

### Qualitative research: is it becoming a new orthodoxy?

I am a phenomenologist. I can't help it. I know that the critical theorists may think me a naive cultural dupe who simply hasn't learned to use the word 'power' enough. The grounded theorists are probably muttering under their breath about my seeming inability to take that next logical step up into the real world of theory generation. The 'real' phenomenological philosophers may pillory me for polluting the purity of their discipline by using it in such a messy, *practical* field as nursing and for failing to understand its every complex nuance. And as for where the pos(t)-mod/ern-ist-(de)con(s)truction(ists) would situate me for believing that there is a semblance of shared reality and a few timeless truths and values out there, I shudder to think.

But I keep flying the phenomenological flag because I believe that there are still countless questions to be asked about the infinite worlds of nursing, health and illness. Every time I hear nurses talk about their work or listen to someone describe their or their loved one's experience of becoming ill or injured, I hear another set of questions about the nature of human experiences and practices that phenomenology would be ideally suited to ask. However, I also hear questions that phenomenology would be totally unsuited to ask, such as 'How many...?', 'How often does...?', 'Does this work better than...?', 'If we did x would y happen?'

Coming to Australian nursing's vibrant qualitative research culture has been an enriching experience for me, but I believe that there are warning bells ringing about the possibility of qualitative research becoming an oppressive 'new orthodoxy' within nursing. I have been hearing these bells for some time now.

As a reviewer for several international journals and as a thesis examiner, I have become concerned at the paradoxically *unthinking* ways in which qualitative research is being touted as a superior endeavour to quantitative research. This usually takes the form of the author or student beginning their paper or dissertation with a section or chapter of poorly thought out and ill-read diatribe about the evils of 'positivism', 'empiricism' or any research that involves statistics or experimentation (the assumption here is usually that these terms are synonymous). Having briefly dispatched an entire research tradition, the writer will then go on to explain just why doing qualitative research instead puts them so firmly on the side of the angels. This is not

only bad scholarship, it is also disrespectful of other colleagues' work and their research tradition.

There is something painfully ironic in a situation where qualitative researchers resort to the very tactics of dismissive intolerance of others' research approaches, when we have complained for years that this is how some quantitative researchers have treated us. The other irony that can scarcely be missed in this respect is the rigidity of polarized, dualistic thinking that sets qualitative and quantitative research as black and white knights engaged in an endless ideological battle, while at the same time condemning poor old René for landing us all with the burden of Cartesianism.

As an educator, I am also concerned that we may be failing to help our students grasp a fairly simple research concept; that the research question should point to the most appropriate research approach. If I wanted to find out how many teenagers with diabetes were hospitalized in Australia last year, hermeneutic phenomenology would be the last thing on my mind. If I wanted to find out whether diet and exercise regimen A or B was most effective for these young diabetics in stabilizing their condition, then this is no time for critical ethnography. If, however, I want to find out what it means to be a teenager trying to get through adolescence with a serious chronic illness, then I can be fairly certain that the most meaningful answer will not be a *p*-value and that a qualitative approach will be most suitable.

Ten years ago when I started my PhD study, there were possibly three or four books available on qualitative research in nursing. For any other information, we had to go to writings from other disciplines. Now, my bookshelves creak from the weight of qualitative research books written by nurses. There are books on qualitative methods, philosophy and theory, and books of reported research studies. Our journals too can scarcely be said to ignore qualitative papers. Next time you do a CD-Rom CINAHL or MEDLINE search, key in 'qualitative and research' to see what I mean. In light of the increasing use and popularity of qualitative research in nursing, it is hard to see how much longer qualitative researchers can continue to present themselves as some persecuted and ignored marginal group.

Now is grow-up time for qualitative research. I believe that we have reached a point in our research development where we no longer have to trash the work of others in order to elevate the status of our own scholarship. The battle for the status of qualitative research in nursing is being

won and it is being won by the quality of the best of our qualitative research studies, not by knee-jerk condemnations of empiricists or anyone else who doesn't work within our chosen paradigm.

This is not to say, however, that there is no work still to be done. Any qualitative researcher will have their fair share of horror stories regarding ethics committees, or research grant and journal referees who seem to have little or no awareness of the worth, appropriateness and critique tenets of qualitative research. We will still have to argue for our studies and for funding support, but why not do this within an approach that is collegial, helpful and respectful of others? It would also be no bad thing if we were to make absolutely certain that our qualitative papers and grant proposals are as well designed and written as we can make them. When our papers are returned for revision or when our grant application is rejected, it may be a more valuable, if more demanding, response to consider how the work could have been improved rather than to merely chalk the rejection up to the inevitable medico-positivist conspiracy.

If we feel that qualitative research is not getting a fair hearing, then we need to work to present and explain it. When I took up my new post as Chair of Nursing at the Women's and Children's Hospital in Adelaide, I made it clear that I would be keen to join the hospital's Research and Ethics Committee and that I had a particular interest and expertise in qualitative research that the Committee might find useful. I was invited to join and can now have an influence in how qualitative research proposals are discussed and critiqued. What would have happened had I

boycotted this Committee because they were the medical and thus positivist enemy, or written to them offering to right their past injustices and provide a balance against their myopic worldview and lack of concern for 'people's experiences and voices', seems fairly certain to me. I have also presented the case for and examples of qualitative research at several predominantly medical forums and been accorded the respectful hearing that I would expect in any gathering of professionals, perhaps because I present qualitative research as one valuable research approach for particular orders of questions and not as the antidote to the methodological poison of their more quantitative or laboratory-based studies. I have medical colleagues who freely admit to not knowing much about hermeneutics or phenomenology, and who believe that qualitative research is interesting but not as valuable as, say, a randomized controlled trial, but I have not encountered the kind of blind prejudice or antagonism that some qualitative researchers claim exists as the norm.

Qualitative methods have a firmly established place in nursing research and scholarship and this is absolutely as it should be. It would be a pyrrhic victory indeed if this became a restrictive and enframing orthodoxy, in exactly the same way that 'the scientific method' had been for so long. Or, as Pete Townshend of 'The Who' sang, 'Meet the new boss, same as the old boss'.

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## ODE TO THE SCHOOL OF NURSING, GEELONG CAMPUS, DEAKIN UNIVERSITY, VICTORIA.

*Oh glorious vanguard, of thee I sing!  
'Twas a life full of triumph and sorrow.  
Against the tide, some resentment and doubt,  
we worked like there's no tomorrow.*

*A pace was set that's hard to match.  
The first Chair in Nursing was ours.  
The first using Habermas, Foucault, and praxis:  
a challenge to establish powers.*

*First nursing Doctorates, and PNU's,  
it was surely a cracking pace!  
A Research Institute, Masters too —  
was it some kind of race?*

*But the first to lose everything! They're keeping that quiet,  
and now the killing is done,  
the seeds have been sown, the ideas have flown,  
and the battle's not lost but won!*

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