the term *naturalistic generalisation* to refer to the everyday processes through which people learn things in one context and apply them in another. Along similar lines writers such as Stenhouse (1980), Donmoyer (1990) and

others have suggested that the important function of qualitative research is to provide insights into other people's lives which can be learned from and then put to use in understanding ourselves and the other people we meet. In this regard qualitative research has similar functions to novels and plays, and its ability to develop empathy would be more important than its veracity. However, this is a dangerous argument for research. If producing common understanding is the most important aim, and if this can be produced through plays or novels, why bother to do research?

9 Action research

The term 'action research' is often applied so broadly as to include any kind of research which effects a change in situations and people (Hart and Bond, 1995). This includes experimental research such as RCTs (Chapters 1 and 2), n-of-1 experiments and single case evaluations (Chapter 5, section 13), as well as most evaluation research (Øvretveit, 1998). And sometimes the term is used so broadly as to include any kind of practice where practitioners take care to monitor the results of their actions. For this elasticity there are practical attractions. By labelling service provision as 'action research' it is possible to divert funds earmarked for research into service delivery. The reverse manoeuvre allows practitioners to present accounts of their practice for research degrees. However, the result is that, without further description, the term action research is now virtually meaningless. This problem notwithstanding, a somewhat arbitrary distinction can be made to distinguish three fields where the term action research is used, each of which does seem to have some internal coherence:

- **Action research in management studies.** When named as action research this is often associated with the work of Robert Rapoport in the USA (1970) and the Tavistock Institute in the UK (for example, Lievegoed, 1973). However, much the same kinds of activities go under the name of 'organisational development', 'team-building' and 'change management', and (in management education) 'action-learning'. Although the problems addressed are those defined by management, there is usually a strong emphasis on the importance of worker-involvement/participation. The primary objective of this kind of activity is to produce more effective and more humane organisations, often conceptualised as 'learning organisations' (Schön, 1975). This genre of action research is not exemplified in this book, but plenty of examples are to be found in management journals, especially those dealing with personnel management and with training (see also Argyris et al., 1985).
- **Community action research.** This is often a synonym for 'community development', and has been used as a means for building

more cohesive communities both in Third World countries and in deprived neighbourhoods in the UK and elsewhere in the developed world. To qualify for the appellation 'research', community development activities need to have an element of research conducted by members of the community themselves, usually in order to produce ammunition for a political campaign. Sonja Hunt describes aspects of anti-dampness campaigns in Scotland (Hunt, 1990, 1993), for example, and Greenwood and Levin (1998) provide a wide range of examples worldwide. A great deal of this kind of action research has been done by lay people, by-passes academia and, in the UK, is published in a propagandist way in the magazine *Community Action* or in ephemeral media such as community newsletters.

- **Educational action research.** Educational action research has its own journal of this title. The term 'educational' does not necessarily refer to action research in educational contexts – though these are the home-base of the genre. Rather it refers to a prioritisation of learning through the experience of conducting action research. There is a very strong emphasis on participatory research and on the empowerment of disadvantaged groups (Hart and Bond, 1995). It is this which is exemplified in this volume by Celia Winter's paper (Chapter 15) about action research in improving the quality of care for children in a family centre.

The distinction above has the advantage of pointing to three different kinds of outcome which are desired by action researchers – *apart from making a contribution to general, and generalisable, knowledge*. Though all would welcome each,

- the first prioritises improvements in the way an organisation functions;
- the second prioritises improvements in the quality of community life;
- and the third prioritises improvements in the knowledge and expertise of the people involved in the research, often particularly the knowledge and expertise of service user groups.

All these kinds of research are complex and procedures and results are heavily determined by the context in which research is conducted, which is often dynamic and politicised. Not only are any 'findings' unlikely to be generalisable to another context, but only in the broadest sense could the same methods reported in a piece of action research be applied by someone elsewhere. Reading such research should be regarded as something akin to reading a travelogue. It may tell the reader that there are some destinations which might be reached, and some routes which might be taken to get there, and

provide some useful tips and warnings. But in significant respects someone else's journey will not be like the journey described and may not end up in the same place. Action research is more for doing than for reading about.

None the less, most self-styled action research does make claims about what actions led to what outcomes, and about what events meant to the people involved. In these regards it is open to appraisal in much the same way as other kinds of research. For example, if the claim is that the research activity improved the competence or knowledge of those involved, then what evidence is cited to support this claim, and how convincing is it? Or if the claim is that being engaged in the research improved community cohesion, how was this measured and what evidence is provided that this actually happened? A checklist of Questions to Ask about Action Research is provided in Part 4 of this book.

10 Further reading on qualitative research and action research

There is no shortage of texts on qualitative research, much of it featuring examples from health or social care settings. Jennifer Mason (1996) provides a sound introduction to planning qualitative research and collecting the data. David Silverman (1993) covers various styles of qualitative data analysis. Bryman and Burgess (1994) is an interesting collection of papers featuring different kinds of analysis of different kinds of qualitative data, and Hammersley (1990) is a critical reader's guide. For conversation analysis, Hutchby and Wooffitt (1998) is a comprehensive, and comprehensible, guide.

The term *grounded theory* is frequently used in the literature of qualitative research. For a manual on this methodology, see Strauss and Corbin (1998).

Hart and Bond (1995) provides an overview of action research with a strong slant towards the 'educational action research' variety (see section 9), while Greenwood and Levin (1998) deal more with community based action research. Though nowhere in their book do they use the term 'action research', Pawson and Tilley's *Realistic Evaluation* (1997) is none the less an excellent guide on how the quality and usefulness of action research might be judged. In many respects it is impossible to distinguish 'action research' from 'evaluation research'. Øvretveit's *Evaluating Health Interventions* (1998) catalogues virtually every known evaluation strategy.

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