Qualitative Methods Overview

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Methods Review 1

The School for Social Care Research

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ABSTRACT

The social care evidence base reveals a distinct preference for qualitative methods covering a broad range of social care topics. This review provides an introduction to the different ways in which qualitative research has been used in social care and some of the reasons why it has been successful in identifying under-researched areas, in documenting the experiences of people using services, carers, and practitioners, and in evaluating new types of service or intervention. Examples of completed research on a selection of topics are chosen to give an understanding of some of the differing underpinning approaches to qualitative research, including grounded theory, case studies and ethnography. These are used to illustrate the advantages and disadvantages of the methods of data collection used most frequently in qualitative research, including in-depth interviews, focus groups and observation as well considering issues such as sampling and data analysis. The review ends with a discussion on how qualitative social care research might be improved in terms of its quality and in extending the repertoire of research methodologies on which it draws.

KEYWORDS

Qualitative, social care, methods, interviews, grounded theory, case studies

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INTRODUCTION

Qualitative methods occupy an ambivalent position in social care research. On the one hand, they have influenced a high proportion of published studies: searches of the social care bibliographic database *Social Care Online* suggest that it abstracts around three qualitative studies to every quantitative one. On the other, concerns have been expressed about 'follow my leader' approaches whereby fruitful ideas such as focus groups then become the uncritical method of choice (Shaw 2003b). Fierce debates have also taken place about how knowledge generated through qualitative research should be applied in evidence-based guidelines for social work and social care (Sheldon 2001; Webb 2001). There are also discussions about the links between the usefulness of research and its quality (Shaw and Norton 2008).

This overview gives a short introduction to qualitative research in social care by using a series of examples to illustrate how different types of qualitative research can potentially improve our current understanding of social care practice. It hopes to show that using a broader range of research methodologies and giving greater consideration to which methodologies are best able to provide information on a particular topic could help improve the social care evidence base in the future.

REVIEW OUTLINE

'Social problems and issues typically have multiple causes and this means that the infrastructure for social care knowledge production will require a variety of methodological approaches' (Marsh and Fisher 2005, 43). However, while researchers and practitioners can consult an extensive range of textbooks for methodological advice, it is not always easy to apply the information they contain to a social care context.

This overview begins with a definition of qualitative research and an explanation of some of the ways in which it can help to inform social care practice. This is followed by a summary of some of the theoretical frameworks on which qualitative research draws. The following, and largest, section of this overview uses examples of existing published research to discuss the following five approaches:

■ grounded theory (Charmaz 1983; Chung *et al*. 2008; Bahora *et al*. 2009; Boyle *et al*. 2009; Nissim *et al*. 2009);

■ case studies (Peck *et al*. 2001; Roberts *et al*. 2004; Evans and Means 2007; Regen *et al*. 2008; Cameron *et al*. 2009);

■ conversation analysis (Barnard *et al*. 2010; Hewitt *et al*. 2010);

■ ethnography (Richards 2000; Carey 2003; Scourfield and Pithouse 2006; de Campos Rosario *et al*. 2010); and

■ life history and narrative approaches (Atkinson 2004; Brown and Kandirikirira 2007).

These examples, along with others, are used to illustrate different sampling and data collection methods. In practice, of course, qualitative researchers often combine approaches; for example, case study data may be analysed using grounded theory. However, it is hoped that this way of presenting material will make it easier to see the connections between different theoretical and conceptual frameworks and specific methodologies. It is also aimed at illustrating the specific benefits and disadvantages associated with the approaches covered in this overview.

After a discussion of some of the ethical issues arising in qualitative research, the penultimate part of this overview explores some of the barriers that have hampered the development of qualitative social care research. Finally, it ends with suggestions about how qualitative methods might be more widely and more rigorously employed in research into social care practice in England.

The examples, along with other references in this overview, were identified through free text and fixed-term searches of the following electronic bibliographic databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL); Health Management Information Consortium (HMIC); International Bibliography of the Social Sciences (IBSS); PsycINFO; Social Care Online; Social Policy and Practice; Sociological Abstracts; and internet searches. These searches were simply intended to ensure that a broad range of illustrative examples were included in the overview. In addition, reference harvesting and personal bibliographies built up while undertaking research on a variety of social care topics were also used to supplement material identified in the searches.

WHAT ARE 'QUALITATIVE METHODS'?

'Qualitative methods' is a broad term that can be applied to a range of research approaches that have their theoretical origins in a range of disciplines including anthropology, sociology, philosophy, social psychology and linguistics. Although considerable diversity exists in the type of studies that can be described as 'qualitative', it is possible to define a set of core characteristics. These include:

■ aims which are directed at providing an in-depth and interpreted understanding of the social world of research participants by learning about their social and material circumstances, their experiences, perspectives, and histories;

■ samples that are small in scale and purposively selected on the basis of salient criteria;

■ data collection methods which usually involve close contact between the researcher and the research participants, which are interactive and developmental and allow for emergent issues to be explored;

■ data which are very detailed, information rich and extensive;

- analysis which is open to emergent concepts and ideas and which may produce detailed description and classification, identify patterns of association or develop typologies and explanations;

- outputs which tend to focus on the interpretations of social meaning through mapping and 're-presenting' the social world of participants.

(Snape and Spencer 2003, 5)

RELEVANCE OF QUALITATIVE METHODS FOR SOCIAL CARE

Hammersley (2000), Shaw (2003a) and Green and Thorogood (2004) summarise some of the main advantages of qualitative research. The first is the argument that qualitative methods 'reach the parts that other [quantitative] methods can't reach' (Green and Thorogood 2004) particularly in research looking at links between processes and outcomes (Shaw 2003a). For example, two of the earliest UK-based studies of family carers of older people with dementia by Gilleard *et al*. (1984) and Eagles *et al*. (1987) used the same screening questionnaire to measure carers' psychological health. Family carers in the Gilleard *et al*. study recruited via older people attending a day hospital had poorer psychological health than those in the Eagles *et al*. study identified through primary care. While Eagles and colleagues (1987) attributed some of this variation to differences in sampling, they recognised that this was not the only explanation. Shortly afterwards Levin *et al*. (1989) and Gilhooly (1994) published studies in which the screening questionnaire was embedded within in-depth interviews with family carers of people with dementia. These studies were among the first to report those aspects of caring that family carers found most difficult and why. These, and many other similar studies commissioned subsequently, have gone on to help inform interventions used in randomised controlled trials aimed at supporting family carers (for example, Marriott *et al*. 2000).

The second argument relies on some of the differences that emerge from the differing epistemologies, or theories of knowledge, associated with qualitative research. This will be discussed in more detail below but, in short, where research questions are not based on assumptions about the existence of a single reality but aim to uncover a 'plurality of truths' (Fraser 2004, 181) then qualitative methods may be more appropriate in offering an explanation of causal relationships. By tracing the processes that have contributed to differing participants' experiences and by collecting participants' own explanations of what has happened to them, it is possible to understand why people behave as they do in particular situations or in response to certain stimuli or interventions.

This approach is particularly valuable in evaluating the outcomes of social care services where commissioners, professionals and people using services may all have differing interpretations and views. For example, an Australian study of compulsory community treatment orders (CTOs) for people with mental health problems by Brophy and Ring (2004) found that while professionals and people using the service both recognised the

stigmatising and disempowering aspects of CTOs, professionals tended to express more positive views about their usefulness than did people using services.

Examples such as this explain why ultimately the experiences of those using social care services may not accord with the views of those responsible for commissioning and providing them and why the outcomes of changes to policies or to services may not be those that were originally intended. Shaw (2003a) ascribes this to the ability of qualitative research to pinpoint the micro-processes that operate within the broader context of particular services or programmes. Hammersley (2000) identifies a further benefit, referring to it as the 'immunological capacity' of qualitative research to immunise us against 'grandiose schemes of innovation' for which there is little evidence.

The final argument is that qualitative methods are 'useful' for practitioners and policymakers (Green and Thorogood 2004, 24). This can involve helping them to become more 'appreciative' of others' viewpoints (Hammersley 2000). For example, the *Standards We Expect* project is a large multi-site study of person-centred support aimed at finding out the views of managers, practitioners, and people using services. At an early stage, a 'Get Together' day for people using services, practitioners and managers was held (Glynn *et al.* 2008). This was thought to be a first step in improving managers', practitioners', and service users' understanding of each other's perspectives and creating a sense of joint ownership of the project.

As well as the knowledge that we acquire through formal learning, we also acquire 'tacit knowledge' that is harder to describe or explain. Riding a bicycle is often given as an example of tacit knowledge because people can ride a bicycle without necessarily being able to explain what they are doing. Much of the knowledge on which practitioners base their practice, both inside and outside social care, is tacit and 'taken for granted' (for example, Zeira and Rosen 2000). Osmond (2006) looked at the tacit knowledge held by social workers working in child protection services in Australia. She found that they possessed considerable amounts of tacit knowledge and suggested that if they were allowed to express and reflect on it in a more formalised way, then they would acquire greater confidence and adaptability in their work and provide a more evidentially robust and relevant service to the families they supported. Hammersley (2000) describes this process of finding ways to describe and define 'taken for granted' knowledge as the 'designatory capacity' of qualitative research.

The usefulness of qualitative approaches certainly seems to resonate with practitioners. This is illustrated by results from the first systematic review of practitioner research in social work by Mitchell *et al.* (2010) which found that 18 of the 23 papers they identified consisted of qualitative studies. While there is less evidence on how social care policymakers use qualitative research, it has been suggested that they may be more receptive to qualitative research than policymakers in other sectors (Nutley *et al.* 2007).

THE DEVELOPMENT OF QUALITATIVE METHODS

Commentators have pointed out that approaches we would now describe as qualitative proliferated in the foundation years of the social sciences from the mid 19th century to the mid 20th century. From the 1920s onwards, the rise of survey research and advances in statistical techniques, aided by the development of computers making it much easier to analyse large datasets, meant that by the 1970s quantitative methods had come to predominate.

In reality, the historical validity of such sharp distinctions between the two types of research has been questioned, particularly outside the context of the United States (Atkinson *et al.* 1988; Delamont *et al.* 2000). Nonetheless, publication of such seminal books as *The Discovery of Grounded Theory* (Glaser and Strauss 1967) and *The Research Act* (Denzin 1970) represented efforts to counter what these authors viewed as the dominance of quantitative methods. They pointed out what they saw as flaws in positivist quantitative methods and set out frameworks by which qualitative data could be assembled and analysed in order to demonstrate its rigour. This took place at a time when other attacks on positivism and quantification were occurring in philosophy, cultural studies, and social science and culminated in the infamous qualitative versus quantitative 'paradigm wars' (descriptions of these debates abound but can be found, for example, in Gage 1989; Hammersley 1992).

Increased interest in qualitative approaches, particularly in sociology and anthropology, began, in turn, to influence practice-based disciplines such as social work (for example, Shaw and Gould 2001), nursing (for example, Morse and Field 1995) and education (for example, Bogdan and Biklen 2006) which all developed their own literatures based on qualitative methods. The rising popularity of qualitative research can also be observed in a range of other areas, including geography, market research, health and social care research, cultural studies, medicine and psychology.

As a result, it is now increasingly difficult for a single group to describe themselves as the sole arbiters of what constitutes qualitative methods (Seale *et al.* 2006) and a considerable amount of epistemological and methodological plurality has developed (Metcalfe 2005).

Recent years have seen a surge in the popularity of mixed methods research (Tashakkori and Teddie 2003; Cresswell and Plano Clark 2007) which combine both qualitative and quantitative techniques and are intended to achieve a greater comprehensiveness than could be obtained by using either one on its own (O'Cathain *et al.* 2007). For example, the evaluation of the social work degree in England used a combination of case studies, surveys and secondary analysis of enrolment data to look at changes to social work education resulting from the decision to make social work a degree-level qualifying profession (Evaluation of Social Work Degree Qualification in England Team 2008a, 2008b)

Systematic reviews play an important part in developing evidence-based practice (for example, Trinder and Reynolds 2000; Johnson and Austin 2008; Mullen *et al.* 2008). The

development of systems for the inclusion of qualitative research in systematic reviews (Dixon-Woods *et al.* 2006; Fisher *et al.* 2006) (see Rutter 2011) has been particularly important in achieving greater acceptance of qualitative methods as offering a distinct and complementary alternative to quantitative research.

THEORY AND QUALITATIVE METHODS

The relationship between theory and qualitative methods is both complex and controversial. While theories provide a framework, or lens, through which researchers can plan and conduct their studies (Anfara and Mertz 2006) the multiplicity of theoretical and philosophical approaches presented as underpinning qualitative research can sometimes seem confusing and off-putting.

In order to make sense of these debates, it can be helpful to see the research process as a series of stages (Padgett 2008) or interlocking elements (Crotty 1998) all of which stem from a researcher's 'basic set of beliefs that guide action' (Guba 1990). The terms used to describe this basic set of beliefs vary. Cresswell (2009) uses the term 'worldview' while Lincoln and Guba (2000) refer to 'paradigms', Silverman (2010) to 'models' and Crotty (1998) to 'epistemologies'. Whichever term is used, these set of beliefs will provide the 'scaffolding' (Anfara and Mertz 2006) from which researchers consider the concepts and theories that they wish to study. In turn, this 'scaffolding' influences the *methodology,* or plan of action, researchers choose to employ.

DIFFERING EPISTEMOLOGICAL AND THEORETICAL APPROACHES WITHIN QUALITATIVE RESEARCH

A range of epistemological and theoretical approaches have shaped qualitative research and good summaries of some of the key influences exist (for example, Crotty 1998; Snape and Spencer 2003; Green and Thorogood 2004; Cresswell 2009).

Within these, the impact of interpretivism and constructivism can be seen as having been particularly important. Both are based on a rejection of positivist and post-positivist viewpoints that knowledge is based upon observable and measurable observations of a stable and objective reality that exists 'out there'.

Interpretivism takes as its starting point the belief that the most interesting questions are concerned not with 'reality' but other people's interpretations of it while constructivism is based on the belief that human phenomena are socially constructed rather than objectively real (Guba and Lincoln 1994). Constructivism's impact can be strongly felt in work challenging dominant conceptions of gender (for example, Butler 1999), ethnicity (for example, Posner 2005) or mental illness (for example,Thakker *et al.* 1999). While these are separate approaches, they are not necessarily contradictory and both emphasise the importance of language and interpretation.

More recently, the impact of critical theory, and especially the work of the French philosopher Michel Foucault, has become particularly apparent. Perhaps the clearest example of this can be found in the example of critical discourse analysis which is a heterogeneous approach to investigating social inequality as it is expressed, constituted and legitimized through the use of language or in discourse (Wodak and Meyer 2009).

Activism has been another important route for the development of qualitative research. Within social care, the example of emancipatory research among people with disabilities (Oliver 1997) (see Beresford and Croft 2011) exemplifies how activist theories may influence both the topics studied and the methods employed. Emancipatory research seeks to move away from traditional ideas about 'researcher' and 'researched' by using the research process to transfer power to those who are 'researched'. Some narrative approaches, particularly that of oral history (for example, Perks and Thomson 2006), also seek to 'give voice' to under-represented or disempowered groups. Other important theoretical influences on qualitative research include feminism (for example, Sampson *et al.* 2008) and Marxism (for example, Bradshaw 2004).

More recently, debates about theory and qualitative methods seem to have shifted in favour of a more pragmatic middle ground, most notably in the US (Patton 2002; Padgett 2008; Cresswell 2009) but also the UK (Robson 2002). This elevates utility over ideology or philosophy and distinguishes between those aspects that can be accepted as reality and those that are socially constructed (Padgett 2008). These ideas seek to avoid what has been described as the 'metaphysical excesses of the previous [quantitative versus qualitative] paradigm' (Morgan 2007, 73).

The next part of this review considers how differing theoretical approaches can influence decisions about which data to collect, and how, and to highlight the advantages and disadvantages of each approach.

SAMPLING

Patton (2002) has suggested that perhaps nothing better captures the difference between quantitative and qualitative methods than the different logics that underpin sampling approaches. While quantitative methods typically depend upon *probability* samples that will permit confident generalization from the sample to a larger population, qualitative inquiry typically focuses in depth on relatively small samples selected *purposefully*. Three of the examples to be discussed in more detail (Brown and Kandirikirira 2007; Bahora *et al.* 2009; Nissim *et al.* 2009) illustrate differing methods of sample selection. They also demonstrate that the process of sampling in qualitative research is often iterative with new participants being selected to respond to new or unexpected factors emerging in the research.

Brown and Kandirikirira (2007) used a *purposive* sample to look at recovery from mental health problems in Scotland. Requests for people to participate in the project were made

via newspapers, mailings from the Scottish Recovery Network (the organisation undertaking the research), other press contacts and via word of mouth. The aim was to achieve diversity in terms of where participants lived, their stage of recovery and demographic characteristics (age, gender and so on).

By contrast, Nissim and colleagues (2009) used a two-stage sampling process in their study of people with advanced cancer. The first stage involved recruiting participants who were already part of a larger quantitative longitudinal study. The next stage used theoretical sampling, a process especially associated with grounded theory (to be discussed later). From among the participants who had agreed to take part in the qualitative study, they initially selected those who had expressed a strong desire for hastened death in the large quantitative study. As Nissim and colleagues' qualitative research progressed, recruitment was extended to other participants with a moderate or low desire for hastened death and participants in the final days of their life. Participants were re-interviewed at various stages during the life of the project and, because the process of data collection and data analysis took place simultaneously, the authors were able to document the changing factors influencing a desire for hastened death over time.

Many qualitative studies use convenience sampling (so called because the sample is selected at the researcher's 'convenience' – the use of shopping centres in market research is a familiar example of this type of sampling). In their study of recreational Ecstasy users, Bahora and colleagues (2009) initially selected a convenience sample but supplemented it by identifying key locations such as bars, coffee shops, student housing and music venues in which other potential participants might be found. Their approach used elements of convenience, purposive, and theoretical sampling (Watters and Biernacki 1989) and is especially suitable for research with 'seldom heard' or 'hidden' groups where it might be necessary to develop multiple strategies in order to recruit sufficient participants.

DATA COLLECTION METHODS

Interviews in qualitative research

Interviews remain the most common data collection method in qualitative research and are a familiar and flexible way of asking people about their opinions and experiences. One attraction for researchers is that a considerable amount of data can be generated from an interview lasting one or two hours, although of course, considerable time may have been expended setting up the interview and subsequently on analysing it.

Qualitative interviews are generally described as either being semi structured or in-depth. The former are based on a series of open-ended questions about a series of issues the researcher thinks are relevant to the topic. The latter may only include one or two topics but in much greater detail. Both types of interview allow for the discovery of information on issues that the researcher may not have considered. However, grounded theory and narrative interviews are more likely to be based on in-depth interviews and to last longer.

For example, interviews with people recovering from mental health problems in Scotland lasted between 45–90 minutes (Brown and Kandirikirira 2007).

Researchers also need to consider the impact of interview location, although this is not always reported. For example, all the participants in Chung and colleagues' (2008) study of carers of people with dementia were interviewed in their own homes. Meeting people on their 'home' ground (whether this is their actual home or a place they have chosen) is thought to help participants to be more relaxed and allows the researcher to meet participants in a 'natural setting'. However, where interview participants want to maintain some distance between themselves and researchers, it may be more effective to use neutral spaces. In the study of recreational drug users by Bahora *et al.* (2009) interviews took place in cafes, community centres and even in the car belonging to one of the interviewers.

Alternatives to face-to-face interviews

All the interview studies chosen for discussion in more detail in subsequent sections used face-to-face interviews (Charmaz 1983; Peck *et al.* 2001; Atkinson 2004; Roberts *et al.* 2004; Brown and Kandirikirira 2007; Evans and Means 2007; Chung *et al.* 2008; Regen *et al.* 2008; Bahora *et al.* 2009; Boyle *et al.* 2009; Cameron *et al.* 2009; Nissim *et al.* 2009). This has advantages in terms of creating rapport and also allows researchers to observe participants' non-verbal communication, such as their use of gestures.

However, telephone interviews may be more practical than face-to-face interviews in some circumstances, especially where participants are unable or unwilling to meet researchers in person (for example, Manthorpe *et al.* 2007) or where the timescale for research is limited (for example, Baginsky *et al.* 2010).

An exploratory study comparing telephone and face-to-face interviews by Irvine *et al.* (2010) suggested that telephone interviews tended to be shorter. It concluded that researchers undertaking qualitative telephone interviews should be especially aware of the need to make responses such as 'mmm' or 'yeah' to encourage participants to expand on their answers. Irvine (2010) has also developed a toolkit aimed at helping researchers considering the use of telephone interviews.

The internet is also increasingly used as a way of data collection (Hine 2004) and one study of friendship among users of social networking sites conducted in-depth interviews through instant messaging (Fontes and O'Mahony 2008).

Focus groups and group discussions

Two examples discussed later, a study of intermediate care (Regen *et al.* 2008) and a study of students of English for Speakers of Other Languages (EASOL) (Hodge *et al.* 2004), undertook a number of focus groups alongside individual interviews. Originating in market research, the use of focus groups has spread rapidly. They can be used as a method in their own right or to complement other data collection methods. Two more study

examples collected data through group discussions (Peck and Norman 1999; Atkinson 2004).

Used in its most precise sense, the term 'focus group' should be reserved for those occasions when all participants have shared the same experience, whether this is all having watched the same film or television programme (Macnaghten and Myers 2006) or being a professional involved in providing intermediate care (Regen *et al.* 2008). Focus groups rely on the spontaneity and synergies created when different member of the group question and respond to each other so that data are generated by interactions within the group (Kitzinger 1995; Finch and Lewis 2003). In groups in which comments are directed at the researcher and where the researcher asks people in turn about their experiences using a long list of pre-selected topics, then it is more appropriate to refer to group discussions (Finch and Lewis 2003).

As with interviews, the popularity of internet-based focus groups is spreading (Stewart and Williams 2005; Fox *et al.* 2007; Tates *et al.* 2009). For example, Adler and Zarchin (2002) used the internet to hold focus groups with pregnant women who had been placed on bed rest and were unable to leave their homes.

Both focus groups and group interviews offer advantages to researchers in that they can encourage participation from people reluctant to be interviewed on their own or who feel worried that they have nothing to say (Kitzinger 1995). They may generate discussion on a greater number of topics than an individual interview and the discussion may be more naturalistic than that in a one-to-one interview.

Set against this, skills are needed to encourage less confident participants to speak and to avoid one or two people dominating discussions. Audio-recorded data may yield poor quality transcriptions if several people are speaking at once or if it is not clear which participant is speaking when. The alternative, which is to use video recording, offers greater accuracy and produces more data in terms (for example, on participants' gestures and facial expressions) but is more intrusive (Macnaghten and Myers 2006).

Observation

In contrast to interviews or focus groups, observation gathers naturally occurring data to gather firsthand information about social processes (Silverman 2006). Observational methods go some way towards addressing the issue that what people say is not necessarily what they do (Pope and Mays 2006). They also offer opportunities for the analysis of non-verbal communication. For example, Cook (2002) used video-recording to find out more about the experiences of people with dementia attending a day centre. Furthermore, the additional time spent in observation offers insights that are unlikely to have been gained from interviews alone. This is discussed in more detail in the section on ethnography.

Other data sources

The examples used in this overview are largely based on observational and interview data. However, Roberts *et al.* (2004) also included photographs taken by participants. While analysis of visual materials is well established in other areas, for example in media representations of young people (Batchelor *et al.* 2004), this is less true in social care, although there are signs that visual methods are increasingly being used in research with people with learning difficulties (Nind 2008). For instance, a study by Aldridge (2007) of the social and therapeutic value of horticulture for people with learning difficulties asked participants to photograph things they liked or particularly enjoyed doing.

Documents and other artefacts, such as clothing (Marshall and Rossman 2011) can also be used as data sources in their own right or to supplement other methods of data collection. These data sources can be useful not just because of their content (for example, case records) but they are products too – for example, text messages on mobile phones (Prior 2003).

The next part of this overview discusses five differing approaches to qualitative research, starting with grounded theory.

GROUNDED THEORY

Origins

Grounded theory has its roots in sociology and was established over 40 years ago with the publication of Glaser and Strauss's *Discovery of Grounded Theory* (1967). Their approach had its origins in symbolic interactionism which aims to study patterns and processes in human interactions and understand how a group of people define their reality via their social interactions such as gestures, words, clothing and so on (Cutcliffe 2000).

In contrast to traditional positivist approaches based on *deductive* reasoning which start with the development of a hypothesis based on existing theory, grounded theory uses *inductive* reasoning in which theories emerge from the data (Hodkinson 2008).

Characteristics of grounded theory

In the years since publication of the *Discovery of Grounded Theory*, there have been a number of theoretical and methodological debates about grounded theory, most famously in the acrimonious split between Glaser and Strauss arising from methodological and personal differences (Bryant 2009) and culminating in the publication of two rival books (Strauss and Corbin 1990; Glaser 1992). More recently, the constructivist grounded theory approach most often associated with the work of Kathy Charmaz (2000) has been particularly influential. This reaffirms the relativist approach to grounded theory, in which the world is viewed as consisting of multiple individual realities.

Charmaz (2003) has summarised the key characteristics of grounded theory as including:

■ simultaneous involvement in data collection and analysis phases of research;

■ developing analytic codes and categories from the data, not from preconceived hypotheses;

■ constructing middle range theories to explain behaviour and processes;

■ memo-writing; that is, analytic notes to explain behaviour and processes;

■ making comparisons between data and data, data and concept, concept and concept;

■ theoretical sampling; that is, sampling for theory construction to check and refine conceptual categories, not for representativeness of a given population;

■ delaying the literature review until after forming the analysis.

Potential for using grounded theory in social care research

The popularity of grounded theory means that there is no shortage of studies from which to draw examples. One estimate has suggested that around two out of every three published qualitative papers claim to use grounded theory (Titscher *et al.* 2000, cited in Bryant and Charmaz 2010) even if the extent to which they can legitimately be described as having done so is more open to debate.

The examples chosen (Charmaz 1983; Chung *et al.* 2008; Bahora *et al.* 2009; Boyle *et al.* 2009; Nissim *et al.* 2009) represent an infinitesimal proportion of those that could potentially be included. They have been selected not only because they deal with under-researched social care topics but because they show how grounded theory can be used to reveal a deeper understanding of some of the issues faced by people using services, carers and practitioners.

Advantages of grounded theory

Providing new information on under-researched areas

Because grounded theory seeks to generate ideas from the data, rather than establish the accuracy of existing hypotheses, it is ideally suited to the investigation of under-researched areas or sensitive topics. In one of Charmaz's own studies (1983) she interviewed people with long-term conditions living in California. From the standpoint of our own time where the social model of disability (Oliver 1983) is well known, her emphasis on the external factors contributing to restrictions in participants' lives may seem unsurprising until it is remembered that this was published in 1983 and the data were presumably collected some time before this.

Chung *et al.* (2008) interviewed carers of people with dementia in South East England about their experiences in involving the person with dementia for whom they cared in

activities at home. As Chung and colleagues point out, while guidelines and good practice point to the value of activities for people with dementia (National Collaborating Centre for Mental Health 2006) most of our information on this subject has been based on data collected outside the home, most typically in day centres and care homes.

Information on sensitive topics, particularly those that may be illegal, is always difficult to obtain. Nissim and colleagues (2009) looked at the wish for hastened death among people with advanced cancer living in Canada where euthanasia is currently illegal, while Bahora and colleagues (2009) looked at recreational Ecstasy use among young adults living in Georgia in the US.

Contribution to theory development

In the section on the relevance of qualitative research for social care, reference was made to the contribution of qualitative research to explaining process and outcomes. Grounded theory aims to construct 'middle range' theories to explain processes and events. Middle range theories, such as attachment or resilience, are often valued by practitioners as having more relevance to their daily practice than 'grand theories' which are associated with highly abstract reasoning. The studies of carers of people with dementia (Chung *et al.* 2008) and mental health professionals (Boyle *et al.* 2009) show how the process of theory development can be used to provide practical advice for social care professionals and organisations.

Chung and colleagues (2008) used the constant comparison method to code carers' accounts of the activity patterns of their relatives. This involves building up detailed codes, which can then be combined into larger more generalised categories. When no more new instances can be assigned to a code then theoretical saturation is said to have occurred. This process led Chung and colleagues to develop a continuum of activity engagement, ranging from the 'usual patterns' which represented a time when the carer perceived the activity of their relative as 'normal' to 'dispossessed' in which the person with dementia was reliant on his or her carer for all activities.

The relevance of this approach for social care research is illustrated by the way in which, beginning from the starting point of an under-researched area, the study ended by offering new insights into the different facets of activity engagement undertaken by people with dementia in the stages from diagnosis to moving into long-term care or dying.

In addition, examination of the different strategies used by carers to involve the person with dementia for whom they cared in activities in the home showed that some carers had developed more successful strategies than others. This led to the conclusion that professionals needed to provide better support to carers by sharing information about successful strategies with other carers who may not have developed these on their own.

Rather than using constant comparison, Boyle *et al.* (2009) in their study of mental health professionals used a hermeneutic (or interpretative) grounded theory approach (Rennie 2000; Rennie and Fergus 2006) in which the gathering of facts (induction) gives rise to *abduction*. Abduction is a term used by the American philosopher Charles Peirce to describe a theory devised to explain the facts that have been gathered (Smith 2005; Richardson and Kramer 2006). In an iterative process, the abduction is then tested by further induction. This produces an interpretation of something specific rather than inferring a generalisation (Dey 2006).

In this study the authors highlighted how, in the absence of guidance on emotional responses in professional qualifying programmes or in the procedures developed by health and social care organisations, mental health professionals had developed their own theories about, and approaches to, managing their emotions. These arose from professionals' awareness of the potential risks to themselves and others from people who had committed serious offences at the same time as being conscious of their responsibilities to support service users about whom they sometimes had conflicting emotions. The authors concluded that systems to support professionals in managing their emotions needed to be set in place in order to reduce the risk of unforeseen negative outcomes both for people using services and for professionals.

Flexibility in terms of resources

Grounded theory is also a flexible approach in terms of the resources that are required for data collection. While three of the five examples (Charmaz 1990; Bahora *et al.* 2009; Nissim *et al.* 2009) were undertaken using sampling frames developed as part of larger studies, Boyle and colleagues (2009) and Chung and colleagues (2008) recruited five and 15 respondents respectively from community mental health teams in one locality.

Disadvantages of grounded theory

Despite its strengths, grounded theory has not been without its critics and this may help explain why it is increasingly common to see references to 'modified grounded theory' (for example, Boyle *et al.* 2009). Many of the strictures applied by its supporters can be seen as originating in the need to demonstrate scientific respectability at a time when quantitative methods predominated (Bryant and Charmaz 2010). However, these have led to some researchers writing about grounded theory 'in a reverential way as if it were the ten commandments rather than one set of practical suggestions' (Atkinson *et al.* 2003). This can lead to grounded theory becoming over prescriptive (Hodkinson 2008).

Hodkinson (2008) summarises arguments suggesting that grounded theory produces theories that are too small-scale and neglect the impact of the broader world upon respondents' lives. He also suggests that the lack of explicit hypotheses from the start of the research and introduction of systematic procedures for coding seem not to acknowledge that all researchers bring values and subjectivities to their research and that these cannot be eliminated.

Thomas and James (2006) argue that by the superimposition of method and the ultimate production of theory, grounded theory implies a dismissal of the direct validity and import of people's own accounts.

Added to these criticisms should be a practical recognition that some aspects of grounded theory are difficult to follow as prescribed. For example, it is hard to imagine that research funding would be forthcoming for a proposal that did not include some discussion of the existing literature so the stipulation that researchers analyse their own data before doing a literature review is unfeasible for the most part.

A further difficulty arises not from grounded theory itself but from the widespread claims to be using grounded theory when neither the study's sampling nor data analysis strategies give any indication of its influence (Hodkinson 2008; Bryant 2009). In these instances, any study limitations are more properly those of the authors and not those of grounded theory *per se*.

Notwithstanding these issues, grounded theory has proved to be extremely influential and 'there can be little doubt that it has been a major - perhaps the major - contributor to the acceptance of the legitimacy of qualitative methods in applied social research' (Thomas and James 2006).

CASE STUDY APPROACHES

Origins

Case studies have a long history, commonly thought to date back to the mid 19th century and the studies of families undertaken by the French engineer and mining consultant Frédéric Le Play (Mogey 1955). There is no single agreed definition of a case study (Simons 2009) and it has been variously described as a research design, research method, research strategy, data collection method and teaching technique (Anthony and Jack 2009; Merriam 2009). It has also been used as a 'catch all' term to describe any design not fitting into a clear category such as an experiment or survey (Merriam 2009). Although case studies are generally classified as a type of qualitative research, quantitative data may also be collected (Yin 1992). Simons offers the following definition of a case study:

> Case study is an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, programme or system in a 'real life' context (Simons 2009, 21)

Mitchell (1983, cited in Small 2009) contrasts the inferential statistics used to draw conclusions in quantitative studies with case studies where the aim is to achieve 'logical' or 'causal' inference. In case studies, the intention is to provide a 'telling case' out of which theory, concepts and hypotheses can be drawn. Insights from these studies can then be transferred to other situations where similar conditions exist (Roberts *et al.* 2004).

Flyvbjerg (2006) makes a similar distinction, referring to 'critical' or 'paradigmatic' cases, as well as extreme or deviant cases. However, he points out that researchers will not be able to decide into which of these categories their case study fits most closely until the research is near completion.

Potential for using case studies in social care

Case studies have achieved a wider popularity with the emergence of practitioner research, both in social work (Shaw and Gould 2001) and nursing (Anthony and Jack 2009). This is partly because they rely on the sort of in-depth knowledge of a particular area that is regularly acquired in professional practice and partly because of the variety of settings and programmes that lend themselves to case study research. The potential of using case studies to evaluate change or innovation and to understand differing perspectives is demonstrated by four of the five examples of research relevant to social care that will be discussed here. These are:

■ the establishment of a joint health and social care mental health trust (Peck *et al.* 2001);

■ a retirement community for older people (Evans and Means 2007);

■ a housing support and outreach service for homeless people living with HIV (Cameron *et al.* 2009); and

■ an intermediate care service (Regen *et al.* 2008).

A fifth (Hodge *et al.* 2004; Roberts *et al.* 2004) looked at English for Speakers of Other Languages (ESOL). This was selected as offering lessons for social care research in terms of variety in data collection methods and innovation in presenting research findings.

Advantages of case studies

Evaluating change and innovation

The in-depth approach taken in case studies means that, by documenting and analysing developments as they occur, it is possible to provide timely insights into the factors that researchers consider to be critical to the outcomes of the 'case' under examination. It is no coincidence that four of the five examples discussed in this overview (Peck *et al.* 2001; Evans and Means 2007; Regen *et al.* 2008; Cameron *et al.* 2009) were concerned with looking at new organisations or new forms of organisational support.

Inclusion of multiple perspectives

Case studies also seek to include multiple perspectives. By collecting information from a range of different stakeholders, such as commissioners, professionals and service users, they can document multiple viewpoints and highlight areas of consensus and of conflict. In the study of an integrated mental health trust, Peck and colleagues (2001) noted that one of the intended aims of creating a single organisation was to achieve a 'shared

culture'. However, those responsible for the merger assumed that new organisational structures and the co-location of different professionals would be enough to bring about this change. In the absence of any other attempts to develop a shared culture, the researchers found that the attempt to create integrated working had actually *strengthened* the attachment of some staff to their respective professional cultures and in some respects had led them to 'patrol the perceived boundaries of their profession with added vigilance' (Peck *et al.* 2001).

Flexibility in data collection

The case study approach also offers substantial flexibility in terms of what data is collected and how. The study by Roberts *et al.* (2004) of ESOL students consisted of five inter-related case studies about how ESOL students acquired literacy and numeracy skills in English. It used a wider range of data collection methods, including audio-recorded classroom data, participant observation, researcher field notes, student and teacher accounts of teaching and learning activities through interviews, and examples of teaching materials and students' work. By observing and recording interactions in the classroom, information also emerged about students' lives outside the classroom (Baynham 2006). This method of comparing data from different sources is known as triangulation and is sometimes presented as a way of demonstrating the validity of qualitative research. However, not everyone agrees on the necessity for triangulation and there are other ways of demonstrating the 'trustworthiness' of qualitative data (Shaw 2003a; Mays and Pope 2006).

Accessibility to readers

The use of a range of data collection methods can give a richness and variety to the way that research is written up and the report on ESOL students includes anonymised biographical 'pen portraits' of students, copies of photographs they had taken to illustrate their feelings about their lives, and examples of their written work (Roberts *et al.* 2004). These give a vivid sense of the 'lived experience' of participants who, in this instance, were mainly asylum seekers and refugees coming from a wide variety of countries. For policymakers and practitioners whose own lives may be very different, this way of reporting findings gives a vicarious sense of the experiences that make up other people's lives and may ultimately help in the translation of research findings into forms that are usable by policymakers and practitioners (Nutley *et al.* 2007).

Disadvantages of case studies

Set against these advantages, criticisms have also been made of case studies. Chief among these is the assertion that it is impossible to generalise from a single case and that there is a tendency for verification – that is, for researchers to use data to confirm their preconceived notions (Simons 1996; Flyvbjerg 2006). Because of this, it is sometimes asserted that case studies should only be used in exploratory stages of research, although proponents of case studies would disagree with this viewpoint. There are also debates

about the time periods needed to undertake case studies, with some arguing that case studies take too long. Yin (2009) points out that standards in the conduct of case study research are variable, particularly in the development of case study protocols or plans of analysis.

CONVERSATION ANALYSIS

Origins and purpose

Conversation analysis (CA) is closely associated with the form of sociology known as ethnomethodology which seeks to describe the methods that people use in accounting for their own actions and those of others. It originates in the lectures given by Harvey Sacks in California during the 1960s and 1970s and lies at the interface between sociology, linguistics and social psychology (Hutchby and Wooffitt 2008).

Conversation analysis treats all talk as social action but, in contrast to interviews, is based on transcribed audio-recordings of naturally occurring interactions. The aim is to focus on the recurrent properties of what is termed talk-in-interaction (for example, taking turns in speaking, interrupting) to discover what participants' responses show how they understand 'what is going on' (Hutchby and Wooffitt 2008). For example, in Sacks' own work recording telephone calls to a suicide prevention centre, centre staff found that telling callers their name generally resulted in callers giving their own name in reply. However, one caller responded by saying, 'I can't hear you'. Sacks interpreted this not as a statement of hearing difficulty but as a way for the caller to avoid giving his own name without expressly having to refuse to do so (Wooffitt 2008). As well as analysing actual speech, conversation analysis includes silences, ums and errs, and overlapping speech when participants speak simultaneously.

Although the terms conversation analysis and discourse analysis are sometimes used synonymously, conversation analysis is only concerned with talk in interaction whereas discourse analysis looks at all forms of verbal and textual materials. The two methods also have different theoretical and philosophical underpinnings (Wooffitt 2008).

Potential for using conversation analysis in social care

Conversation analysis is well situated to yield insights into important social care topics, such as how professionals give information or how service users express their preferences, but has been largely ignored in social work and social care research, with a few exceptions (for example, Housley 2003). Healy and Mulholland (1998) suggest that the highly technical nature of much of the linguistic literature contributing to conversation analysis as a method may be one reason for this neglect. They also question whether social work activist practitioners and researchers automatically assume that all interactions between professionals and people using services are governed by existing social structures whereas, in reality, relationships may be more nuanced.

Two examples of research using conversation analysis have been selected here because the insights they give into interactions between health care professionals and patients suggests ways in which interactions between social care practitioners and people using services could be researched.

Advantages of conversation analysis

Enabling practitioners to improve the quality of their communication with people using services

From a practical perspective, the main advantage of conversation analysis lies in its ability to represent 'real time' interactions and to give insights into the working of institutions such as courts, hospitals and care settings (Peräkylä 2006).

Barnard *et al.* (2010) – the first example of conversation analysis used – audio and video recordings to look at goal setting between patients, nurses, allied health professionals and a neuropsychologist in a rehabilitation unit. The study showed that the process of setting goals collaboratively was both complex and challenging, even though the staff had received some training in this area. While it was uncommon for patients to communicate dissatisfaction with the goals proposed by the team directly, they were skilled at dissenting in non-confrontational ways. This could be through using humour or making minimal responses, such as being silent or quietly replying 'okay'. The authors concluded that there was potential for professionals to become more attuned to recognising these strategies and to learn how to find ways of responding to them.

As goal setting and agreeing care plans make up an important part of social care, both the subject matter and the research method are of direct relevance.

Enabling commissioners and practitioners to evaluate one type of service delivery over another

The second example compared face to face and telephone conversations in primary care. Hewitt *et al.* (2010) found that telephone consultations were shorter and included less problem disclosure than face-to-face meetings, partly because patients typically used them to deal with a limited range of single-issue concerns. In face-to-face consultations, there were periods of silence that facilitated the introduction of additional topics. On the telephone, doctors were less likely to elicit additional concerns than in face-to-face consultations and asked fewer questions when patients described a condition they had diagnosed themselves or outlined problems with treatment. The authors concluded that consultations by telephone generally served the purposes of both doctors and patients but doctors should learn to ask more questions in telephone conversations because of the absence of any visual cues or opportunity for physical examination.

The increasing use of telephone contact centres acting as information and referral points for local authority services and for workers and people using services to contact each

other by telephone, email, and short message service (SMS) suggest that there are opportunities to undertake similar research in social care, particularly in areas such as the identification of risk.

Disadvantages of conversation analysis

Conversation analysis has proved to be controversial in terms of its wider philosophical and methodological underpinnings (Speer 2002; Hammersley 2003b, 2003a; Speer and Hutchby 2003b). From a research implementation perspective, researchers using conversation analysis have traditionally not asked questions about the outcome or consequences of the interactions they have studied, although there are signs that this may be changing (Peräkylä 2006). As with all forms of recorded data, particularly the use of video-recording, there have always been conflicting views about the effects of recording devices upon the 'naturalness' of the data (Coleman 2000; Speer and Hutchby 2003a) and if participants who agree to be recorded differ from those who do not (Coleman 2000). While interview and observational studies are able to include people who agree to take part in the research but who do not wish to be recorded, this is not possible where naturally occurring interactions are required.

In terms of the resources needed to undertake conversation analysis, complete verbatim transcriptions of conversations cost more compared to the costs of standard interview transcripts because they take longer to do. Time is also needed for researchers and transcribers to learn the conversation analysis notation. Set against this, the end product provides considerably more information than that which is included in standard transcriptions.

ETHNOGRAPHY

Origins and purpose

The origins of ethnography date back to the late 19th century in both sociology and anthropology. Early examples of anthropologist ethnographers include Malinowski, Radcliffe-Brown, and Boas who lived in small and geographically remote societies and described their social arrangements and belief systems (Reeves *et al.* 2008). In sociology, the work of Robert Park and the Chicago School documented the life and culture of groups living in Chicago (Lindner 2006). A particularly clear definition of ethnography has been offered by Sara Delamont who describes it as:

> …spending long periods watching people, coupled with talking to them about what they are doing, thinking and saying, designed to see how they understand their world (Delamont 2006, 206)

Observation is a key component of ethnographic research, although not all observational studies use ethnography. Although some textbooks distinguish between observational and

interview data when describing ethnographic research, considerable blurring between the two is likely to occur during fieldwork. Confusingly for outsiders, the word 'ethnography' can be used to refer to the conduct of fieldwork in all its aspects and the written product of the research, such as a report or monograph (Delamont 2006).

Potential for using ethnography in social care

There is a small body of ethnographic research into social work (for example, Carey 2003; Scourfield and Pithouse 2006; Burke 2007; Archer 2009; Broadhurst *et al.* 2010) and care homes (for example, Kayser-Jones 2002; Black *et al.* 2005). Beyond this, it remains comparatively under-used method in social care research, despite its potential to yield new information about the way that organisations and individuals behave.

Advantages of ethnography

Obtaining additional insights

Four examples (Richards 2000; Carey 2003; Scourfield and Pithouse 2006; de Campos Rosario *et al.* 2010) suggest ways in which ethnographic research offers insights that are unlikely to have been gained from interviews alone. Carey (2003) and Scourfield and Pithouse (2006) involved spending time in social work offices; the first as a participant observer employed as a care manager, the second as a researcher. In common with the case studies about the establishment of an integrated mental health trust (Peck *et al.* 2001) and the teaching of English to speakers of other languages (Roberts *et al.* 2004) these two examples challenge taken for granted assumptions about how government policies are implemented in action. In Carey's (2003) case, the study looked at the aftermath of the implementation of the community care changes in the early 1990s, while Scourfield and Pithouse (2006) looked at the use of lay and professional knowledge in child protection. This showed that social workers' knowledge about child abuse was not influenced solely by professional knowledge but also by gendered lay ideas about family life and abuse and organisational culture.

Richards' study (2000) has similarities with the conversation analysis undertaken by Barnard and colleagues (2010) in that it offers insights into the difficulties people using services may face in negotiating what support they want with professionals. Based on data collected via case records, interviews and observations of older people's assessments, Richards highlights how assessors can fail to respond to the issues raised by older people in assessments and impose their own, or their agency's, priorities. She emphasises the need for training to enable assessors to become more skilled at managing these sometimes conflicting agendas.

Innovative approaches to the presentation of data

Within ethnography there have been extensive and controversial debates about the way that data are written up (Delamont 2006) resulting in examples in which traditional

academic styles of writing might be interspersed, or even replaced, with poetry, plays, rhetoric or 'confessional' accounts (Delamont and Stephens 2007). De Campos Rosario *et al.* (2010) describe a class taking place in England for students of the Brazilian dance and martial art *capoeira.* While written in the conventional academic journal style, the inclusion of carefully selected direct speech from participants, extracts from field notes and the use of the actual terms used by the teacher give a very vivid sense of the experiences of participants.

Disadvantages of ethnography

Opponents of ethnography raise concerns about observer bias and the question of whether results are generalisable. High quality ethnographic studies take time because of the need for researchers to become familiar with the area they are studying and for participants to learn to trust the researcher. Additional time may be needed for training and preparation. This means that the costs of ethnographic research are high when compared with other methods such as focus groups. One solution to this has been to establish research teams that include ethnographers so that the research draws on ethnography but is not exclusively ethnographic (for example, Bahora *et al.* 2009; Broadhurst *et al.* 2010). Set against the need for additional time and resources, ethnographic approaches are likely to produce richer and deeper understandings of the topic that is being researched.

LIFE HISTORY AND NARRATIVE INQUIRY RESEARCH

Origins and purpose

Life history and narrative inquiry research are in-depth ways of gathering, analysing and interpreting the stories that people tell about their lives. They use a multiplicity of ways of collecting this information, including interviews, diaries, photographs and letters (Marshall and Rossman 2011). The origins of contemporary narrative social research are commonly located in two parallel developments. The first is the rise of humanistic approaches in western psychology and sociology following the Second World War favouring holistic, person-centred approaches, including attention to life histories, biographies and case studies. The second is the impact of Russian structuralist, and later French post-structuralist, deconstructionist, and postmodern approaches in the humanities (Squire *et al.* 2008). The result is that considerable diversity in approaches to narrative research can be found across disciplines and professions (Riessman and Quinney 2005).

Riessman (2010) contrasts narrative inquiry with other qualitative approaches such as grounded theory by pointing out that for much qualitative research, data is segmented into *categories* whereas in narrative approaches the emphasis is on preserving the integrity of a particular event, individual, or group of individuals.

Potential for using life history and narrative research in social care

The popularity of narrative methods in social care research has increased considerably in recent years. This is particularly true of social work (Riessman and Quinney 2005; Larsson and Sjöblom 2010). However, in their review of narrative research in social work, Riessman and Quinney (2005) concluded that much of this research was of limited quality, although they identified some exemplars of high quality narrative research. In social care, where many people using services have experienced disadvantage and discrimination in their lives (see Beresford and Croft 2011) life history and narrative approaches can offer a sense of validation and empowerment. They may be especially useful in looking at the experiences of people with long-term conditions or who have experienced life in institutional settings where they help provide a clearer perspective of people's lives in their entirety.

Advantages of narrative research

For reasons of space, the key advantage of narrative research discussed here will be its ability to 'give voice' and validate the experiences of people using services. A key characteristic of the researchers' role in the examples chosen was to work *with* participants so the resulting work represented a joint process between researchers and participants.

In the first account, Atkinson (2004) describes her work with people with learning difficulties (her chosen term). The first study (Past Times) involved discussing life stories with a group of people with learning difficulties while the second (Life Histories project) worked with individuals. An important satisfaction for the people taking part in both studies was the recognition of their role as expert witnesses in the history of the treatment of people with a learning difficulty. Atkinson argues that awareness of one's own history and the history of others is an important step towards empowerment and, therefore, towards inclusion so the role of the researcher can be seen to give power to a disempowered group.

In the second account, Brown and Kandirikirira (2007) described interviews with people recovering from mental health problems in Scotland. Participants saw the benefits of their involvement in the narrative process as re-affirming their identity, giving them a sense of belonging and helping them identify triggers or events that acted as indicators of wellbeing or a dip in the recovery process.

Disadvantages of narrative research

As with ethnographic studies, life histories and narrative inquiries tend to be labour intensive in terms of the time that the researcher needs to gather data. As with grounded theory which tends to be used imprecisely, there is sometimes a tendency for researchers to describe their analyses as 'narrative' when what they are describing is thematic coding (Riessman and Quinney 2005).

ETHICAL ISSUES IN QUALITATIVE RESEARCH

All research raises ethical issues. This is why researchers need to seek ethical approval from research ethics committees such as the Social Care Research Ethics Committee (Social Care Institute for Excellence, Undated). Researchers may also be guided by the relevant code of conduct for their profession, such as the Codes of Practice (General Social Care Council 2002) or a statement of ethical practice from a professional association, such as the British Sociological Association (2002).

No research methodology is ethically privileged, and formulations of ethical principles are no different for quantitative and qualitative methodologies. However, there are particular ethical questions presented by qualitative research (Shaw 2003c; Shaw 2008).

The first is that of power. Qualitative researchers may be more economically and socially privileged than their participants, except in instances such as the study cited earlier in which interviews took place with directors and senior officials in adult and children's services (Baginsky *et al.* 2010). Many people using social care services may be economically and socially disadvantaged or have serious and complex health problems. In this overview alone, examples were given of research undertaken with people with a terminal illness (Nissim *et al.* 2009), homeless people (Cameron *et al.* 2009), older people receiving an assessment that might result in major changes to their lives such as moving into a care home (Richards 2000), and asylum seekers and refugees (Roberts *et al.* 2004). Researchers need to be very aware that they are not replicating existing inequalities in their research.

Concerns about issues of power and control over information in research have led to important debates about how researchers should approach the process of researching something about which they have no personal experience (Fawcett and Hearn 2004; Jones 2004) and how they then incorporate the knowledge they gain into their research (Beresford and Croft 2001). Researchers need to ensure that they are not exploiting the experiences of others for their own professional advancement.

Where repeated engagements do not lead to any experience of change, or where the engagement comes into conflict with the primary aims and interests of the group taking part in research, this is likely to lead to reports of 'research fatigue' (Butt and O'Neil 2004; Clark 2008) (see Beresford and Croft 2011). Researchers should try to create a sense of mutual trust between themselves and participants.

A second ethical question relates to the potential for a social care qualitative study to involve studying sensitive topics and so have the potential to arouse feelings of distress among participants. In such circumstances, a fine judgment is needed to balance the potential value of the research against the risk of causing distress. Sensitive approaches to data gathering, ensuring that participants are aware they can stop or not answer a particular question and identifying sources of support, if needed, can all ameliorate such issues.

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Researchers also need to consider the demands they make upon participants. Certain forms of research, such as narrative research or life stories, may involve participants setting aside considerable amounts of time.

Some types of research are also more intrusive than others. Observational studies and multiple interviews are likely to produce richer data than a short group interview but they also demand more from participants.

Promises of anonymity and confidentiality are harder to maintain in studies where there are a small number of participants, as in most qualitative studies. Here, while those who have not taken part in the research might not be able to identify individual participants, other study participants may be able to do so if reference is made to a specific event or experience or if no attempt has been made to disguise idiosyncratic styles of speech or accent when using verbatim quotations. Researchers using group interviews and focus groups also need to remind participants about keeping the information they discuss confidential.

Ensuring informed consent and maintaining confidentiality may be particularly difficult in observational studies where participants may not be clear about when the researcher is 'on duty' collecting data and when not, for example, when they are sharing a cup of tea. Ethical dilemmas may also occur where other people, unaware that the research is taking place, come into the environment in which the researcher is working (Goodwin 2006).

The advent of new technology raises new ethical issues for researchers. As the option of video recording or using digital cameras has become cheaper and more widely available, it is important for researchers to consider issues about anonymity and ownership (Schuck and Kearney 2006). Different ethical issues may occur during online research, such as debates about what constitutes public and private information (Exploring Online Research Methods in a Virtual Training Environment 2004-2007b). The increasing use of the internet raises dilemmas for researchers in terms of revealing or concealing their identity.

Researchers also need to think about what they need to do if they hear or observe anything which conflicts with a duty to maintain confidentiality. For instance, a participant may express ideas about harming themselves or other people. In these circumstances, researchers need to be clear about the circumstances in which they may need to inform other people about what they have seen or heard.

Researchers also need to let participants know about the broad areas of their enquiry. This reduces the likelihood of what is known as 'unintended disclosure' in which participants reveal something they had not intended to let the researcher know about.

Finally, the implications of researching sensitive issues and hearing about difficult events may also pose risks for researchers (Sampson *et al.* 2008) and this is why supervision and debriefing sessions are so important.

WEIGHING THE BENEFITS OF DIFFERENT DESIGNS AGAINST THE RESOURCES REQUIRED

There is no equivalent of the power calculation in qualitative research and researchers face quandaries in deciding between different types of qualitative research design. For example, will a well-conducted study drawing on a small number of in-depth interviews offer more valuable information than one based on a larger numbers of participants but producing very sketchy information or where the data were analysed very superficially? In broad terms, ethnographic studies tend to cost most in terms of researcher time and online focus groups cost the least as they avoid the need for travel and transcription costs (Exploring Online Research Methods in a Virtual Training Environment 2004–2007a). However, the research question will itself help decide which method is likely to be more appropriate and so represent better value for money. For example, a qualitative evaluation by Burri *et al.* (2006) of an online smoking cessation resource used an online message board for former smokers. However, had the authors wished to find out why people rejected this form of support for giving up smoking, then this method would not have been suitable and other approaches would have been needed.

This review has sought to emphasise the flexibility of qualitative methods and an important rule of thumb is that the scale and costs of research should be proportionate to the topic being evaluated. Thus, using an example discussed in this overview (Regen *et al.* 2008) considerable resources are invested in intermediate care and responsibilities are shared across health and social care. Different parts of the country have developed different types of intermediate care service and so answers to questions about its effectiveness are likely to need to include the perspectives of commissioners, professionals, people using the service and carers. For this reason, only a medium to large scale study such as that undertaken by Regan and colleagues (2008) would be able to provide a broad overview of service effectiveness. Where resources are more limited, the scale of the research question has to be reduced.

The size of the existing evidence base also needs to be considered. In the case of intermediate care, large evidence bases on hospital discharge and rehabilitation already existed and so the salience of the topic for policymakers and research funders was already established even before the intermediate care policy was outlined in the NHS Plan (Secretary of State for Health 2000). The case study approach taken by Regan and colleagues (2008) allowed researchers to contextualise their findings alongside those from studies published already but also allowed them to look at the benefits and weaknesses of services provided in their five case study sites.

By contrast, the studies of carers' perceptions of activity patterns of people with dementia (Chung *et al.* 2008) and the emotional responses of professionals in forensic mental health teams (Boyle *et al.* 2009) were under-researched areas and more suited to the grounded theory approach.

RECOMMENDATIONS FOR FUTURE RESEARCH ON SOCIAL CARE PRACTICE

This overview concludes with some closing ideas about how future research on social care practice can make better use of qualitative methods. On a positive note, there is a widespread acceptance of qualitative methods in social care, partly indicated by the number of published studies abstracted on social care electronic bibliographic databases, as mentioned in the opening section of this overview, and partly by examples of practitioner (Boyle *et al.* 2009) and user-led research (Glynn *et al.* 2008).

Shaw (2003b) refers to the lack of methodological innovation in social work and it is arguable that this lack of methodological variety is a part of a wider trend in social care research. The use of documents in qualitative research (Lewis 2006; Prior 2006) and secondary analysis of existing data (Corti and Thompson 2006; Mason 2007) are two under-utilised resources within the field of social research as a whole. However, given the vast number of case records, policy and procedure manuals, and records of meetings that are held in local authority adult social care and children's departments, there is clearly potential for research using documents to play a greater part in social care research. There is also room to use a wider range of data sources within projects, as with the example of the case study of ESOL students (Roberts *et al.* 2004). The advent of new technologies offers new opportunities. For example, the use of focus groups over the internet (Fox *et al.* 2007) has potential for reaching seldom heard and under-represented groups in social care research, such as those who find it difficult to leave the house but who are confident using the internet.

It is also worth commenting on the quality of reporting. For example, a systematic review by Jacobs *et al.* (2009) of the UK evidence base for the modernisation of social care published between 1990-2001 concluded that the qualitative social care studies they identified tended to be of poorer quality when compared with their quantitative counterparts, not just in terms of methodological rigour but also in their standards of reporting. Better standards of reporting could help establish the validity of social care research.

Attention to quality of reporting also needs to include consideration of how to make the writing more inviting and accessible to a wider audience. It is striking that, among the research discussed in this overview, the examples of the most vivid writing style (de Campos Rosario *et al.* 2010) and the most varied in terms of data presentation (Roberts *et al.* 2004) came from outside social care. Achieving more visually varied and accessibly written outputs could help establish a wider readership for social care research.

One long established method of maximizing resources available for research has been to undertake qualitative research with a sub sample of participants in a larger quantitative study. This offers a way of making the research process more cost-effective. As part of a major evaluation of Individual Budgets, Glendinning *et al.* (2008) undertook qualitative interviews with a sub sample of service users who were randomly allocated to receive an

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Individual Budget. In addition, interviews with a wide range of other stakeholders, such as training managers and Individual Budget project leaders (Manthorpe *et al.* 2009) were also undertaken, to provide multiple perspectives, which contextualised the findings from the randomised controlled trial.

Equally, it needs to be recognised that approaches such as these tend to favour large well-established teams. There is a need to ensure that people using services, practitioners and educators also have access to opportunities to undertake research. Recent years have seen considerable efforts to improve research capacity in social work and social care and it was striking that a survey of social work educators found that over 80 per cent of the 241 respondents had undertaken research within the past two years (Moriarty *et al.* 2008). Nevertheless, comparatively few had received research funding from a central government department, research council, or national charity and many respondents reported a lack of confidence in developing and undertaking a research proposal.

This lack of access to research advice is one reason why small-scale qualitative research projects undertaken with limited time and resources may be lacking in methodological rigour. The *Outcomes in Social Work Education* (OSWE) project (Burgess and Carpenter 2010) was based on establishing learning sets in nine universities and resulted in a series of separate research projects looking at different outcomes. Few of the social work educators involved had previously undertaken research and the learning set model was thought to be especially effective in building their capacity and capability. For practitioners, another model is that of the practitioner-led research programme which ran from 2007-2010 at the Children's Workforce Development Council (CWDC) which allowed practitioners to bid for small amounts of funding to undertake research in their own area of practice.

An important issue for further discussion is the need for greater debate about issues of the methodological quality of some social care research. The task is not made any simpler by the publication of studies claiming to be qualitative when they are 'often not much more than non-numerical research' (Roberts 2006). Clear frameworks exist for the evaluation of qualitative research (for example, Spencer *et al.* 2003) but if there are practical difficulties about reaching a consensus about quality – even within the comparatively narrow field of social work (Shaw and Norton 2008) – it is not clear how far this could be achieved across social care as a whole.

There is also a warning from one commentator in the field of education about the dangers of developing a new research orthodoxy which fails to take account of the multiple influences on qualitative research (Hodkinson 2004). What this overview has tried to show is that social care researchers have access to a wide field of qualitative methodologies and that while circumstances may govern the reasons for choosing one approach over another, there are strong arguments for encouraging diversity and innovation. This is an exciting time for qualitative research in social care. Increasing interest in methodological plurality and in interdisciplinary research mean that researchers

can discover new approaches to researching social care topics. At the same time, technological developments give them greater choice in the ways of reaching participants and collecting data. There is a growing body of practitioner and user-controlled research which has helped to expand the qualitative social care research agendas. Taken together, these developments offer an exciting opportunity to expand and strengthen the social care evidence base.

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