

Description

How-to research series: 5. Planning a research project – what's the story?

Dr Juliet Rayment – Qualitative Research Consultant and Honorary Research Fellow, Centre for Maternal and Child Health Research, City, University of London

Website: www.julietrayment.co.uk

Twitter: @julietrayment

The Queen Bee

Once upon a time there were three brothers and the time came for them to go out into the world and seek their fortunes. The three brothers travelled together, but as it had always been, the two oldest mocked and taunted the youngest – telling him he was useless, that he slowed them down, and would never make anything of himself.

One day on their journey they came across an ant hill. The older brothers were about to knock it down, but the youngest brother persuaded them to leave the ants be. The next day they came to a lake. The youngest brother stopped his brothers from catching and roasting two ducks for dinner, and on the third day he persuaded them to leave a bee hive rather than smoke it out to steal honey.

On the fourth day they came to a castle. Pushing on the unlocked door they came into a courtyard full of stone people, stone chickens, stone horses, all together in silence. An old man, the only creature around that was not stone, took them to a table, on which was written three tasks. Whoever performed them, he said, would free the castle. The three brothers eagerly set out. The first task was to collect the prince's pearls that had been scattered in the wood, the second was to rescue the prince's key from the bottom of the lake and the third task was to identify which of the three sleeping princes in the castle was the youngest: the only one who had eaten honey before he slept.

The older two brothers failed, returned to the castle and were turned to stone. With the help of the ants, the youngest brother had a pile of 1000 pearls at his feet in half an hour. The ducks were happy to fetch him the key from the bottom of the lake, and the queen bee picked out the youngest prince in no time. The youngest brother broke the spell.

In this blog I'm going to take you through steps to plan a qualitative research project that aims to help you identify how to improve a health service. Using the elements of the Queen Bee story – a traditional hero narrative – we'll think through who you will need to speak to, about what themes and how best you can help them tell you their story.

Making a plan

The aim of all qualitative projects is to illuminate personal experience and use it to inform improvements, or changes to lives, organisations and policies. The illumination happens by listening to and amplifying people's stories. But the first

question is whose story do you need to hear? Grab a pen and paper and let's find out.

Exercise 1: Re-read The Queen Bee story. Can you identify:

- The landscape or place the action takes place (this isn't explicitly described in this short summary, but can you make a picture in your mind or on paper?)
- The hero of the story
- Characters who help the hero (the helpers)
- The stumbling blocks or challenges faced by the hero.

Exercise 2: Have a go now at your service or organisation. Start with your research question. Write it down so you can refer back to it.

Then ask:

1. **Who are your 'heroes'?** These are the people your service is there for or who will benefit from this project.
2. **What is their journey?** e.g. How do service users get to your service? (What are the referral pathways?) and what happens to them whilst they're with you through until discharge? What are all of the possible pathways for them? Drawing their journey on paper, with all its twists and turns, can be really helpful – here's an example of where I've used a similar method in a real life research project.
3. **Who helps your 'heroes'?** These are the healthcare professionals and other staff who work with you. Can you identify the key 'helpers' that your service relies on? Think broadly.
4. **What is the end of your story?** What are the results or outcomes that might be most important to all the characters in your story – 'heroes' and 'helpers'.
5. **What are the stumbling blocks or challenges they face on the way?** In the story-world, heroes often encounter physical obstacles or difficult or unhelpful people. What or who do you think might be the challenges and stumbling blocks for your 'heroes'?

At this point I recognise that some of you might have decided I've totally lost the plot. Why am I telling you stories in a how-to blog about doing health research? …but you've just laid out the framework for your research project.

To offer some clarity, here's a worked example using the primary research questions borrowed from 'An ethnographic organisational study of alongside midwifery units (AMUs)':

> How are AMUs organised, staffed and managed in order to seek to provide safe and high-quality care on a sustainable basis?
>
> What are the professional and service user perceptions and experiences of care in AMUs?

Who are your 'heroes'? Women in labour, giving birth and receiving postnatal care in AMUs, and those who are transferred.

What is their journey? Women choose to plan to birth in an AMU. They often call in early labour and then are admitted to the AMU in early labour. Sometimes they are asked to go home and come back when labour is more advanced. Sometimes the AMU is full. Women labour and birth on the AMU and then go home. Sometimes they are transferred out for medical care before or after birth, or they spend time on a postnatal ward.

Who helps your 'heroes'? Community midwives; MLU midwives; obstetricians; MSWs/Maternity Assistants; domestic staff; family and friends; national and local voluntary sector organisations.

What are the heroes' stumbling blocks or challenges? Finding out that AMUs exist, what they are and what they do; access to evidence-based information on risk and outcomes of planned place of birth; friends' and family opinions on where babies should be born; being 'risked out' during pregnancy; the MLU is closed; the MLU is full etc.

What is the end of your story? This project is about what makes a service safe and of high quality. These will be different for different participants, but they might be things like a 'psychologically safe' birth; a healthy baby; healthy mother; an empowered partner/supporter; a cost-effective model of care or good inter-professional relationships.

I've now got some of the key participants for my project:

- **Women with small babies:** I want to speak to them postnatally to hear their story in full, but recently enough that they remember details;
- **Healthcare professionals** on the AMU, but also in Community and on Labour Ward; maternity support staff, and local **commissioners** and **service managers** too.

I've also identified the **site** of my research project – i.e. all the places participants might visit on their journey – community care, MLU, OU, postnatal ward etc.

I now know that **I need to find out** what what participants think makes a service high quality, safe service, what outcomes they want and the challenges and they face and the help they got before, during and after using the service.

Note that I haven't listed service users' *actual* priorities or challenges, because I wouldn't know know what these are I advance (anything else is an assumption). Whilst quantitative research usually begins with a hypothesis, qualitative researchers instead start with an informed, yet open mind about what they are going to find out.

Choosing methods

Qualitative researchers have a number of tools to facilitate participants to share their experiences and each of these elicit different types of stories. There are absolutely loads of methods out there, far more than I can cover, and if you're interested in learning more, there are plenty of accessible textbooks like Catherine Pope and Nicholas Mays 'Qualitative Research in Health Care' and free online courses. If you can find funding, Oxford University runs some excellent short courses for health professionals too.

In this blog I'm just going to talk about three of the most commonly used methods and a bit about when you might choose to use them.

Ethnographic methods

Ethnography is about observing people in context to see what people do, rather than what they say they do. Ethnography in organisations, such as healthcare services, aims to uncover the culture of an organisation – that is all the unwritten and unspoken rules and norms that govern 'the way things are done around here'. This can be great for understanding how policies, guidelines and interventions are used on the ground.

Ethnography usually involves a combination of observation, interviews and reviewing documents like guidelines. Much has been written about the implications of doing ethnography in a place you are very familiar with, or with colleagues. Doing this is harder than it sounds, and will need some training and/or support to reflect on what you see with an experienced researcher.

Interviews and focus groups

Interviewing participants aims to find out about their experience. These may include facilitators and barriers to the outcomes they wanted. Qualitative researchers use open questions to help participants give as much detail as they are comfortable with.

Focus or discussion groups bring participants together to share their story collectively. This can be really effective in helping researchers understand the interpersonal dynamics of an organisation or what group norms and stories are out there, as well as hearing individual experiences.

Interviewing and running focus groups are skills that gets better with practice and I'll be writing about tips for starting out in a future blog, where I'll also talk about how to do all of these methods remotely.

Next month I'll be going back to the 'who' and exploring a bit more about the Dark Art of sampling for qualitative research – that is not just who to speak to, but also *how many* participants you might need to draw solid conclusions.

See you next time

Juliet



You can contact Juliet via:

Website: www.julietrayment.co.uk

Twitter: @julietrayment

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