

Description

How-to research series: 6. How long is a piece of string? Sampling for Qualitative Research

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Last month, the Brothers Grimm helped us out with some research design, so you should have an idea of *where* you want to carry out your research, the kinds of topics you're looking at and a general idea of *who* you need to speak to. This blog looks at how we get from the general to the specific and how many people is enough. In quantitative research, choosing the number of participants is usually decided by pre-determined power calculations (click here if you want to find out more). But in qualitative research, the site and the number of people you need to speak to depends on different factors.

Where will you do your research and why?

The example I used in the last blog was a case study project that explored how alongside midwife-led units (AMUs) are organised and run by looking in detail at four case studies. Sampling for that project happened on two levels: choosing the cases (i.e. NHS Trusts) and selecting who and how many individual people to speak to at each case site. You might be interested in something that also happens in many different places across the country, or the world. As you can't visit them all, you need to choose a sample.

Making the leap from knowing something about one particular AMU (or whatever it is), to forming conclusions about other AMUs is one of the really tricky bits about qualitative research and I'll be talking more about that in a future blog. However choosing the right sample will give you confidence in what your findings about one, two or four AMUs (or whatever else) can suggest about all AMUs and maximise the transferability of your research.

Choosing cases

When choosing cases or sites, the first thing you need to do is go back to your research question and make a list of all the factors that might have an impact on someone's experience of the subject of your questions. For the AMU study, we asked:

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

I know from previous research that some of the factors that might have an impact on Q1 include:

- The size of the AMU (number of births per year);
- How long it's been established;
- Where it is in relation to its obstetric unit (is it next door or on a different floor?);
- Whether it's in a rural or urban area;
- Whether it has its own staff team, or is staffed with the obstetric unit;
- Whether women opt-in to birth there or the care pathway sends all women with a straightforward pregnancy to the AMU (opt-out).

So I need to make sure that my cases include differences in these factors. I'd miss something if, for example, I only chose AMUs that were 'opt-in', knowing that the care pathway is likely to have an impact on how the AMU operates.

Unlike an evaluation, where you're very much interested in *that* case or service, the cases you choose for a research project are what Stake (2000) has called 'instrumental' cases. You aren't so much interested in those cases (AMUs) *per se*, but instead they act as examples from which you can take lessons for other AMUs too.

Choosing individual participants

Choosing a sample of individual people is very similar to choosing cases. You may know in general who you need to speak to. In the example study, that's midwives, obstetricians and support staff who work on AMUs, and their obstetric units and commissioners and service managers too. There are probably very few managers and commissioners in post, so sampling them is relatively straightforward, but there are a lot of midwives, obstetricians and support staff, and recent service users in the community. Here are a few of my thoughts of what might impact on staff and service user experiences:

Staff

- Seniority;
- Experience of working on midwifery units;
- Ethnicity;
- Professional philosophy.

Service users

- Whether or not they actively chose to birth on the AMU;
- Whether or not they were transferred during labour;
- Mode of birth;
- Feelings about their birth (was it a positive experience or not?);
- Ethnicity;
- Age;
- Socio-economic status;
- How close they live to the AMU.

Can you think of more?

This is the start of a list of who you might want to speak to. You will likely want to aspire to a 'maximum variation sample' – one that is as diverse as possible within that list. What that looks like will depend a lot on the local area. A group of participants from a very white, rural community will not have or need the same variation of ethnicity than a sample from a super-diverse inner city neighbourhood, but it may still reflect other things, such as local socio-economic variation, or a mix of people who live close to or far from the hospital. I once did a piece of work on how women chose to feed their babies, but I was working exclusively with Bengali women in Tower Hamlets. My list for sampling obviously had little variation in ethnicity, but that was right for that project.

I do want to add that it is important to keep a critical eye on the whole premise behind sampling. No one person, or small group, can pretend to represent the infinitely diverse experience of their entire ethnic group (if such categories even exist) or, say, all women who have a cesarean section. We know that every birth is different as is every woman's experience. What we are doing when sampling is giving a variety of people the chance to have their stories heard and ensuring that we don't pretend that the experience of a few, similar people, can say everything about the experiences of

everyone else.

Getting a ‘sense’ of sampling is one of those slightly esoteric skills that can be hard to explain and if you’re not sure, getting some support from an experienced qualitative researcher can be really helpful.

Getting hold of people

There are lots of different strategies for recruiting individuals to take part in research, but two can get you started. *Snowball sampling* means asking participants you have already to put you in touch with people who might also be potential participants. The advantage here is that the new participants may be more willing to say yes; it can also help you recruit in communities that might otherwise be under-represented in your research.

However, relying purely on snowball sampling can be a problem: leaving you with a sample of people who are all very demographically similar, as people are often friends with others who are like them. It can be great to get going, but if you review your participants you might notice some gaps. Are all the midwives you’ve spoken to so far newly qualified? Has every woman you have spoken to had a straightforward birth on an AMU? *Purposive sampling* means targeting individuals specifically because you want to hear from them. Researchers will often use a pragmatic mix of the two, whilst consistently keeping an eye on who is in the group and who is not.

How many is enough?

‘How many people is enough?’ is a bit like one of those ‘how long is a piece of string?’ questions. It’s not just ‘more is better’; the number can depend on things like how many different types of people you need to speak to and it can also depend on the scale of the project – how many researchers have you got? How long do you have? What’s your budget? Projects can be very small, in some cases just a few interviews, or they can be very large; the Organisational Case Studies of the Birthplace in England Research Programme included 158 interviews and 50 observations. Sampling is a balance between having enough participants to make some valid conclusions, but not too many that you are overwhelmed by information. Unlike with quantitative work, you don’t need to definitively decide ‘how many’ at the start, instead you can review as you go along.

Analysing the stories alongside collection will mean you will begin to spot new, emerging ideas or themes as you go along. Qualitative researchers often talk about ‘saturation’ as a guide to deciding when to stop collecting more stories. Put simply, ‘saturation’ is the point where speaking to new people isn’t generating anything you haven’t already heard from others. This can be a sign that it’s time to think about stopping. The idea of relying on saturation to determine sample size has been well criticised (one example of this, if you’re interested, is Braun and Clarke 2019), but it is one tool alongside a number of other factors that help to guide how many is enough.

It probably says something that for me this blog has been one of the hardest to write. Explaining something so enormously complex, and largely intuitive, in a short space, is a real challenge. But even if I haven’t answered all your questions; I hope I’ve got you thinking.

Qualitative research can demand a lot of people. Next month I’ll be writing about the very important topic of research ethics: helping you think through how you make sure that in doing your research that you do no harm to others and yourself.

Take care!

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References

1. Braun, V. and V. Clarke (2019) 'To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales', *Qualitative Research in Sport, Exercise and Health*, DOI: 10.1080/2159676X.2019.1704846
2. Stake, R. E. (2000). Case Studies. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 435-453). Thousand Oaks, CA: Sage.

Category

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2. Maternity Research Roundup

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