Qualitative Health Research

Land Mines in the Field: A Modest Proposal for Improving the Craft of Qualitative Health Research

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Land Mines in the Field:
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the Craft of Qualitative Health Research

Sally Thorne
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In this commentary, the authors encourage a renewed enthusiasm for attention to quality criteria in qualitative health research by poking fun at what they understand to be patterns and themes emerging from data collected in their respective extensive "fieldwork" experiences within the genre. Conceptualizing some of the particularly problematic interpretive turns as land mines in the field (or, alternatively, missteps in the dance, cracks in the pottery, wrong turns in the journey, weeds in the garden, or dropped stitches in the quilt), they challenge researchers' collective relationship to both factual and metaphoric empirical claims. With a warning to those unaccustomed to self-deprecating humor, the authors challenge all to pay serious heed to what does and does not constitute rigorous, high-quality, empirical science within the qualitative tradition.

Keywords: *qualitative methodology; quality criteria; data analysis; interpretation; empirical science*

I t is time to rediscover something of the lost art of critique. Not the brand of critique that is no more than picking fault and quarrel with positions other than your own, but the more nostalgic notion of critique, which recognizes that as qualitative researchers, our own practices, positions, and pronouncements might merit some of the same caustic scrutiny usually reserved for the methodological or philosophical "other." We begin with the most sacred of qualitative rituals, the situating of ourselves.

"ASSUME THE POSITION"

Given the current penchant for researchers continually to "position" or "situate" themselves, we thought it ideologically sound to join in. We are nurses and qualitative researchers from Canada and Australia, respectively, who use a range of interpretive approaches in our work. On the basis of our experiences within the qualita-

tive health research community, we have some concerns and nagging questions about current trends that we would like to present for discussion and debate. Like any other researchers, or, indeed, any other human beings, we are, of course, products of our cultures, societies, families, education, genetics, biology, experiences, and choices. Situating ourselves in this way will almost certainly be the easiest part of this essay, because it involves little more than portentously stating the obvious. We will, however, resist the more self-serving move of placing ourselves firmly on the side of the angels by proclaiming our laudable political leanings, our tireless devotion to nursing and improved health care, or the burning desire for knowledge and understanding that rules our lives with planetary force.

"TAKE AIM"

The "Pearls, Pith and Provocation" section of *QHR* offers us the ideal platform to position our tongues firmly within our cheeks to address some of the real challenges inherent in the research and interpretive processes. Although we hope that readers will find something pearl-like in our concerns and cautions, and pithy in our condensation of significant issues, we also believe that it is useful take up the "provocation" challenge in a way that allows us to counter the po-faced preciousness that can seem endemic in research and scholarly circles. Any barroom philosopher will tell you that we are here for a good time—not for a long time. We need to cultivate the ability to laugh at ourselves, prick some of our more inflated pretensions, and put the frailties of our body of work into perspective. Research has a tough enough job in making itself understood and accepted without its ambassadors' suffering from a debilitating irony deficiency.

Our aims for this article arose from discussions based on our collective experiences of qualitative research, as researchers, educators, supervisors, and writers. As we discussed the "state of play" in qualitative research, we regularly identified the same nagging questions and concerns that centered mostly on the issues of data analysis and interpretation, research writing and reporting, and research credibility and quality. These issues seem particularly important as we work toward finding ways of bringing qualitative research into the policy and decision-making arena. As we develop a scholarly community that demands excellence within the published body of work that we consider representative of what we do, it is imperative that we acknowledge our quality criteria and recognize the extent to which our diverse methodological, theoretical, and philosophical traditions make it very difficult to articulate explicit and interpretable claims about what constitutes credibility in a qualitative report. We cannot simply pass the evaluation buck and expect readers and research "consumers" to work it out for themselves, nor can we linguistically smuggle these tough cookies of validity, credibility, accuracy, and truth out of the discourse by performing some kind of epistemological "rebranding" maneuver. Announcing your conversion from "truth" to "alethia" or "verisimilitude" is unlikely to elicit much understanding from those in the world of health care, where the idea of propositions and claims corresponding somehow with their everyday world is a rather pressing concern.

For purely pragmatic purposes and in the service of pithiness, we list many of these nagging issues succinctly in tabular form, grouping them under the themes of analysis and writing or reporting, and expanding in detail on only those that seem

to demand further elaboration. We accept full responsibility for this mild dualism and do not hold Plato or Descartes personally responsible; nor would we suggest for a moment that we are somehow immune to the tendencies that we berate here. We, and, indeed, even the most widely published and experienced qualitative health researchers, will surely recognize our own foibles and lapses in the depiction of the issues that we raise.

"FIRE!"

Within the complex domain of qualitative health research justification, some of the most problematic studies begin with the proposition that "nothing is known" about the particular phenomenon being studied. At times, this claim is coupled with the equally problematic assertion that a small qualitative study will produce important new truth claims capable of revolutionizing the existing science or providing a sound rationale for changing practice. Typically, the overgeneralizations that spill out from the conclusions of such "fact-finding missions" become fodder for qualitative health research's delighted critics.

Why we extend a tolerant attitude to problematic logic within the claims of our qualitative health research products is to some degree a result of confusion and complacency in what constitutes rigorous inductive analysis. In contrast to its deductive counterpart, inductive logic is linguistically difficult to explicate. By creating a somewhat metaphoric culture within qualitative research writing to do justice to the complexities inherent in deriving solid empirical claims through inductive processes, we might have inadvertently perpetuated an illusion of rigor embedded in certain commonplace analytic claims. Some of what we consider to be the most problematic and troublesome of these patterns of inductive analysis are represented in Table 1.

"FIRE AGAIN!"

Except in the intense immersion of supervising graduate students, it is seldom possible to interrogate directly the inductive analytic processes of qualitative researchers. Rather, we usually infer them from what we understand as the iterative processes by which findings are conceptualized, tested, and, ultimately, written in a research report. Continuing on from the set of problematic patterns we identify in relation to inductive analysis, we present a companion set of patterns we find problematic within the form and structure of our qualitative research products (Table 2). Although many of these patterns might be self-explanatory to readers of qualitative health research, a few deserve additional embellishment and explanation.

Desperate and dataless.[1] At a farther point beyond "bloodless findings" on the continuum of concern lies the tendency to present qualitative research with almost no supporting data at all. In these published studies, pages will be devoted to "philosophical underpinnings," to methodology, and then to the elaboration of the interpretive "insights" gained and possibly even to the depiction of "theoretical models" or description of "basic social processes." In the more fanciful research reports, the authors might even be bold enough to make recommendations for

TABLE 1:   Problematic Patterns of Inductive Analysis

Emerging from the data (the genie from the bottle)	As in "the findings emerged from the data." In this pattern, the researcher's implication is as if data analysis fairies magically appeared in the night, so that by morning, the data were properly coded, sorted, and sequenced without the benefit of human intervention.
Fitness addiction	In a form of "overdetermination of pattern," this phenomenon reflects an enthusiasm for artificial coherence, usually generated by linking superficial similarities within the data. An especially worrisome form of this phenomenon occurs when the thing with which the data are understood to "fit" was what drove the investigator into the study in the first instance.
Stopping at the "aha"	In this form of premature closure, the researcher mistakes a sudden flash of insight about the phenomenon with the belief that this was all there was to discover. In the most unfortunate of these instances, the "aha" represents something that had already been reported in the empirical literature, if only the investigator had chosen to review it systematically.
Clinging to the count	In what has sometimes been understood as mistaken identity, a researcher justifies qualitative claims on the basis of numerical frequencies, usually disregarding obvious biases of selection and data construction that will have accounted for them.
The wet diaper	Surprisingly not the exclusive domain of grounded theorists, this phenomenon represents the claim of "theoretical saturation" (that is, no new information will arise from further sampling) merely by conveniently ignoring the complexities inherent in any human health-related experience. Despite health disciplines whose logic is invested in a theory of infinite possible variance of the inherent complexities involved, the saturation claim is often invoked as a convenient stopping point.
The myth of maximal variation	Similar to the theoretical saturation claim, this pattern invokes the attempt to sample from all possible variations as a claim to enhanced legitimacy of the findings. Unfortunately, it usually hinges on a handful of the potentially relevant criteria on which these pesky human participants might actually vary.
The magpie	So named because of its attraction for bright, shiny objects, this phenomenon reflects the overemphasis within research reports of the most graphic, poignant, compelling, and lascivious of human stories as if they truly represented what everyday experience involves. In the most unfortunate cases, the sensationalized accounts might seriously misrepresent the very thing that the researcher aimed to illuminate at the outset.
Methodological fetishism	When the only tool you have is a hammer, all problems resemble nails. In qualitative research, an infatuation with one particular research method can significantly skew critical reflection on the characteristic manner with which it creates discoveries about human experience.

policy and practice based on their smoke-and-mirrors approach. The theoretical underpinnings here seems no more solid than "Trust me, I'm a researcher and I know this stuff," for how is a reader to evaluate the quality of an interpretation or qualitative "findings" when the reporting of these is based on nothing more than what Silverman (1985) has called a few "gobbets of data"?

Consider for a moment the editorial or reviewer response to a quantitative researcher who submitted a manuscript based on a survey or randomized controlled trial that contained no figures or statistics to support its conclusions.

TABLE 2:   Problematic Patterns in Writing and Reporting Qualitative Findings

Apples and Tuesdays	This is a form of thematic confusion in which the researcher fails in the write-up to interpret and represent parts of the findings in relation to each other. It often results from a failure to recall what precisely was the original research question combined with an enthusiasm for new issues that arose in the course of the inquiry.
Delusions of intimacy	This is a form of what our anthropological ancestors might have termed "going native," in that it suggests an overidentification of the researcher with the researched. Excessive reference to how much "my participants have entrusted me . . . ", "my special relationship" with them, and other forms of special pleading might be suggestive of fuzzy boundaries between the researcher and his or her findings.
The Holy Grail	In this pattern, the researcher assumes that new observations represent important and transferable truths. It usually reflects an overestimation of the meaning that can credibly be extracted from qualitative studies, particularly smaller ones.
In actual fact	This pattern reflects accidental slippage off the constructivist platform on which most qualitative inquiries are built. In the worst instances, those afflicted fall directly into a quagmire of realist claims.
Obfuscation	In this pattern, the researcher writes in a manner that is dense and obscure, mistaking situating and languaging for complex thinking.
Bloodless findings	In this pattern, the researcher plays it safe in writing up the research findings, reporting the obvious (possibly in the most thinly "salami-sliced" "findings" articles), failing to apply any inductive analytic spin to the sequence, structure, or form of the findings.

Although we might well argue that our qualitative research is a product of a different paradigm, if we want our work to be taken seriously as research, then the obligation to show the data that, presumably, led to the interpretive conclusions or findings seems, to say the least, reasonable.

The data speak for themselves. Different, but equally disturbing, is the approach to reporting suggesting that a bit of qualitative data somehow "speaks for itself," in that comfortingly reassuring way that we used to believe that facts did. This abdication of interpretive responsibility on the part of the researcher is often made virtuous rather than questionable by the deification of "my participants' voices." Here, the researcher stands transfixed like a rabbit in the headlights, mesmerized by rather than engaged with his or her data. So strong is the identification with "my participants" (or "my coresearchers," if it is a particularly severe case) that any kind of analysis or interpretation, let alone an even mildly critical one, seems like an act of unnecessary interference or violence to the unalloyed wonderfulness of the data. In these study reports, a "theme" will be named, followed by pages of "illustrative quotes" but with little attempt at analysis. It is easy to see why this approach has such a seductive appeal for students, as the logical conclusion of this data deification is that they can simply collate and bind the interview transcripts, and submit them for that higher degree, safe in the knowledge that the transcripts' authenticity has not been diluted by unwarranted researcher meddling. The paradox in this approach is, of course, that such an essentially objectified view of the independent nature of data would not be shared by even the most Gradgrind-like caricature of a "hard scientist."

RESEARCH ROMANTICISM
AND THE NEW VALIDITIES

The concept of the "telling story" is close to many qualitative researchers' hearts, but in the telling, there are pitfalls for the unwary. Qualitative health research has to be more than just telling sad stories, and it is certainly something distinct from the creation of good fiction. Any cub reporter is expected to be able to write a good TOT (or triumph-over-tragedy) story, for these are often part of a newspaper's or magazine's staple diet. However, qualitative researchers should not be competing with the popular press to see who can tell the most heart-wrenching tales and justifying this by an appeal to a new sense of validity. We therefore caution against the kind of "cardiac" or "lachrymal validity" that evaluates research according to such criteria as

- How heartfelt are your interpretations?
- How deeply moved are you by your data? or
- How many tears can you wring from your readership?

However, given the prevalence of this genre of research reporting, we find ourselves somewhat tempted to formalize these new developments by creating the New Understandings Tearjerking Scale©©), which will assess the power of findings according to the percentage of the intended audience that is moved to tears and how convulsive is the level of empathetic distress.

Another form of validity threat within the romanticism genre is the portrayal of the researcher as the hero on a quest of mythic proportions. Surprisingly few adherents of the "position-and-situate-yourself" school of thought manage to turn their critical gaze to the self-aggrandizing stance adopted by those researchers, who seem in little doubt as to the radical and praiseworthy nature of their work. In this form of research report, the "my research journey" cliché is further embellished with layers of radical chic to become "the hero's odyssey," as the researcher battles the usual adversaries (typically positivism, science, tradition, governments, institutions, patriarchy, medicine, or perhaps just "Western Society" in general), armed with little more than a pet philosopher, fervent self-belief, and the ubiquitous power of "my participants' voices." Such posturing has all the authenticity of jaded rock stars trying desperately to enhance their dangerous-outlaw-on-the-outside-of-society persona by donning cowboy outfits for their latest album cover, only to change quickly, leap into the waiting limo, and head off to the Beverly Hills Hilton to unwind. Like any good mythical hero, these "rebels with our applause"[2] (J. Walker, 1985) are forever resisting, innovating, challenging, criticizing, confronting, subverting, crossing borders, transgressing boundaries, and otherwise fighting the dark forces. Why would they not? There is little research "street cred" to be had by putting your hand up and suggesting that you are happy working within a "traditional" or "conventional" research approach.

Another of the "new validities" that nags us is what we term Adulatory Validity. This close relative of respondent validation or member checking is the epistemological pat on the back for a job well done, or just possibly it might be part of a mutual stroking ritual that satisfies the agendas of both researcher and researched. It is not only politicians who learn the value of telling people what they

want to hear. Imagine this research scenario. Two researchers have each undertaken a hypothetical study of, for example, members of a socially marginalized population group. The first investigator's analytic emphasis reveals that these people are not helpless victims but, rather, thoughtful and determined agents, shaping their own future under circumstances fraught with prejudice and economic disadvantage. The concluding claim is that these individuals are poorly recognized by the health care system and that they have special socioeconomic needs and circumstances for which existing societal responses are clearly inadequate. The second investigator, studying the same population, reports themes and patterns within the data suggestive of the conclusion that those studied lack the intelligence and sophistication to even comprehend, let alone improve, their situation, demonstrate few of the skills required of productive membership in society, and betray a sufficiently distorted sense of personal responsibility that permits no optimism that they could ever cease to be a drain on society's resources. Who is most likely to get the "phenomenological nod" of approval from their participants, to be told that yes, they have their story "right"? Although we are clearly drawing on extremes here to illustrate the point, the unfortunate trend within our culture of qualitative health research seems to be toward privileging interpretations placing that which we study in only the most charitable and favorable light. Rose-colored lenses might offer a semblance of the moral high ground in capturing the essence of those we study, but they also systematically render invisible critically important facets of the complex phenomena inherent in human health and illness experience.

A final new validity that we wish to challenge here is the overuse of metaphor. In some instances, metaphoric representations derive from in vivo quotes, which significantly extends their currency, and in others they represent the visual depictions that can be crafted from the themes arising within the data. Although metaphorical allusion can, indeed, be a powerful and memorable approach to articulating or understanding experience (Aita, McIvain, Susman, & Crabtree, 2003), the current level of overuse (Baker, 2002; Coulson & Van Petten, 2002; Czechmeister, 1994; Engebretson, 2002; Espnes, 1993; Froggatt, 1998; Fryer-Keene & Simpson, 1997; Gibbs & Franks, 2002; Goodman, 2001; Gunby et al., 1991; Hess, 1995; Hodnicki, Horner, & Simmons, 1993; Kangas, Warren, & Byrne, 1998; Mallinson, Kielhofner, & Mattingly, 1996; McAllister, 1995; McCulloch, 1994; Paine, 2000; Rose, 1999; Sandelowski, 1986; Seymour, 1999; Shamansky & Graham, 1999; Smith, 1992; Thompson, 2000; Valdez, 2001; C. A. Walker, 1997; Wendler, 1999) risks draining them of value and supplanting creative insight with hackneyed cliché masquerading as profundity. Can there be any researcher out there whose study is not their "journey," whose knowledge is not "cultivated" in their epistemological "garden," whose findings are not "woven" into some "tapestry" or "quilt" of meaning, whose every interaction is not part of a "dance"? Compounding this linguistic felony is the tendency to neologize to impress by adding "-ing" to just about any word that comes along (anyone for "languaging"?). At times, such gerunding is simply nonsensing.

In keeping with the romanticizing problem, we wonder if it is accidental that the most fashionable metaphors are also the most "motherhood and apple pie"? Where are all the metaphors of hunting, stripping down and rebuilding car engines, football, or poisonous insects? Gilding your study with references to dances, quilts, tapestries, pottery, butterflies, gardens, and flowers seems a form of codified

niceness, the pushing of a series of linguistic hot buttons that announce your social and cultural worthiness-by-association to the world. Unfortunately, metaphor mania is apparently becoming something of a required competency in qualitative research, where it seems that, for example, a core category, basic social process, or central theme must be rendered metaphorical to be considered meaningful. It might not be too long before reviewers begin to identify "fallen overarching metaphors" as a reason to require revision of a qualitative research report.

CONCLUSION

By taking what we hope are understood as humorous potshots at the direction in which our collective body of research is heading and by fully acknowledging that we, too, have contributed to the kinds of patterns that we have pounced on in this commentary, we hope to generate a lively debate about how qualitative health research ought to evolve in the future. What we envision is a significant effort to advance our field beyond tolerance for large numbers of small studies that adopt a formulaic approach to documenting a clinical phenomenon toward a rich and rigorously developed body of systematic empirically grounded evidence.

We remain convinced that the experiential, subjective world is worthy of study and that health planning, policy, and care all benefit profoundly from knowledge grounded within the complex business of human lives. To achieve that objective, we need not only a growing body of qualitative studies but also an increasingly convincing body of qualitatively derived knowledge. Applying our capacity for critical thinking and rigorous scholarship, we can begin to determine more effectively what constitutes excellence within the genre and ensure that what gets published consistently meets that standard. Without careful vigilance for these "land mines," we fear that qualitative health research might self-destruct as a credible evidentiary exercise or, perhaps worse, become an entirely theoretical diversion.

NOTES

1. "Desperate and dateless" is a common term for singles parties in Australia.
2. We are indebted to James C. Walker (1985) for this exquisite phrase. Walker uses this in his own exemplary critique of the romanticization of "resistance" and "rebellion" in a schooling context.

REFERENCES

Aita, V. McIvain, H., Susman, J., & Crabtree, B. (2003). Using metaphor as a qualitative analytic approach to understand complexity in primary care research. *Qualitative Health Research*, *13*, 1419-1431.

Baker, D. (2002). Avogadro's number: A homoeopathic metaphor. *Journal of the Australian Traditional-Medicine Society*, *8*(3), 113-115.

Coulson, S., & Van Petten, C. (2002). Conceptual integration and metaphor: An event-related potential study. *Memory & Cognition*, *30*(6), 958-968.

Czechmeister, C. A. (1994). Metaphor in illness and nursing—A two-edged sword: A discussion of the social use of metaphor in everyday language, and implications of nursing and nursing education. *Journal of Advanced Nursing*, *19*(6), 1226-1233.

Engebretson, J. (2002). Hands-on: the persistent metaphor in nursing. *Holistic Nursing Practice*, *16*(4), 20-35.

Espnes, G. A. (1993). Social networks—The metaphor that became a research approach: A research approach in the field of nursing? *Scandinavian Journal of Caring Sciences*, *7*(1), 43-46.

Froggatt, K. (1998). The place of metaphor and language in exploring nurses' emotional work. *Journal of Advanced Nursing*, *28*(2), 332-338.

Fryer-Keene, S., & Simpson, B. (1997). Using metaphor to clarify emerging roles in patient care management teams. *Canadian Journal of Nursing Administration*, *10*(2), 67-76.

Gibbs, R. W., Jr., & Franks, H. (2002). Embodied metaphor in women's narratives about their experiences with cancer. *Health Communication*, *14*(2), 139-165.

Goodman, C. (2001). The use of metaphor in district nursing: Maintaining a balance. *Journal of Advanced Nursing*, *33*(1), 106-112.

Gunby, S. S., Chally, P., Dorman, R. E., Grams, K. M., Kosowski, M. M., & Pless, B. S. (1991). Alice in Wonderland: A metaphor for professional nursing education. *Curriculum revolution: Community building and activism* (No. 15-2398). New York: National League for Nursing.

Hess, J. D. (1995). The art of stained glass: Metaphor for the art of nursing. *Nursing Inquiry*, *2*(4), 221-223.

Hodnicki, D. R., Horner, S. D., & Simmons, S. J. (1993). The sea of life: A metaphorical vehicle for theory explication. *Nursing Science Quarterly*, *6*(1), 25-27.

Kangas, S., Warren, N. A., & Byrne, M. M. (1998). Brief research report—Metaphor: The language of nursing researchers. *Nursing Research*, *47*(3), 190-193.

Mallinson, T., Kielhofner, G., & Mattingly, C. (1996). Metaphor and meaning in a clinical interview. *American Journal of Occupational Therapy*, *50*(5), 338-346.

McAllister, M. (1995). The nurse as tour guide: A metaphor for debriefing students in mental health nursing. *Issues in Mental Health Nursing*, *16*(5), 395-405.

McCulloch, C. A. (1994). A new metaphor for autonomy: Caring relationships in long-term care. *Perspectives*, *18*(3), 8-9.

Paine, L. L. (2000). Midwife as metaphor. *Journal of Midwifery & Women's Health*, *45*(5), 367.

Rose, B. H. (1999). A basket metaphor for nursing. *Journal of Holistic Nursing*, *17*(2), 208-217.

Sandelowski, M. (1986). Sophie's choice: A metaphor for infertility. *Health Care for Women International*, *7*(6), 439-453.

Seymour, R. J. (1999). Cooking ham and the masters nursing thesis: A metaphor. *Graduate Research Nursing*, *1*(1). Retrieved May 16, 2005, from http://www.graduateresearch.com/seymour.htm

Shamansky, S. L., & Graham, K. Y. (1999). The Venn diagram: A metaphor for life. *Public Health Nursing*, *16*(1), 1-2.

Silverman, D. (1985). *Qualitative methodology and sociology*. Aldershot, UK: Gower.

Smith, M. C. (1992). Metaphor in nursing theory. *Nursing Science Quarterly*, *5*(2), 48-49.

Thompson, P. K. (2000). *The dark night of the soul: A metaphor for understanding the ethics and spirituality of hospice care*. Unpublished doctoral dissertation, Duquesne University, Pittsburgh, PA.

Valdez, M. (2001). A metaphor for HIV-positive Mexican and Puerto Rican women. *Western Journal of Nursing Research*, *23*(5), 517-535.

Walker, C. A. (1997). Imagination, metaphor and nursing theory. *Journal of Theory Construction & Testing*, *1*(1), 22-27.

Walker, J. (1985). Rebels with our applause? A critique of resistance theory in Paul Willis's ethnography of schooling. *Journal of Education*, *167*(2), 63-83.

Wendler, M. C. (1999). Using metaphor to explore concept synthesis. *International Journal for Human Caring*, *3*(1), 31-36.

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