

# **Advanced Qualitative Research for Nursing**



# Advanced Qualitative Research for Nursing

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## Preface

*Advanced Qualitative Research* offers essays on qualitative methodologies developed to research nursing practice and health care in ways which reflect their complexity. The work represented here is international and interdisciplinary. The approaches discussed produce research which is both theoretically informed and relevant. At the same time, the ideas offered help rewrite what can be counted as relevant not just to nurses and patients, but also to the organisation of health care more generally.

I was once a nurse, and am now a practising social scientist. My work, like that of colleagues writing in this book, has been at pains to make visible the socio-political conditions under which nurses practise and which nurses' practices help to (re)produce. But the authors here have each attempted to go further than that.

Nursing research has been accused by one of the most highly respected of methodological writers of being overly romantic. This means that naiveté over methodology in nursing research can detract from its validity. Some nursing research is certainly seen to be driven by a professionalising agenda. In contrast, critical nursing research, as methodologically and theoretically sound as it may be, is at risk of leaving out some of the story about what nurses accomplish. This challenge requires different kinds of approaches which go beyond the critical.

For most of the authors, nursing and health care are about keeping the other, and their otherness, in mind. In many ways, health care practices engage people in relations where what is at stake *is* otherness. This is to stress the uniqueness of any illness for the person and their loved ones, and acknowledge the invisible and the inexpressible. The methodologies in this volume reflect this:

they are designed to make visible what is so easily marginalised or left implicit.

While to recognise our debt to social phenomena is not to lessen the authenticity of people as persons, selves emerge in our methodologies as socially located subjects. Rather than individual isolates, they remain experiencing and sentient beings. Consequently, as methodologically rigorous and epistemologically complex as the following articles are, they all keep sight of a key issue for any research on nursing and health care: an engagement as, and with, persons.

We would like to thank our editors for the opportunity to publish this collection, and the book's reviewers for their support and insightful comments.

JL

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*Advanced Nursing* (2001) 33(5): 566–74; ‘Whither nursing? Discourses underlying the attribution of master’s level performance in nursing (with P. Ashworth and M. McManus), *Journal of Advanced Nursing* (2001) 34(5): 621–8; ‘Individualised care: its conceptualisation and practice within a multi-ethnic society’, *Journal of Advanced Nursing* (2000) 32(1): 91–9; ‘Researching ethnic diversity in the British National Health Service: methodological and practical concerns’, *Journal of Advanced Nursing* (2000) 31(4): 918–25; ‘Teamwork in primary health care: an evaluation of the contribution of integrated community nursing teams’, *Health and Social Care in the Community* (1999) 7(5): 367–75; ‘Inequalities in service provision: an examination of institutional influences on the provision of district nursing care to minority ethnic communities’, *Journal of Advanced Nursing* (1999) 30(6): 1263–71; ‘Being a “marginal native”: dilemmas of the participant observer’, *Nurse Researcher* (1997) 5(1): 25–34.

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213; 'Organising context: nurses' assessments of older people in an acute medical unit', *Nursing Inquiry* (1998) 5(1): 43–57; 'Giving patients a future: the constituting of classes in an acute medical unit', *Sociology of Health and Illness* (1997) 19(2): 160–78; 'The nursing process re-examined: diffusion or translation?', *Journal of Advanced Nursing* (1995) 22: 213–20.

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Institute, Vic., Inc., 1999, pp. 38–45); ‘From salvation to civics: service to the sick in nursing discourse’, *Social Science and Medicine* (2001) 53: 1217–25; ‘A fork in the road: nursing history versus history of nursing’, *Nursing History Review* (2002) 9; ‘Hair-dressing and nursing: presentation of self in Colonial Sydney’, *The Collegian* (2001) 8(2): 28–31; ‘Déjà vu and the regulation of nursing’, *Australian Journal of Advanced Nursing* (1999) 16(4): 29–35; ‘Entering the professional domain: the making of the modern nurse in 17th century France’, *Nursing History Review* (1999) 7: 171–88; ‘How do we write a nursing history of disease?’, *Health and History* (1998) 1(1): 43–7; ‘Reading nursing history’, *Nursing Inquiry* (1997) 4(4): 229–36; ‘Pastoral care and moral government: early nineteenth century nursing and solutions to the Irish question’, *Journal of Advanced Nursing* (1997) 26(1): 6–14; ‘Holistic nursing: the re-emergence of the light’, *Nursing Inquiry* (1995) 2: 36–43.

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the evidence-based movements', *Health* (2000) 4(2): 139–58; 'Postmodern research: no grounding or privilege, just free-floating trouble making', *Nursing Inquiry* (1997) 4: 99–107; *Nursing Research and the Higher Education Context: A Second Working Paper* (with A-M. Rafferty; Centre for Policy in Nursing Research, London School of Hygiene and Tropical Medicine, March 1998); 'Context, convergence and contingency' (editorial; with A-M. Rafferty) *Journal of Health Services Research and Policy* (1998) 3(4): 195; 'Building and benchmarking research capacity for nursing' (guest editorial; with A-M. Rafferty), *Nursing Times Research* (1999) 4(1): 5–7; 'Nurse education in an international context: the contribution of contingency' (with A-M. Rafferty), *International Journal of Nursing Studies* (1999) 36(1): 85–91; '“Do nurses need degrees?” Questions & Answers Section' (with A-M. Rafferty), *Journal of Health Services Research and Policy* (1999) 4(3); 'Nursing and the RAE: past, present and future' (with A-M. Rafferty), *Journal of Advanced Nursing* (1999) 30(1): 186–92; 'The problem of dissemination: evidence and ideology', *Nursing Inquiry* (1999) 6: 187–97.

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## CHAPTER 1

# Introduction

Joanna Latimer

This book brings together contributions from Australia, Canada, the UK and the USA. It consists of a collection of empirically based articles presenting and explaining approaches to qualitative research by authors at the front-line in academic nursing and health services research. In addition, the book is interdisciplinary – each chapter brings together ideas coming from a range of disciplines, such as anthropology, sociology, history, literary and psycho-analytic theory, nursing and cultural studies.

The aim of the book is to show how qualitative methodologies can produce rigorous and relevant understandings about nursing practice and patienthood. This is important because qualitative methodologies are often viewed within the competitive world of health research as *epistemologically* inferior to ‘more positive’ approaches. So that while there are many excellent ‘how to do it’ books on qualitative research methods for nurses, their epistemological grounds are usually treated to a separate account from the presentation of methods. Further, methods books in nursing often present methodologies as derivative or predeveloped.

Many of the chapters in the current book take a different position over methodology. First, the authors present research developments that make their theoretical grounds explicit and integral. Second, they presume that the very notion of *applying* a method may be inconsistent with researching how a practical discipline, like nursing, occurs. Thus, in contrast to research textbooks for nurses, the current book features nursing as *dynamic practice* and offers methodological approaches that are themselves dynamic and creative.

Rather than simply showing how to apply an approach, each chapter moves between ways of researching and ideas for under-

standing. To do this, each author draws on and develops ideas deriving from different disciplines. For example, Sandelowski (Chapter 10) and Nelson (Chapter 11) each make different aspects of the materiality of nurses' worlds (dressings, nursing records, technologies and other artefacts) explicit and central, rather than implicit and peripheral. They focus on how materials in nursing can be researched and how their significance, for understanding the socio-cultural context of nursing, or for illuminating nurses' accomplishments, can be 'read'. But each author's approach to how we can read materials draws on very different theoretical understandings. On the one hand, Sandelowski draws together ideas deriving from the material culture tradition with those coming from anthropology and sociology, while Nelson explicates a critical historical approach.

In addition, as well as offering an interdisciplinary approach to researching nursing, each chapter also helps redraw the boundaries around what constitutes an appropriate clinical topic. The major funders of health research usually want studies that *they* can account for. The kind of research that is easily accounted for promises practical results with, clear clinical relevance. But, what counts as clinical is predefined in ways which favour the heroic, the functional, the clear and distinct. The implicit and marginalised aspects of clinical practice are transformed in this book, into proper topics for nursing research, as well as important resources in its methodology. For example, Savage (Chapter 4) rethinks the embodied nature of social being, of nursing and of patienthood, to re-place the body in research on nursing. While Purkis (Chapter 3) and Rudge (Chapter 9), refuting any simplistic notion that nursing is merely the *application* of knowledge or the *delivery* of care packages, offer approaches that focus the dynamic and interactive aspects of nurses' encounters with patients. And Parker and Wiltshire (Chapter 6) foreground a taken-for-granted practice: the nursing handover. By drawing together psychoanalytic theory with a literary approach to textual analysis they are able to reveal the importance of the handover to nursing practice.

In these ways, each approach offered in the book helps make visible the rationality and meaning of aspects of practice which might remain hidden to functionalist evaluations of nursing pro-

cedures and processes. But the authors face up to a further dilemma that confronts anyone researching nursing practice.

There is an unwritten insistence that research on nursing must display an allegiance to the humanist tradition that informs most nursing theory. Consequently, the mainstream qualitative tradition in nursing research gets caught by the demand for positive knowledge together with overly romantic notions about the experiencing individual (Silverman, 1989). The result can be research that is sociologically naive.

The authors of the chapters that follow confront this dilemma. At the same time as they treat the world of health care as a political and contested site, they centralise a concern with nursing and health care as engaging people as persons. A key feature of the book is therefore to offer ways to research nursing as located in socio-cultural relations at the same time as nurses, and researchers, are featured as persons embedded *in relations* with others. Indeed, otherness emerges as of central concern to nursing practice. This is not to suggest that regard for the other is straightforward, as May, Savage, Gerrish and Traynor illustrate in their chapters. Nurses', and researchers', engagements with the other cannot be taken for granted; on the contrary, nurses' and researchers' relations are mediated by many social and cultural influences in ways which nursing theory does not always admit to. Thus, many of the chapters, in their different ways, help make the problem of otherness a central concern for clinical practice and for the development of appropriate methodologies for researching nursing and health care.

### Structure of the book

Recognising that nursing and researching are both dynamic practices changes everything. First, it means that time, space and context have to be taken seriously. Second, it means that we have to face up to the fact that nursing and researching are interactive. Third, it means that we will be flying in the face of a dominant research paradigm in health research which stresses the need for knowledge which helps us predict, control and standardise.

The book is divided into five parts: fields, selves, stories, texts and

materials. Each of these headings signals a methodological approach that integrates with features particular to nursing practice. The chapters under each heading present methodological developments to reflect the dynamics and politics of nursing practice and nursing research. In presenting methodologies consistent with nursing practice and epistemology, the book not only enables a better representation of nursing work, but also makes an important contribution to social science.

## Fields

In their chapters, May (Chapter 2) and Purkis (Chapter 3) both draw out how the field, defined by the researcher's approach to it, is both a lived as well as a contested and political site. It does not 'exist', but rather is constructed by the very ways in which it is 'thought' by a research project. And this way of thinking connects to the very ways in which nursing and health care are being imagined – to the assumptions and taken-for-granted ideas which underpin a research study.

To put it another way, a research project 'thinks' the field up in ways that have distinct political effects. On the one hand, as May shows, one political effect of the way in which a research project 'thinks' the field, is how it constructs particular kinds of power relations between the researcher and the researched. Gerrish also addresses this sensitive issue in her chapter on participant observation, and connects it to how the researcher can conduct him or herself reflexively. On the other hand, as Purkis illuminates, the ways in which the field is imagined reflects the assumptions underpinning the ways in which *nursing* is being imagined.

In Chapter 2, then, May explores the critical issue of the place of qualitative methodology in evaluation research. He helps us to understand how a field is made up of subjects, including the researcher, whose relations to each other are constructed through the research approach. In this way, drawing on the work of Michel Foucault, May elucidates the research approach itself as a complex political and epistemological act. His starting point is how evaluation research usually deletes questions about the politics of research and the location of the researcher's subjectivity. In particular it removes any notion that the researcher is in any more than a

functional relation to the researched. May argues that the rhetorics of evaluation research thus present the research approach as ‘a self-evident technical process in which methods are “objective” and asocial’. In contrast, his own chapter explicates *how* the subjects of evaluation methodology are constituted by the research process in a political relation to each other. Specifically, the qualitative researcher elicits respondents’ accounts in ways which contribute to the survey and grading (or evaluation) of their practices.

May’s dilemma is that a qualitative approach to knowledge generation is increasingly being drawn into the evaluation of health service provision in ways that are problematic because of the ways evaluation research (ER) erases these issues of politics and reflexivity. He shows how, once the lid is off and principles of reflexivity are applied to the political context of ER, we can begin to understand how ‘qualitative inquiry, constituted as an element of ER, mobilises power and transforms experience through the exercise of surveillance’. May thus extends the debate initiated by Silverman and Gubrium (1989) over how the qualitative researcher can respond to being constituted as an ‘accomplice in other people’s political projects’ (p. 2).

In the context of multiple possibilities for conduct, and in the absence of coercion, it becomes crucial that social actors attend to the issue of persuasion (Fernandez, 1986). If it is accepted that there are, in any social context, multiple possibilities for interpretation, social life, in order to become organised, can be considered in terms of the advancement of different sets of interests, including persuading other people to ‘see’ something in one way rather than another. However, what makes up the capacity to be persuasive is connected to ‘grounds’ (Lyotard, 1984): persuasiveness is inter-related with authority, not just the authority invested by status and position, but the authority which comes from drawing on particular kinds of grounds.

Focusing on health promotion as central to discourse in contemporary health care, Purkis demonstrates how nurses’ activities do not simply entail unproblematic application of knowledge or the delivery of services to patients. Purkis draws on anthropologist James Fernandez to illustrate when encounters between a nurse and her patient need to be understood as ‘argumentation’. In this way her approach constitutes patient and nurse as knowledgeable sub-

jects, whose encounters help accomplish health promotion through forms of persuasion.

Specifically, Purkis attends to how the field is made up of multiple possible meanings and interests, and that research on nursing needs methods for exploring patients' and nurses' competing understandings and representations of events. The chapter begins with an extended critique of research which does not take the dynamic nature of practice seriously. Purkis suggests that 'the lack of theoretical attention to power and resistance within a practice discipline such as nursing becomes increasingly frustrating and problematic as one considers the issues of power inherent within [such] examples of health promoting interventions'.

Purkis goes on to offer an approach to both how data is collected, and to its analysis which focuses the accomplished nature of practice as the effect of complex power relations. So that rather than simply focusing on accounts of health-promoting occasions or on abstract representations of their outcomes, Purkis examines these occasions for how they are achieved and for what they achieve. In her example she analyses the text of an encounter between a clinic nurse, a mother and her children. The analysis explores how the clinic nurse uses the results of a 'soft technology' aimed at the 'objective' assessment of an infant's development. The nurse uses the results of her measurements and their interpretation to influence the ways in which the mother parents her infant. But the mother herself has different ideas about her baby's growth, which she grounds in powerful evidence. What Purkis illuminates is how research can capture nurses' attempts to move their patients, and patients' attempts to move nurses back, drawing on different kinds of evidence and grounds. What is at stake is each participant's authority to legitimate action or a proposed action. The chapter ends by suggesting that research which does not take the dynamic and *accomplished* nature of the field seriously, tells us little about the processes through which aims, such as the promotion of health, are, or are not, achieved.

## Selves

In Chapter 4, Savage draws on anthropological understandings of embodiment to explicate the process of studying nursing practice

through what she has named ‘participative observation’. While she argues that nurses’ bodies are dextrous, skilled and knowledgeable (Benner, 1984), she explores how nurses’ bodies are also implicated in the constitution and circulation of socio-cultural knowledge. Thus at the same time as nurses are involved in ‘doing’ things, such as sitting on the bed talking to patients, or doing a dressing, or standing at the end of the bed, their bodies can be read as helping to institute particular kinds of relations with others. Put simply, nurses’ bodies embody, circulate and communicate meaning.

Drawing on social theorists such as Pierre Bourdieu and Michael Taussig, Savage begins by discussing the role of the body in the generation of knowledge and society. She then illustrates an approach to participation in the field through which the researcher makes explicit the bodily processes that help *produce* nursing practice. Savage makes her own presence and bodily participation and use of all the senses (not just sight) central to the collection and interpretation of data. She shows how it is through making herself aware of her participation in, *or* her inability to participate in these embodied practices, that she can begin to understand what they mean, and what they are in a sense doing, literally and politically, in the production of nursing. So that one aspect of what is being observed is, in a sense, the researcher’s own participation as an embodied being. This is important, because as Savage explicates, bodily activity manifests the systems of distinction that help to produce practice. In her approach to research, Savage thus re-places the body as central to nursing, and to understanding how and what nursing practice accomplishes.

Kate Gerrish takes up the theme of reflexivity in her sensitive and informed exploration of the relationship of the researcher to the researched in participant observation (Chapter 5). She focuses on the ethical and substantive dilemmas specific to participant observation of researchers who are also practising nurses. She argues that these dilemmas can be resolved only through making explicit the epistemological grounds of the research approach and through recognising the ‘complex and changing nature of field relationships together with the shifting composition of people who interact with the main participants’.

Opting for what she calls a subtle realist approach to guide her, Gerrish explores the tensions between the objectivity of observation

as a researcher and the subjectivity of participation as a nurse in the production of nursing understandings and knowledge about patients and their needs. Gerrish considers these issues through exploring her own role as a researcher and a nurse in an ethnographic study of the provision of district nursing care to people from different ethnic backgrounds. She focuses on the place of reflexivity in the research process, the relationship between herself as both researcher and nurse with the research participants, the interface between participant observation and interviewing, and the situational ethics encountered during fieldwork. At the same time, then, as she helps illuminate how a subtle realist approach can help produce rigorous, if partial, knowledge, Gerrish explores the place of the reflexive self in managing the dynamics of the field. She states that ‘adopting a subtle realist perspective also made me aware of the need to take into account the personal, social and cultural identities of both the researcher and the researched. One of the methodological challenges of researching ethnicity is that participants will respond in ways they consider appropriate in the context of how they perceive the ethnic identity of the researcher in relation to their own identity’. What emerges in Gerrish’s account is the way in which the researcher’s capacity to participate in the field is itself, like nursing practice, interactively produced in ways which are mediated by wider socio-cultural issues.

## **Stories**

Parker and Wiltshire’s chapter (Chapter 6) reminds us, with Isabel Menzies Lyth, that all those concerned with the organisation of nursing need to attend to the very serious existential and psychodynamic dimensions of patienthood and of nursing practice. They argue that story and narrative need to be understood in relation to the maintenance of what Giddens (1991) calls ‘ontological security’. On the one hand, the authors construct an argument for an approach to analysing nurses’ practices, such as the nursing handover, which helps make visible their often implicit logic and rationality. Through their approach, the handover re-emerges not just as an occasion for the passing on of information, but as a social space in which nurses do the work of ‘containing’ the existentially pressing aspects of their work. On the other hand, they illuminate

why stories are central to the healing of the '*invisible* wounds' (Rudge, 1997) caused by illness and its treatment, such as the surgical construction of a stoma.

Specifically, the authors outline a method of working with story and narrative which enables understanding of some of the complexity surrounding nursing practice and patienthood. They begin by reviewing the ways in which narrative and story are used in nursing research and argue that research that merely reproduces stories is seriously under-theorised so that it fails to fully explain the place of stories in nursing work and in patients' careers. To reconsider the place that story and narrative has in nursing practice and in patienthood, Parker and Wiltshire present an analytic approach which utilises psychoanalytic object-relations theory. They concentrate on one key aspect of object-relations theory, the notion, first advanced by W.R. Bion of 'containing'. They show how to bring this concept to bear in the understanding of two sets of practices within nursing – the traditional end-of-shift handover meeting, and the nursing management of patients with stoma. In their work, story-telling is distinguished as an important, rather than marginal, feature of nurses' and patients' methods for handling those aspects of illness and its treatment that disrupt much more than the biophysical body. Critically, such research findings as those on the handover, help to substantiate the efficacy of aspects of nursing practice, and of the experience of patienthood, whose rationality is normally invisible and which nurses find difficult to justify in the face of pressing efficiency drives.

Weber suggested that the proper project of social science is understanding. However, interpretation of people's actions or accounts is easily rooted in methodological individualism. In contrast, Ayres and Poirier (Chapter 7) describe one approach to the exploration of the meaning of illness through the analysis of stories which avoids such a pitfall. The authors argue that since nurses are often engaged in understanding and treating human responses to health and illness, and since those responses are often highly variable across externally similar circumstances, an understanding of narrative is useful both for nurses and for clinicians. In addition, because nurses, like caregivers, are persons who make meaning out of their experiences in caring for others, they suggest narrative

provides a useful approach for understanding and communicating nursing knowledge.

Drawing on a study of family caregiving, the authors present a particular literary approach to the analysis of narratives which attends to voice, content and structure. This approach to the analysis of narratives not only illuminates aspects of caregivers' experience but, crucially, helps to explain why caregivers in externally similar circumstances describe very different meanings for, and affective responses to, caregiving. Specifically, the approach to narrative helps to locate responses to caregiving not merely as the effects of an instrumental rationality, personality or unmediated choice. Rather, responses to caregiving are explained by attending to the caregiver as a social being who is constituted by, and who helps accomplish, a very particular socio-cultural context.

## **Texts**

Michael Traynor begins Chapter 8 by giving an overview of how discourse analysis has been theorised and used as a tool in nursing and health research. His aim is to point to the 'dangers inherent in a discourse analytic approach if it is taken as a way either of accounting for intention or of presenting a stable or undeceived picture of the world, one that is able to perceive the reality beyond ideology'. Drawing together theorists such as Derrida and Rorty, Traynor explicates an approach to discourse analysis that does not deceive itself as being able to detect 'the reality beyond ideology'.

He goes on to exemplify how nurses' and managers' interviews can be analysed and compared as competing discourses, which attempt to settle the complexity and heterogeneity of practice, to produce stable, and distinctive identities. Traynor suggests that this work – of producing the appearance of stable and distinctive identities – rests upon practices of exclusion and othering. But these as power effects are not intended in the usual sense. Rather, Traynor illuminates how it is that nurses and managers are enacting demands coming from the powerful discourses which underpin wider forms of social order and which incite a 'desire' for stability and distinction.

Rudge (Chapter 9) also introduces the notion of desire in her discursive approach to the analysis of ethnographic research

material in a burns unit. Her aim in introducing the notion of desire is to suggest that interaction between patient and nurse cannot be approached as if it is the effect of an instrumental, cognitively based rationalism. Her approach is underpinned by an idea that much, much more is at stake as patients and nurses encounter each other.

The chapter draws on research material pertaining to nurse–patient interactions during wound care procedures. These interactions took place during a dressing process that could be protracted if the patient had a large area of skin to (re)cover. Thus, the observations were focused on a practice which is particular to nursing: one that includes the provision of intimate care to patients' bodies together with talk about wounds and their care. In addition, it is a practice that involves terrible pain, fear and other emotion. The chapter reflects on how using ethnographic research material allows wound care to be considered as much more than just a functional event. Rudge offers an approach which illuminates how representations of wound care processes make invisible the constructed nature of the wound care event, as an effect of nurses' and patients' interactions. But through close attention to the texts of these interactions, Rudge shows how nurses and patients can be understood as having competing desires which are or are not brought into alignment. She shows how the tension in the wound care process is an effect of the intersections of the many discourses that go to make it up and how these discourses intersect to constitute 'wound care' in ways that privilege only some possible aspects of wound care practice. Specifically, Rudge illuminates how the way in which wound care is conducted is an effect of discourses which privilege the healing and (re)covering of burnt skin over attention to the recovery of the traumatised person lying beneath the skin.

## **Materials**

Sandelowski, in her comprehensive chapter (Chapter 10), considers the importance of studying the material culture of nursing. She argues that qualitative research in nursing has been conducted almost exclusively with verbal texts so that the material world of the nurse is a hitherto neglected object of nursing inquiry. As well as offering ways to study the material culture of nursing, she illumi-