**Evidence series**

**Understanding research**

**5 Qualitative methodologies continued: exploring the generic qualitative approach, ethnography, case study and action research.**

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Understanding research is a series of articles aimed at dispelling the myths around research theories and practices, and exploring just what is meant by the different terminologies encountered when reading and using research articles. On alternate months we explore different aspects of research to make this knowledge accessible and relevant. It forms part of the Evidence series, and aims to help midwives understand, use and engage with research, and consider how research matters to their practice.

This article builds upon your knowledge of the qualitative methodologies. All the qualitative methodologies aim to understand the meaning for individuals of their lives and experiences by listening, observing, questioning, interpreting and theorising. This kind of research draws heavily on the traditions of psychology, philosophy, sociology, education and health and social care1; all clearly pertinent to the role of the midwife.

In the last article we introduced symbolic interactionism, a sociological concept, and its role in grounded theory, two philosophical traditions from phenomenology and the place of life histories and stories in narrative research. We said that research methodologies could be viewed as a continuum. The methodologies presented last time used interviews as the method of data collection. This is not to say that grounded theory, narrative and phenomenological methodologies can only utilise interviews, but this method is most frequently used.

This time, we start with the generic ‘qualitative approach’, examining why this term might be used. While we present three distinct methodologies you will see in Table 1 that each has subsets or families within it. This, in addition to the big words in each paper is why some readers are hesitant about their research knowledge and why we wanted to write this series, so let us continue.

**The generic qualitative approach**

Often students express concern when a research paper cites its methodology as ‘just’ a qualitative study or approach. The reasons for this may be single or multifactorial, related to the research or journal in which they are published. A researcher may not adhere to the strict conventions of one specific methodology; however, they may use a qualitative method of data collection. Alternatively, the word count for the journal may be constrictive and researchers decide to publish the findings at the expense of the methodological discussions. Many students try to guess which named methodology the researchers have employed by looking for key words that align with these approaches. We urge you not to do this. If a researcher has chosen not to use a named methodology it has likely been for a good reason.

The named methodologies, such as phenomenology or ethnography, are not necessarily superior to the generic approach. The credibility of the research comes in how the authors make transparent their methods, flexible design, theoretical basis, reflexivity and so forth. It is the appraisal of the quality of these factors that determine whether a study is credible or trustworthy, not solely its methodology. That said, using a qualitative approach where the researcher’s beliefs and philosophical ideology are absent, where research decisions are presented as uncomplicated without discussion may compromise quality in the ‘qualitative approach’. If you remember only one thing from this series, it is that the primary instrument for all data collection and analysis in qualitative studies is the researcher 2. With this comes ambiguity, what to study, in how much detail, what next, and the integrity of the researcher is pivotal 2. Therefore, a discussion of these elements is necessary in addition to the findings, for you the reader, to fully understand the research context and thus its findings. We therefore suggest all research is appraised on the extent of its methodological and analytical discussions.

**Ethnography**

Ethnography originates from anthropology (the study of societies and culture of human beings)3. It aims to specifically study and understand the norms, behaviours and actions within a social group or culture. It is considered a naturalisticmethodology because it aims to study the participants within their natural setting and can also be termed as fieldwork. It is increasingly used within healthcare to understand interactions between professionals or organisations. The key characteristics of ethnography are its holistic and contextual nature3. This means ethnographers believe that behaviour can only be understood when the participants are in their natural setting. Ethnographers use reflexivity, a term explained in the last paper, that means the researcher considers the impact they have on the research and those researched and vice versa. Lastly, ethnography uses emic and etic data3. Emic data is the way in which the participants have their view of the world and etic data is the outsider, the researcher’s perspective, of how the participants view the world4.

The main method used for ethnography isobservation. This can be participant observation – where the researcher becomes involved within the group and the culture and can also be non-participant observation – where the researcher purely observes but does not interact with the participants5. Observation can also be classed as covert or overt.Covert observation is where the participants are not aware that they are being studied. Nowadays it would be hard to gain ethical approval, especially for research in health, without adhering to the principle of informed consent, meaning overt observation is more frequently employed. With overt observation the participants explicitly know they are being observed5. You can still criticise this method, arguing that people might alter their behaviour if they know they are being observed. For this reason, researchers may spend several months, or even years, ‘in the field’ observing behaviour4. The argument for this is that the longer the researcher is present, the more likely it is that participants behave naturally.

The reason that it is important for the researcher to be reflexive, is due to the potential to ‘go native’**.** This means that the researcher starts to adopt the cultures behaviours or norms of the group and may find it difficult to maintain a professional background5. When studying a group or culture, the sample size may be larger than typically seen in other qualitative methodologies. Another important consideration within ethnography is that a gatekeeper may be needed**,** who is someone that allows access to the group and integrates the researcher into the group3. Field notes will be taken during the observation, again these could be covert or overt and interviews may be used with participants to gain further clarification5. Analysis can be carried out in a variety of different ways- these will be explored in article 10. Due to its rich nature, the ethnography is often produced as a book as it is difficult to condense this down to an article3.

One particularly interesting ethnography that can be used to illustrate the flexible nature of this form of research is by Sosa et al6. While observing thirty women in labour, she noticed that eleven women’s care was transferred from one environment to another, so she continued to observe the interactions within the new environment. It is an excellent example of the study of midwifery culture and the explanation of methods used is clear. The paper is one chapter of her PhD, the whole thesis is available to read online.

**Case study research**

Case study is another useful methodology for studying social life and enabling concepts about social action and structure to be studied7. These concerns are sociological and should not be confused by the other way ‘case studies’ are presented in the literature. In midwifery and medical journals case studies are often a single or selected number of women or patients with a particular condition or pathology. That is not to say there are not excellent case studies to read (see for instance reference 8) but these are not the same as case study research.

Case study research seeks to identify and describe social interaction in context before it analyses or theorises it1. This means the way it is presented it asks fundamental questions such as what is going on here before trying to make sense of it. Case studies are particularly useful when exploring descriptive questions, such as ‘what’, or explanatory questions, such as ‘how’9, especially when studying social action and structure. Social action is what one does, this is affected by structures in society. This probably needs a little explanation. Consider interactions between people, whether this is a midwife and the student they are working with, or an encounter with a pregnant woman. There will be many courses of action each person could take, for instance, the type of question a student or woman may ask. However, these actions will be limited by the structure or hierarchy and relationship between the individuals; by what is ‘socially’ permittable in this instance. Midwives can be said to inhabit positions of authority relative to student midwives and perhaps a woman. However, a midwife can, and conceivably should, reduce the hierarchy between them and the other person, so the other can ask any question they need to. What case study and ethnography are capable of, is to study the ways the interaction affects individuals and cultures often using sociological theories.

The strength of the case study design is that it does not stipulate any specific method for gathering or analysing the data and can accommodate quantitative and qualitative elements2. Within case study several sources of data are typically used over time to consider the phenomenon holistically. Methods include those used in ethnography: observation or field work and interviews. However documentary data is also common, thus conforming to the expectation that multiple methods are used1.

When defining a case the boundary around places and time periods needs to be stated10. However, this is one of the issues with case study; knowing what is included within the case study and what is excluded. Take a hypothetical example of research conducted in an antenatal clinic setting. Are interactions between prospective parents in the waiting room or just those within the consulting room included or excluded. The answer to this will depend on what is being studied, but both contexts could potentially be included. It will be up to the researcher to decide and explain in their decision in the final reasearch.

In my own research11, I used documentary data in the form of practice grades along with interviews with students, midwives and lecturers to understand the case. The case explored the experiences of the participants with regard to grading midwifery practice, its meaning and how the action of grading was affected by hirerarchies and structure within the profession. Knowing what and who to focus on, such as those who were awarded high grades, the majority, or those that did not as the minority, was a key methodological decision. The findings relating to the experiences of both these groups have been submitted for publication.

**Action research**

Action research addresses the problem of the division of theory and practice1. It assumes the two are inseparable and neither more privileged than the other. Rather than research being something than can be undertaken from beginning to end, it sees research as a cyclical process generating knowledge and theory as it progresses. The theory can be tested within the research process. It is conducted by practitioners in the field, often in response to a real-life issue or problem. Essentially it can be used to implement changes to practice. The insider perspective is important, although researchers from outside the field of practice, such as academia, can collaborate in the research and in doing so the distinction between researcher and researched is narrowed. Action research often considers the wider societal issues in its practice, for instance, the consideration of power and control.

The role of the practitioner sets this methodology apart from others, although the discussions around power and insider/ outsider status you will see are similar. Action research is closely linked to the concept of ‘reflective practice’ and this makes sense to students in our classes, because they are familiar with this term and concept.

As a midwife or student, you will probably be cognisant with reflection, on and in, practice. Reflection is considered by many to be the cornerstone of professional practice. Action research typically uses three or four key stages similar to reflective practice. Depending on the author or researcher these are: assess, plan, implement and evaluate5 or identify a problem, establish participants, select methods of data collection and implement a change, repeat to build up knowledge and sustained improvement12.

Like the two methodologies presented above, action research is not constrained to qualitative methods alone, and can use a combination of quantitative methods such as questionnaires, as well as observation. A good example of the range of methods is seen in the first phase of an action research project by Russell and colleagues13. Her problem was how to promote waterbirth practice on a UK labour ward. The influence of the labour suite coordinators was noted, and the subsequent course of action was problem solving workshops to normalise midwifery care within the medically dominated hospital birthing environment13. We believe this study is still relevant today.

**Conclusion**

Methodologies begin with views on how the social world works but can change when applied in practice. Research is a complex interplay of reading, questioning and deciding upon which method and technique best fits the problem. It often evolves, rather than being fixed from the start, as more of the context or issues emerge. Researchers need to understand and use methodologies and methods as their research unfolds rather than follow the principles uncritically. In this series and article, we hope to offer you, the reader, some ideas to unpack research presented by others to inform your practice. To do this, you need to understand and embrace uncertainty in research, to question how the authors made their research decisions and whether they are believable and relevant to your practice. After completing this critical appraisal process, you will determine whether to adopt some of their ideas, or not, to improve the experience for women in your care.

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| **Paradigm** | **Qualitative approaches** | | |
| **Methodology** | Ethnography | Case study | Action Research |
| **Roots** | Anthropology | Sociology (medical, educational or criminological ‘cases’) | Reflective practice |
| **Types** | Critical ethnography, autoethnography | Evaluative case study, professional or educational case studies, ethnographic case studies and action research case studies | Participatory action research, collaborative action research |
| **Nuances** | Etic and emic data | Bound by time and place | Practitioner based |
| **Sample size/ method** | Tends to be larger than the qualitative methodologies presented in evidence series 4  May need a gatekeeper to access participants | | |
| **Reflexivity** | Essential | | |
| **Methods of data collection** | Observation and interview | Multiple methods, typically: observation/ field notes, interviews and documentary data | Multiple forms from multiple sources |

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