Qualitative research gives a unique insight into the minds, mechanisms and motivations behind people, practices and phenomena we see in our lives. This book provides a collection of experiences of researchers from various study settings around the globe. Aim is to bring the focus on what happens in real life scenarios, an insight often ignored by the methodological textbooks on qualitative research.
QUALITATIVE RESEARCH
PEOPLE, PRACTICES AND PHENOMENA
Sohaib Khan (ed.)

QUALITATIVE RESEARCH: PEOPLE, PRACTICES AND PHENOMENA

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ABSTRACT

Qualitative research gives a unique insight into the minds, mechanisms and motivations behind people, practices and phenomena we see in our lives. This book provides a collection of experiences of researchers from various study settings around the globe. Qualitative research process is unique and sensitive in nature. Researcher acts as a data collection tool in the process and thus is linked very directly and intimately to the quality of the data. Personality and interpersonal skills of the researcher need to be fine-tuned to develop a repute and connection with the subject. Data collection is a logistics-heavy activity and one must consider many practical and ethical aspects of the process. Data analysis is also connected to the subjective interpretation of the researcher. He/she can take a specific interpretation out of the many different potential routes. This element opens a wider range of understandings, potentials and possibilities. This book aims to bring the focus on what happens in real life scenarios, an insight often ignored by the methodological textbooks on qualitative research.

Keywords: qualitative research, data collection, data analysis, fieldwork, interviews, grounded theory
TIIVISTELMÄ


Avainsanat: tutkimusmenetelmät, kvalitatiivinen tutkimus, kenttätutkimus, tutkimusaineisto, analyysi
PREFACE

Qualitative research brings a fresh twist to the regular statistical wrangling that majority of us researchers, teachers, and students are so heavily involved in. But for many, the mere idea of an approach that mainly works on non-numerical data still sounds strange. In social sciences qualitative research methodology has been applied for a long time and is thus much better known. During the past decades these methods have slowly increased in popularity also within health sciences. Still there are many people in the field who are so devoted to crunching statistical numbers that they either discard the qualitative approach altogether, or at best remain grossly unaware of the possibilities that qualitative methods might open to their research. When you go to the bottom it, qualitative research, with all the variety of methods, is not that different from the rest of what we call science. Just like in any serious scientific research the aim is to make sense and find interpretable meanings from data. The grand goal is simply to gain a better understanding of the phenomena we are studying and interested in. Especially in public health research we have experienced numerous times how qualitative research methods indeed seem to enhance our understanding of many health-related issues. Sometimes qualitative approach does the trick all by itself. Even more often qualitative methods are combined with more traditional quantitative methods like, say, epidemiology. This type of mixed-methods or multimethodology approach has grown almost exponentially in contemporary health research publications. This book, edited by Dr. Sohaib Khan, collects expert views on qualitative research, especially from the health sciences point of view. The writers represent the current faculty and staff as well as esteemed graduates and affiliates of the University of Eastern Finland. The book comes to a great need for anyone who either wants to start learning about qualitative research or obtain further insight into qualitative research ideas and skills.

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1 QUALITATIVE RESEARCH: PERSONALITIES AND SOCIETIES AT PLAY

SOHAIB KHAN

Society is an umbrella term. It includes social factors, religions, ethnicities, beliefs, traditions, rituals, and much more. A Medical Anthropologist aims to understand the people and their health in context of the society. He explores the interactions of these people with health phenomena; he interprets the meanings behind the interactions; he identifies the socio-cultural factors and influences on the interactions; he finds out what do these people know, what do they think, how their attitudes are shaped up, and what do they do. These concepts, phenomena and factors are often explored by Qualitative research methodology. So when a medical anthropologist becomes a qualitative researcher, he targets these aims of medical anthropology by three acts: he goes to the people; he observes them, their lives, routines and their environments; and he talks to them. Through these 3 simple looking actions, he puts himself to the task of untangling a web of entities and events. Figure 1.1 displays this web.

Knowledge, Attitudes and Practices (KAP) studies are classic examples of such research work. An important practical implication of such studies is to tell a Public Health worker of the point/s where to introduce his health intervention in the society. Hence, we see interventions employing health-education campaigns trying to dilute the misconceptions about vaccines, or the interventions targeting certain barriers in accessing the health services, etcetera. So these studies are essential parts of our detective kit in solving public health mysteries and crimes. The concept behind the KAP is the sequence of events that the knowledge leads to attitudes and the attitudes lead to the practices. However, there are other steps as well in this chain of events. Figure 1.2 shows the expanded version. We try to understand why an individual and/or a society is doing a practice; what are the thoughts, reasoning and beliefs behind that practice?; as a person can not just do an act or a practice out of nowhere, so to influence the practice and to change the practice in favour of our evidence based scientific principles (in other words an intervention), we need to understand those predicting, predisposing and dictating thinking and reasoning first.
Figure 1.1: Khan’s model of society and health.
In exploring the Knowledge of our subjects, first we need to explore what is their knowledge and where is it coming from. What do they know? They may know a lot about a health phenomenon, or they may know little. Researchers should explore this knowledge from various angles, instead of snapping a one-dimensional picture which may not correctly represent the extent and details of their knowledge.

Whatever the extent of the knowledge, if it comes from the science-based sources or from lay sources may determine what kind of perception it leads to. Muslim populations of Afghanistan, Pakistan, India and Nigeria, look up to the religious stakeholders of the communities for guidance regarding their lives and even in issues like of health. So the knowledge that originates from these religious sources develops a certain perception in the people. For example, the knowledge that reaches the people tells them that vaccines are from enemies. People listen to this message and perceive vaccines as dangerous for them. At this stage, Researcher’s job is not to label the perception as good or bad, but we simply explore and explain. This perception shapes up the attitude of people towards the issue. What do they feel about it? Do they like it? or not? Do they see the importance of it or do they find it harmful? This attitude usually engulfs the issue, the phenomenon, the activity and even the actors behind that as well. So in the vaccination example, people’s attitude towards vaccines are of distrust and anger. This attitude directs the practical response of people towards the issue. In case of vaccination, they tend to avoid and refuse the vaccination, and even display a hostile response towards the vaccination team which approaches them. This response can be an isolated incident or a consistent pattern – a behaviour (Figure 1.3).
Data collection for Qualitative research is an intimate process. Interviewer and Interviewee are in
a mental embrace. Closer you get to the mind of the subject, the higher is the quality of your data.
This is perhaps the point which troubles young researchers the most. They plan the interview
questions in detail, they figure out the logistics to the tee, they arrange the adequate funding and
other accessories, but when they sit in front of an actual living and breathing subject, they lose the
plot. They are out of their comfort zone. They ask the questions formally, they wipe out the
expressions from their face, they try to portray the image of a stereotypical scientist, they miss the
familiarity of their Labs and Universities, they hope for a perfect phrase from the Subject, which
wraps up the interview process and they can go back to their image of science. Teachers,
Supervisors and books have not trained them enough for the real-life part of the data collection.
In contrast, their quantitative colleagues are in more control of their process. They can anticipate
the answers in advance and design the questionnaires accordingly. They draw a blood sample and
send it to the lab. They measure an arm and note down the reading. Their environment is polished.
They can stay distant from the subject. They do not need to be talkative and charming. They seem
like serious scientists.
This inherent need of Qualitative research to develop and demonstrate a rapport and fluency with
the subject is equally connected to the personality types of both interviewer and interviewee, and
to the society governing the interaction between them. Many a times, a qualitative scientist will
come across a subject who will be hidden behind the curtains of society. A subject who is not
allowed to talk freely to a stranger. A subject who is not used to talk freely to a stranger. A subject
who is not with the power to express his/her opinions. A subject who is dependent on others. A
subject who is a follower, not a decision maker. A subject who is limited by language or
vocabulary. Or simply a subject who is shy by nature. And the same may apply to the interviewer

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Figure 1.3: Knowledge, perception and attitude towards Vaccines in some Muslim populations.

Knowledge comes from religious leaders that Vaccines are from enemies.

Perception develops that Vaccines are dangerous.

Attitude shapes up that we are angry at the vaccines and the entire activity, process and people behind giving us vaccines.

Behaviour Consistent refusal and hostility.

Practice Refusal to vaccines, and even a hostile response towards the vaccination campaign and the staff involved.
as well. So, in order to achieve a fluent and in-depth level of interaction, all these internal and external influences need to be in line.

Additionally, as one may guess, the technique and experience of the Interviewer also play a key role. But what should the young researcher do? The only option is to respect the subject and the society. This respect revolves around studying the subjects and their society, understanding what is expected from you and what you should expect in that interaction, and acknowledging what is the right way and the wrong way of approaching and interacting in that particular environment. This brings up the established concept of an Insider versus Outsider approach in Qualitative research. Researcher should identify the strengths in being an insider, but also the shortfalls, and same goes for being an Outsider too. I will present examples from what I experienced in the field myself. I am a Pakistani, who grew up in a rural underdeveloped part of the country. I went on to live and be exposed to the urban settings inside and outside Pakistan, but I stayed in touch with my rural side nevertheless. So then during my research work, in rural areas of Pakistan, I identified this personal history and connection as the vital point where the strengths and limitations were both applicable. I went to the study setting wearing what the locals were wearing. I talked the local language and the local dialect fluently. I knew what the society was like. I was aware of how to talk to a woman, and to an elder. I did not expect the people to trust me right away, but I knew how to behave to slowly move towards that trust. I knew the common gestures and the meanings behind certain movements and expressions. I could interpret their way of saying things. I did not have to repeat too much and irritate them. I knew when to pause and stop, and when to keep going. I knew what was a sensitive or an awkward topic and where should I be more tactful in my
phrasing. In short, I presented what was acceptable. It made them talk. It made them open their minds and tongues. They told me what they thought, what they believed, what they perceived, their reasonings, concepts, attitudes and doubts. They told me a lot. I filled up my voice recorder and my papers with all that data and returned to my desk.

During analysis of the data, I had questions. Was the data natural? or did I pollute it myself? Did I let them take the direction of their choice or did I lead them on myself? Were my subjects being honest or did they guess what I wanted to hear? Did I go there with pre-decided thoughts and findings, or did I give them their fair chance and choice? Did my understanding of the phenomenon and the society decide the research in advance? Was my being the Insider, became a limitation? If yes, then where was the balance and how to reach that?

In contrast, what would it like to be an Outsider? I would have missed out on that closeness to the subject and its society. I would have been lost in languages, dialects and translations. I would have been clueless to all the clues, gestures and expressions during the interviews. I would have struggled to develop a rapport and trust, and it would have eventually dented the ease of communication. Subjects would see a stranger from stranger lands, appearing strange and talking strange, asking what was not supposed to be asked, crossing the boundaries of social norms and customs, and making them uncomfortable and possibly uncooperative. Everything what would have affected the quality and reliability of the data. But on the positive side, an Outsider would have brought with him a more neutral angle and platform. He would be open to anything that the subject presented to him. He would not have any pre-formed ready-made conclusions or inclinations. He would not have led the subject on to any desired direction. But then in real life, these attributes are not always this black and white. There are many overlappings and grey areas among these features of being an Insider or an Outsider.

Table 1.1: Common features that are attributed to the insider vs outsider approach are as following.

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<th>Outsider</th>
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<td>Rapport, Trust</td>
<td>Distant, Stranger</td>
</tr>
<tr>
<td>Understanding (customs, language, gestures, expressions)</td>
<td>Naive</td>
</tr>
<tr>
<td>Fluent</td>
<td>Hiccups</td>
</tr>
<tr>
<td>Acceptable</td>
<td>Hesitantly</td>
</tr>
<tr>
<td>Comprehensive (Multiple angles)</td>
<td>Limited</td>
</tr>
<tr>
<td>Partial, Biased (Pre-formed beliefs and ideas)</td>
<td>Neutral</td>
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I was talking to a middle-aged man, a father, who refused vaccination for his child, when while talking he raised his finger towards the sky and said, “whatever he wants”. I noted down the gesture in my papers. While transcribing and interpreting, I concluded that to “whatever God wants”, just because I, being the insider, knew meaning of that gesture, that raising-of-the-finger, was to refer to God. An Outsider would have totally missed out on that meaning, and thus an understanding of how the person was attributing the health and illness of his child to God, and away from the worldly medicine.

I knocked on a wooden door, hoping to encounter either a Father or a Mother, to inquire about their vaccination beliefs. Door remained closed, but a female voice came, “Who is it?”. I shouted my introduction and the purpose of my visit, but the door stayed shut. “Voice” agreed to participate in my interview, an “in-depth” interview, but from behind the closed door. So, I started asking my questions, while standing in the street, pressing voice recorder with one hand to the door in hope to capture “the voice” clearly, and with other hand, holding a pen and paper, only to realize that there were no facial expressions or body gestures to be noticed and noted. The same interview process that usually lasted about an hour plus, lasted for merely 10 or 15 minutes, and with very superficial answers, and absolutely no element of probing. Interview entry was marked, but no in-depth data to analyse. But I could still analyse the experience. What happened? Despite being an Insider, I was not prepared for the gender segregation norms of my study setting. I failed
to anticipate that my women subjects might not want to come face to face to me. They might not be available for a detailed talk spanning an hour or so. They might need permission from the males of the family. Those gender related features of the society affected my interview process, but did that have the potential to similarly affect the vaccination process as well? What was the scenario like when a male vaccinator showed up at the door, during day hours, when according to local daily lives, men of that family are outside at work, and women are at home with kids. Was there a similar difficult interaction between the male vaccinator and the mother? Was it possible to convey any health education in such scenario from male vaccinator to the mother? Probably not. Out of that, I got an understanding of how the societal forces were at play impeding the vaccination activities in those rural parts. Later interviews proved just that. So, the Insider vs Outsider approach interplays with not just the data collection but also with the analysis.

Following is an excerpt from my interview with a Father:

**Question.** Is it ok with you if your wife talks to these polio team people?
**Answer.** No, she does not need to, as I am here and Kabeer my son is here.

**Question.** So you don’t allow her to talk to polio team, why?
**Answer.** It’s not our custom here, women don’t talk to other men.

**Question.** How people think about it if a woman talks to men health people to ask about health and treatments?
Answer. No, people don’t think good, even if about treatments, because it is not good that women and stranger men talk, there must be distance, our God says so.
Question. God?
Answer. Yes, it’s in Islam that women and men should not behave that way.
Question. Does she know things about polio which you know?
Answer. May be, I don’t know.

And in following excerpt, a male Vaccinator explains this gender interplay:

Question. And is there any difference among men and women how they deal you and campaign?
Answer. Men are often away in day times, so often women come on door, or we send some neighbor kid inside, but they are often afraid of doing this vaccination without first talking to their husbands, and they know nothing about vaccines or polio.
Question. So?
Answer. So we have to look for the husband or some other man in family.
Question. Why do you think they behave like this?
Answer. They are women, they don’t know these things.
Question. And what about men?
Answer. Men know if they want their children to have this polio drops or not, we can talk to them.
Question. And how they behave usually to your talk?
Answer. Depends, some who are learned they already know about it and let us do our work, but some are always a problem.
Question. Problem?
Answer. Yes, every time to try to convince them from zero.

These real-life examples teach us how similar inhibitions may interact with the researcher’s work as well. Researchers, when in field, can come across just about anything, so they must be prepared for the unexpected. Here their personalities and experience can help. An ideal Qualitative Researcher/interviewer is of calm nature. He is a good listener but also not a shy person. He can talk. He is not afraid to probe and explore till he feels like he has gotten everything from the subject. He is confident. He has side plans and options. It comes with knowing your theme well. This includes knowing the boundaries as well. You must know what contributes to the theme and what steps outside. So, when your Subject goes off-track, you have the ability to identify and divert the chain of thoughts and talks back to the theme. An ideal Qualitative Subject/interviewee also possesses somewhat similar traits. This combo of matching Interviewer-interviewee is the best-case scenario one can hope for, but in real world, many a times not very frequently achieved. So, the Interviewer must expect that in advance, and he must have a solid enough structured format and outline to fall back on, solid enough to generate adequate depth of data. This switch from semi to fully structured format needs to be only on need-basis and swift, as the need is of acute nature. Preferably, the Primary Researcher should be the interviewer, but sometimes when plan is to approach many subjects, the Primary Researcher sits back and other individuals go into the field to conduct interviews. Again, the personality and technique differences play crucial roles in how the different interviewers conduct the process, even though the themes and structured part of the interview guide are the same. Hence, the depth, the flow, and the reliability of the data may fluctuate within the same data collection process.
Saturation stage is often used as a determining factor for the sample size, but these multiple interviewers are not in a position to identify the saturation stage, and only the Primary Researcher who listens to and reads all the interviews is able to compare and see if the data has saturated or not. So, the sole responsibility of its identification falls on the Primary Researcher. Also, to be noted here that the Saturation stage is not just for the data and the interviewee, but it also applies to the interviewer. Interviewer, sometimes, after conducting many interviews, may run out of the probing options. It can be just that he/she is not getting new phrases spontaneously, so he/she has to resort to the same phrasing and line of questioning again and again in repeated interviews, and also that he/she starts anticipating the answers in a certain way, or inadvertently leads the subject on in a particular direction. All these scenarios will disturb the data quality.

References
2 INTERPERSONAL SKILLS IN AN ETHNOGRAPHIC FIELD WORK

MIKKO HÄKKINEN

Ethnographic data is usually gathered from many different sources. Typically, researcher participates in people’s daily lives and observes what happens, listens to conversations and collects documents. Characteristically the data collection involves communication with people in some form. Participating in the everyday life includes stream of continuous interactions. Different kinds of interview situations are unique moments and success depends profoundly on researcher’s ability to create an atmosphere of trust and respect (Hammersley & Atkinson 2007).

During my PhD fieldwork, I collected ethnographic data in the hostile conflict environment of Palestine. My principal data collection methods were individual and group interviews; in addition, I used the observational materials (Häkkinen 2014). As a psychotherapist, I had studied interpersonal skills already before my research project. However, collecting the data in a conflict area taught me new perspectives on interpersonal skills. Overall, the development of interpersonal skills is a continuous process, we are not ready in our skills but we have opportunities to progress and learn constantly.

ACHIEVING TRUST

Achieving trust is crucial when entering to a new social landscape for an ethnographic fieldwork. First contacts in the field are important as especially in small communities, impressions about a newcomer spread quickly and determine chances for a future cooperation. If an ethnographer manages to build an initial trust, his opportunities to continue an ethnographic fieldwork with the atmosphere of trust is established (Fife 2005; Hammersley & Atkinson 2007).

According to my experience, the most important principles in achieving the initial trust are openness, honesty and humility. During my ethnographic fieldwork, the openness meant, in practice, telling truthfully about my research project and about myself. People in communities I worked in actually asked more questions about me as an individual human being, than about the research I was carrying out. This positive interaction was developed through mutual sharing. Following the principle of honesty meant that I answered politely and directly to the most diverse questions about myself as a person and the country and culture I was coming from. Many of the questions were associated with my family background and profession. This was understandable in the context of a family-oriented culture. Another reason for a small number of questions considering research itself might could be the relatively low education level of most of the people I interviewed. Scientific research as a phenomenon was not familiar to most of the participants. The trust was primarily built by getting to know a person who was doing research rather than obtaining factual knowledge on the research.

As very few people actually asked about the research plan or purpose of the research, it was my ethical duty to explain the idea of research to people I met openly and in an understandable way. Great majority of the people I encountered were confident from the initial phase of contact. One possible reason for that was the snowball method I used in the data collection. The snowball method meant in practice that the person or community I had interviewed earlier made suggestions for the next participants. Thus, foundation for the trust already exist and added up (Häkkinen 2014).
In my view, the principle of humility is essential in all phases of ethnographic research process. It is particularly important when the ethnographer is entering to the community of interest. To myself the humility means the attitude that expresses a need of knowing. It includes an openness and non-judgmental approach for new or puzzling things that come up during the interaction. In practice, I expressed humility often by telling honestly that many things in this new environment are new for me, and I am here for learning. The participants reacted to my message with understanding and were willing to explain their experiences in detail.

The ethnographer’s humble attitude makes it possible to ask questions without presuppositions, with a truly open mind. Personally, I believe that this attitude not only makes it easier to enter the community but also facilitates for the best possible results in the data collection. The humble attitude creates the open space for the participant to describe his or her understandings. The participant is protagonist and the ethnographer works as a facilitator.

INTERVIEW AS AN INTERPERSONAL PROCESS

As each participant of a research is unique; he has his special life history with a variety of experiences. At the same time, all human beings are fundamentally similar. Everyone wants to be approved, respected and valued by others. According to my experience, these two approaches in understanding of humanity are important to be kept in mind as an ethnographer conducts interviews in the field.

Respecting the special nature of the participants means that the ethnographer puts all of his assumptions and presuppositions aside. However, it is normal for us as human beings to have suppositions related for example to people’s reference groups, like nationality or an ethnic group. Hence, one of the key skills of an ethnographer is to be aware, and consciously put aside all of his presuppositions (Healy 2018). During my fieldwork, I learned that people who belong to the same ethnic group might have very different views on the same issues. The various views only became known when I as an interviewer did not suppress them with my own assumptions.

The full presence of the ethnographer creates foundation for each interview encounter. The participant is at the centre of encounter, the ethnographer facilitates and helps participant to share his story as full and comprehensively as possible. The relationship could be named as an alliance. The alliance is a well-known concept in a psychotherapy where it refers to a special relationship between a psychotherapist and a client in which both share the same goal and work together in their own positions to reach it (Norcross 2002). In my research, the shared goal between participants and me was to give the voice to the Palestinian people living in the midst of an ongoing conflict. In the alliance, participants’ role was to share their experiences and mine to collect, analyze and present the results in a scientific way.

Finding a suitable physical location for the interviews is not always easy, especially if the ethnographic work takes place in a conflict area. According to my experience, the participants are best experts for knowing what the best place for him is to give an interview. Sometimes an opportunity for the interview arises so unexpectedly and the situation is so transient that the interview has to be done just in that very place. This is one of the exciting and fascinating part of doing ethnographic fieldwork. In practice, this means that the ethnographer from his side has to be prepared at all times; a recorder and a notebook are always in a backpack no matter where or when the ethnographer is moving. During my fieldwork, I conducted interviews for example on a rooftop, army checkpoint, street side and in public transport. Allowing the participants to choose the place of interviews is also an ethical practice. The participants know best, what is a safe place for him or her to share confidential contents of the interview.

A smart phone is a useful tool for communication in the field. However, according to my experience, it is wise to keep mobile phone on a silent mode at all times in the field. Ethnographer who beeps and tingles while moving around attracts unwanted attention and contaminates his
own opportunities for the observations. Especially during interviews, silent mode of devices is an imperative. The undivided attention for the participant during interview does not allow any interruption by the mobile devices. Yet, this rule only applies to researcher; the participant must have freedom to take care of his normal communication and decide whether or not to keep devices on silent mode. The researcher has to remember his position as a visitor on the field, so the daily activities of participants continue apart from presence of the researcher.

**ESSENTIAL INTERPERSONAL SKILLS**

The interpersonal skills used in the ethnographic fieldwork are mostly the same as what we use in our everyday life. The only difference is that during the ethnographic fieldwork, and especially during interviews, we use these skills thoughtfully and consciously. The most important interpersonal skill that an ethnographer needs during fieldwork is listening. Listening is an active process that involves several elements. The physical posture and positioning in relation to other person or persons is essential. During an interpersonal communication, we can demonstrate our full attention by our way of sitting. Cultural norms affect the ways a space is used during communication, but generally, sitting slightly obliquely towards the other person is a good practice. Open sitting position during communication reflects our open mind. Accordingly, it is wise to avoid keeping hands and arms crossed; also, backrest position should be avoided as it is sometimes interpreted as sign of an arrogant attitude. A slightly forward tilted position with open arms communicates interest and desire to learn by listening (Hardina 2012).

The physical posture we have during an interaction affects both the people we are with and ourselves. Personally, I have found it sometimes helpful to open my palms naturally and lightly towards the person with whom I am interacting. According to my experience, this almost unnoticeable gesture may facilitate presence and listening as it reflects openness and attendance. The interaction situations in the field are constructed through such small acts.

Fostering the emotions expressed by other person is important part of active presence and listening. As I did fieldwork in areas of the ongoing volatility, I often listened painful descriptions of losing home, or even death of a friend or family member. An active listener has to follow narrative of another person carefully and adapt his comments and nonverbal communication accordingly. Albeit the adequate abstinence might be considered to be scientific and professional, skillful listener is never cold or emotionally distant. The appropriate empathy can be expressed by a warm look, nod of a head or sometimes with a gentle touch on shoulder (Healy 2018).

The eye contact is an important part of nonverbal communication. It allows showing an attention and compassion. Too long continuous eye contact may make the other person uncomfortable; this is especially the case in the cultures in which persons of opposite sex usually do not encounter out of family surroundings. However, eye contact is an essential part of interpersonal communication and it should be used in natural manner whenever possible. Even if an ethnographer is using a notebook, he should practice skill of writing without staring the notebook continually.

**OBSERVATION DURING INTERVIEW**

Doing an ethnography is observing. Sometimes ethnographer is an outside observer, often a participant observer. During interviews, ethnographer observes both participant and himself. Observation provides ethnographer with information about emotions and reactions of participant. This information can enhance our understanding of the phenomenon a participant is describing. Often the content that a participant is sharing and his nonverbal communication is consistent; for example participant’s eyes are filled with tears when he tells about losing his dear friend in conflict related situation (see Hammersley & Atkinson 2007).
Sometimes verbally expressed content and nonverbal expressions are not in line. According to my experience this might take place for example when culturally sensitive issues are discussed. The verbal expressions might follow a generally accepted narrative but at the same time a contradictory nonverbal communication is observed. Depending on the situation, this kind of observation might be valuable in itself; however, if possible, ambivalence should be carefully discussed with participant. Thus, the ambivalent communication may be verbally opened and reflected. The previous requires skills and experience from ethnographer, the trust and openness from participants. In most situations, it is sufficient to recognize ambivalence, write discreetly short parenthesis on notes, and continue the interview. Every situation is unique; assessment of right way of interaction has to be done on a case-by-case basis.

SELF-AWARENESS AND EMOTIONAL SELF-REGULATION

An ethnographer’s beliefs, previous experiences and emotional state can have a profound impact on his interaction with the participants. Ethnographer’s self-awareness makes it possible to distinguish his experiences and emotions from participant’s experiences and emotions. This is a crucial skill when pursuing authentic and genuine narrative from participants. Paradoxically, to be able to understand participant’s narrative, ethnographer has to be conscious about his own mind. Other person can be understood only in limits in which we understand ourselves (Geroski 2017; Kanafani 2017). In my view, these are the very skills we, as ethnographers, should focus more when making ourselves ready to work in the field. This is especially the case if one is going to do ethnography about emotionally charged themes or in an unstable environment.

Although there is no complete agreement on the concept of self-awareness, it can be deduced that conscious understanding of own thoughts, feelings, attitudes and beliefs are at the centre of it. An ethnographer benefits from conscious understanding of his engagement and relationship styles; how he engages with other people and an environment that he is working in. Relationship style refers especially to the ability to be warm, friendly and empathic. The ethnic identity is an essential part of the self-awareness especially when working outside of familiar ethnic environment. Ethnographer has to be aware and sensitive particularly related to social positioning in the research field (Pieterse 2013; Kanafani 2017). I personally noticed during my fieldwork in the Middle East that being similar like people around me was not prerequisite of a rewarding interaction. My cultural background, religious beliefs and educational status differed greatly from the majority of people I encountered. More important than the differences was to consciously express the genuine self and respect others as they were. I learned that authenticity generates authenticity in other people.

The gender identity, sexual orientation and religious or spiritual orientation are the sensitive and substantial elements of an ethnographer’s self (see Pieterse 2013). Only if the ethnographer has dealt these themes inside him, he can make conscious decisions on appropriate limits of his privacy. It depends both on the ethnographer and ethnographic environment, what kind of issues can be openly shared and discussed. The taboos in different cultures vary and as a general rule, it is wise to be prudential and gentle when approaching the taboo related themes. At the same time, it is valuable to keep in mind that around and in the taboos, there is great amounts of important cultural knowledge stored. If justified by research questions and previously built trust, the sensitive discussion may open fully new dimensions for collected data (Fluehr-Lobban 2013). The emotional self-regulation is a complex process that influence the experiencing and expressing of emotions. This process is needed for example to determine how the different kinds of emotions are desirable to express in different kind of contexts (Davies & Spencer 2010; Beauregard 2004). Need for the emotional self-regulation is emphasized in an ethnographic fieldwork in situations where the participant shares something emotionally charged with the ethnographer. The painful descriptions involving the expressions of suffering affect especially to ethnographer whose
orientation is empathetic. The conscious response from the ethnographer is crucial. According to my experience, too strong response to painful narrative may startle the participant; too dull does not encourage continuing. The constant and sensitive assessment is needed.

In my experience, the participants often first test the ethnographer by telling something less meaningful. After seeing the reaction of ethnographer, participant makes decision if he is willing to share something more meaningful. An empathetic, warm and tranquil presence of ethnographer strengthens trust and enables participant to continue his narrative.

**COMPASSION FATIGUE AND SELF-CARE IN THE FIELD**

Especially when ethnographic fieldwork is done in conflict or crisis areas, an ethnographer is exposed to participants’ narratives of trauma, pain and suffering. Concepts often used to refer to the emotional reactions of listening the painful narratives are compassion fatigue, secondary trauma and empathic strain. Working in the stressful environment predisposes ethnographer to compassion fatigue. Other possible predisposing factors are excessive workload, inadequate recovery and lack of professional peer support (see Figley 2002; Geroski 2017).

The compassion fatigue often manifests itself as sleeping problems, decreased sensation of pleasure, increased anxiety and negative or cynical ideation. The individual who is suffering from compassion fatigue tends to avoid situations where he is exposed to the narratives of pain and suffering. His ability to be in a proper dialogue is impaired (Figley 2002). As ethnographer’s own personality is the most important instrument in the fieldwork, hence it is necessary to find ways to prevent compassion fatigue and recover from it.

In order to prevent compassion fatigue an ethnographer has to create a self-care strategy for the time in the field. It depends on personality, what kind of activities reduce the stress and promotes wellbeing best. However, some activities are effective with most of the people. Physical exercise in different forms relieve the stress. It is especially relaxing to exercise in a natural environment, outdoors in the fresh air. In conflict or war environments, it may not be safe to jog or walk outdoors, if so, other ways for physical exercise need to be created. Yoga or circuit training are good alternatives that can be practiced indoors (see Figley 2002; McNaughton-Cassill 2015).

The mindfulness techniques are useful both in prevention and reduction of the stress as well as in recovery from stressful events. Mindfulness is originally derived from Buddhist tradition, but is nowadays used also apart from religious origin. The main idea is to bring the attention to present moment and release the mind from anxiety causing contents. Practicing mindfulness promotes accepting and kind attitude towards oneself; unreasonable self-expectations are questioned which leads to relief of anxiety. Mindfulness practices can be done in any setting; one of the key practices is to concentrate consciously to one’s own breathing (Creswell 2014; Zarbock et al. 2014). The flexibility of practicing and its ability to calm the mind makes mindfulness particularly useful in the demanding conflict environments or otherwise emotionally burdensome field conditions.

In the field, ethnographer is the most important research instrument. In order to implement good ethnographical work, the ethnographer has to take good care of himself. The strategy for self-care is an essential part of the successful fieldwork plan.

**References**


3 COLLECTING ETHNOGRAPHIC DATA – MULTIPLE POSSIBILITIES FOR DATA GATHERING

IKALI KARVINEN

Ethnography was originally used as a methodology to study foreign communities in the anthropological research. When one mentions ethnography or anthropology, many people outside the scientific community remember European researchers who travelled long way to Africa to study unknown places and communities. Maanen (1995), states that in its early stages ethnography was seen as “straight-ahead cultural description based on the first-hand experience of an author”. While this image is historically correct, it tells only a little of how ethnography is seen today and how it has been evolving. Modern ethnography is not used only in the humanities or medicine but also in marketing and business sciences. For examples, Harvard Business Review (https://hbr.org/2009/03/ethnographic-research-a-key-to-strategy) emphasizes that corporate ethnography is currently seen as central to gain a full understanding of customers and the business. Ethnography has also become a way of collecting information for product and service design. Moreover, modern ethnography in the scientific use is seen more as an empowering participatory methodology that allows researcher to get deeper understanding of participants' lives. Also Maanen (1995), states that modern ethnography aims to contribute to the intense epistemological discourse. Moreover, he adds that ethnography is broadly seen as a storytelling institution; it carries the deal of cultural legitimacy.

What makes ethnography unique and fascinating, is the endless possibilities to combine different data-gathering and data-analysis methodologies. In this article, I am exploring the data gathering methodologies, which I have used as a part of my own research. In the article, I use mainly examples from my doctoral study (Karvinen 2009), and I highlight some of the good practices, which might be helpful for a junior researcher who brainstorms whether to use ethnographic methodologies in his or her own research and what are some of the basic questions related to the data gathering in it.

ETHNOGRAPHIC DATA: SEVERAL DATA COLLECTION METHODOLOGIES

There are several factors, which a junior researcher needs to take in consideration when choosing the data gathering methodologies in an ethnographic research. Aspers (2007), limits these to five different main points, including:

- Ethical aspects
- Field
- Need of evidence
- Financial resources
- Researcher’s competencies

In my doctoral research (Karvinen 2009), I used multiple data-gathering methodologies, including individual and pair interviews, (focus) group interviews, participatory observation (including field diary and newspaper articles), document analysis, essays written by students and multimedia data. My first observation here is that it is important to distinguish between data and data gathering methodology. For examples, interview data can be collected in several different
ways and analysis can as well be conducted in different ways. In the table below I am presenting what type of data I was gathering in my research, what was the data gathering methodology and how I analyzed the data.

Table 3.1: Types of data, data collection and data analysis methodologies (Karvinen 2009)

<table>
<thead>
<tr>
<th>Data and data gathering Methodology</th>
<th>Analysis Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview data - Individual and pair interviews (patients and villagers) (n=16)</td>
<td>Inductive Content Analysis / Culturally sensitive Qualitative Categorizing</td>
</tr>
<tr>
<td>Interview data - Group interviews (Nursing students, Nurse Teachers, Others)</td>
<td>Inductive Content Analysis / Culturally sensitive Qualitative Categorizing</td>
</tr>
<tr>
<td>Interview data - Individual interviews for health care providers (n=7)</td>
<td>Inductive Content Analysis / Culturally sensitive Qualitative Categorizing</td>
</tr>
<tr>
<td>Interview data - Individual interviews, pastor and traditional healers (n=9)</td>
<td>Inductive Content Analysis / Culturally sensitive Qualitative Categorizing</td>
</tr>
<tr>
<td>Written data - Participatory observation: field diary, two newspaper articles (n=2), three other documents (n=3)</td>
<td>Analysis Qualitative Content Analysis</td>
</tr>
<tr>
<td>Written data - Essays (n=4)</td>
<td>Qualitative categorizing</td>
</tr>
<tr>
<td>Visual data - Multimedia-data (photographs, n=2)</td>
<td>Interpretation of the situation and content</td>
</tr>
</tbody>
</table>

The table shows that in my ethnography, for example, the interview data was collected by using different data gathering forms, including individual, pair and group interviews for different audiences. These different types of data gathering methods needed different types of arrangements for interview situation. Settings varied from quite formal interviews in the hospital to very informal, but culturally accepted ways of gathering the data in different gatherings in the villages.

**INDIVIDUAL AND PAIR INTERVIEWS AS WAYS OF COLLECTING RICH DATA**

While interviewing is one of the most common methodologies in qualitative studies, within the ethnographic setting researcher faces several practical, ethical and content related challenges. In my doctoral research I interviewed villagers, medical personnel and traditional healers alone or in pairs. In most of the cases, it was not possible to record the interviews; rather it was important to take good notes in the situations. Most of the interviews were conducted in English without the local guide, while in some of the interviews, a local guide had a major role in explaining the situation to both the participants and to me and then also translating. My observation is, that for junior researcher it is very beneficial to find a good local guide, if the study takes place in a foreign culture. I also used local expertise in the recruitment of interviewees. For examples, in the hospital, first, the health providers approached the possible interviewees, asked their willingness to participate and after that, I approached them as researcher.

Ethnographic interview situations may vary a lot and each context is unique. Interestingly, in my research, in the interview situations, many patients in the hospital chose to conduct the interview in their own beds, instead of going out from the patient room. For me, as a western researcher, this was something new, showing that interviewees were not affected by the fact that their fellow patients could hear what they say in the interview. For me this shows that sometime issues which
we emphasize a lot in theory, might take place in very different ways in practice. Confidentiality being such an important issue, and I highlight that it is, was interpreted in this cultural context in a different way: it was not important for the participants that other fellow patients were not hearing what they say, rather that I as an outsider could create safe and confidential atmosphere between us.

For me, ethnographic research as a methodology is also a possibility to try something new in practice. By accident, without planning it ahead, I found it very fruitful to conduct so-called pair-interviews. In practice this meant that I interviewed two people at the same time and sometimes these people were more or less random to each other. My observation was that the participants who were interviewed in pairs were producing much more data. My own estimation is that this has something to do with the culture, which values the community and other people rather than individual efforts.

Thorough documentation is basis of valid and trustworthy research. While use of a voice recorder is recommended, it is not always possible in the rural, sensitive or outdoor settings. This causes ethical questions for the researcher: how I am to record the interviews in a trustworthy way. In my own doctoral research, I used field diary to record the interviews. If it was not possible to draft comprehensive notes immediately in the interview situation, I did it as soon as possible after the interviews when memories were still fresh. Additionally, my recommendation is, that researcher should always also use pen and paper in the interviews, even though there would be additional voice recording. My observation derives from my understanding that interview is always also an opportunity for observation. Good researcher is always also observing, since the reactions, feelings, positions and external activities are also data as such and can tell more than what is actually said in the situation.

**USE OF GATE OPENERS TO REACH THE COMMUNITY**

Ethnographic researcher often faces challenges in accessing the communities. It is easy to access, if you are already known in the community, for examples, if you conduct corporate ethnography in your own workplace. Things are bit more challenging in foreign cultures or remote areas. In my research, I used so-called Gate Openers to access the community. Gate Openers were people from the community who had access to communities, good position in the eyes of people and who spoke local and English languages. I had several Gate Openers who enriched my understanding of the local culture. They were also informants and their interviews were recorded as a part of research data. Daily discussion with them was important to me. It helped me to gain insights into the daily life of the community. One of the most important Gate Opener was also working as my interpreter in other interviews. According to my understanding, Gate Openers do not necessarily need to have high education level, rather it is important that they are trusted people who grant the access to families and societies which makes easier to understand the socio-cultural structure of the community. My recommendation is, that researcher should have enough time to explain the gate openers the goals and objectives of the research. Trust building, getting to know each other and ways of working are important for smooth running of data collection.

**(FOCUS) GROUP INTERVIEWS – POSSIBILITY TO ENGAGE IN DEEP DISCUSSIONS**

My main data gathering method in my doctoral research was focus group interviews. Focus groups were organized for students and villagers and this gave me a possibility to observe also the interaction between participants.

In my experience, group interviews are good ways to gather information especially with younger informants. In my study, nurse students participated to group interviews. Although they were
selected by the Principal of the nursing college, I emphasized the importance of willingness to participate voluntarily. Focus group interviews were taking place in several different physical environments, for example, outside under the tree. Of course, when conducting interviews outside, researcher needs to think if it is possible to record the interviews as we discussed earlier. In foreign settings, researcher needs to acknowledge that he or she does not fully understand the communication methods, power structures or relations between people. That is why researcher should not draw quick conclusions but rather invest enough time to gain deeper understanding of the cultural aspects in the community. In the focus group interviews, it is also important to pay enough attention to interaction between participants, their actions and reactions as well as the silence: often that, what is not said in the situation is important too.

![Picture 3.1: Group Interview under the tree.](image)

**USE OF OTHER MATERIALS**

As part of my doctoral research data, I also used essays (n=4) which were written by students from the University of Eastern Africa, Baraton. These students studied during the research period in the Kendu Adventist hospital, which gave me a possibility to approach them. They wrote essays about my research topic, which I then later on used as a research data. Students wrote essays in small groups, 5 to 6 students, in a group. The length of the essay varied from 139 words to 252 words. Additionally, I used newspaper articles and photographs as data in my research. The use of photographs can be divided to two different categories: Most of the photographs were used to support the data presentation. In practice this means, that photographs were used as they are to show the research environment or the research situations. Only two of the photographs were used as primary data and they were analyzed by a method which I developed for this purpose. (Karvinen 2012; Dicks et al. 2006; Kankkunen 2007).
IN CONCLUSION

In this brief article I have described how I used multiple data-gathering methodologies in my doctoral study. As described, ethnography allows a research to combine different data-gathering methodologies to come up with fruitful data, which is not rich only in quantity but especially in quality. Multiple data-gathering methodologies give dimensions to the data which could not be reached without multiple ways of approaching the same questions. As in this article I have concentrated quite much to the technical data collection, in the conclusion I want to emphasize that still, within the ethnographic research the encounters with the people in field determine the quality of study. If a researcher fails in creating trustful and respectful relation with participants, this problem cannot be tackled by any means. Asper (2007), has a topic of “Encounter in the field” in his book. According to my understanding this summarizes everything: data-gathering is a human encounter in the field and in all human encounters the basic principles of being present, to listen actively, being interested about another person, are among the many principles which need to be taken into consideration.

References

Families have been analysed in several studies by using the same premises and methods as studying individuals. However, there are many differences in ontology and methodology, when the focus of your research is family. In this chapter, I describe shortly some ontological and methodological issues, which can be met in researching families in qualitative methods. Mostly, this article based on the perspective of the family nursing research, but these issues are relevant for all researches, which study families in qualitative methods.

DEFINITION OF THE FAMILY

Family is a basic unit in society and the definition of family have varied depending on the era, cultures and countries (Sharma 2013). Nowadays, the diversity of families has increased and according to Statistics Finland’s family statistics (2017) over a third of all Finnish families can be viewed as multiform. However, most of children under three live in families with two parents, who are married couple or co-habiting couple (Official Statistics of Finland 2017) and these family forms are the most common. The diversity of families will be increased in future and will include many different kinds of family forms, like single-parent families, adoptive families, multiple-birth families, bicultural families, foster families, families with lesbian, gay, bisexual or trans parents, blended families, widowed families or families who have lost their child. It is obvious, that some families can belong to many different family forms at the same time, when these categories define only one side of the family.

It is also important to ask the families how they define their own family. This subjective definition of the family can surprise us sometimes and may expand our understanding of the definition of the family. For example, in my own study I asked the parents to define who belonged to their family in an open question of the questionnaire. In addition to the mother, father and children, the responses defined spouses, pets, close relatives or deceased children (Haaranen 2012). Thus, it is important to define the family and reflect the meaning of the family, when you start to plan your research. The definition will affect all choices in your study including data collection and analysis. Clear definition of the family clarifies all phases of your research process (Åstedt-Kurki et al. 2001; Donalek 2009). The definition of the family is an ontological premise, which guides all methodological choices in your research.

FAMILY AS A RESEARCH SUBJECT

Family can be understood as a research subject in many ways. This means how you approach family in your research. Family can be understood as a unit, context or system (Åstedt-Kurki et al. 2001; Segaric & Hall 2004). In researching families in qualitative or mixed methods, it is important to define how you approach family in your research. This is the other premise, which guides your choices in research.

Family as a unit is referred that the entire family becomes the focus of research. The focus is on both the individual and the family simultaneously and family is perceived as an indivisible unit.
This requires that researcher takes into consideration the whole family. For example, researcher interviews each member of family to get a broad and adequate picture of research phenomenon (Segaric & Hall 2004). Individual in the family is a focus, when family is understood as a context (Segaric & Hall 2004). Then a single family member is adequate for the informant in qualitative research. In many family studies, data were collected from one or two family members, who were speaking on behalf of the whole family (Åstedt-Kurki et al. 2001; Donalek 2009). In this case, it is important to take into consideration the limitation of results. They cannot concern the whole family, only a perspective of one family member from the whole family.

Family as a system emphasizes the interaction within and between all family members as well as each family member individually (Segaric & Hall 2004). This means that the structural and functional components of the family interact with environmental systems and its own subsystems (Friedemann 1989). In addition to, Wright and Leahey (2013), have added to this model suprasystems, which means various larger systems, like neighborhood, work and school environments. All these systems interact dynamically and a change in one system causes changes in other systems (Wright & Leahey 2013). This system-based approach helps to understand family interaction and functioning between all family members.

RECRUITING FAMILIES TO RESEARCH

In many studies it has been noticed, that recruiting families is harder than individuals (Bell et al. 2000; Donalek 2009; Ganong 2011; Haaranen 2012; Horowitz et al. 2002; Marcellus 2006). The main reason is gaining access to family and obtaining data from more than one family member (Horowitz et al 2002). There have been presented some strategies on how to gain access to family in literature (e.g. Donalek 2009; Horowitz et al 2002). According to Horowitz et al. (2002) the explanation of the potential benefits of the study can address the participation of the family members. When researcher describes how the study can enable professionals to understand better the needs of families, it can add the altruistic motivation of the family members. You can also use different kinds of sampling techniques. In the snowball technique you, as a researcher, can ask families to name other possible families (Donalek 2009).

It is useful to inform about your research in places where families are, like family centers, peer-groups, family associations, health providers, community newspapers and bulletin boards, websites and social media (Donalek 2009). Mostly, the research collaboration with family agencies (associations, health providers, family centers) is fruitful and you can plan with them how to get families for your study and you can inform about your research in their places and events. For example, I recruited families from voluntary organizations and family associations, which arranged peer-groups for families. I participated in their events and groups to inform about my study and encouraged them to participate in my study. Over thirty parents were enthusiastic for interviews. (Haaranen 2012).

CHOOSING METHODS AND DATA COLLECTION

The main idea in choosing relevant research methods for family research is the research question and how to obtain knowledge to answer for that. According to Marcellus (2006) main weakness in family studies is choosing methods which have been developed and used only with individuals. Of course, this is an appropriate way, when we understood family as a context and study individuals in family. To add more depth in data from families, it is useful to interview families and its members on several occasions (Åstedt-Kurki et al. 2001). If we will study a whole family at the same time, then we can use group methods, like focus group interviews.
Data from families have been generally collected by interviewing one or two family members and these results have attempted to report for concerning the whole family (Donalek 2009). This manner has many values, as recruitment and the use of resources, but do not fully reflect on the perspective of the whole family (Åstedt-Kurki et al. 2001; Donalek 2009). In addition, a family member who is participating in the study is mostly a mother. It is much easier to recruit mothers, who are often the main caretakers of children than find and recruit fathers. As a result, fathers are still underrepresented in family studies. (Bell et al. 2000; Ganong 2011).

In collecting data from families, it is important to make it as user-friendly as possible (Horowitz et al. 2002). For example, collecting data from there where families are or where they wish to participate in research or using methods which are appropriate for families. In my study (Haaranen 2012), I agreed with families on where the interviews happened. Most of the families wanted to be interviewed at their home. However, some of the families wanted a neutral space outside their home. For them, I had reserved a neutral space for interview at public libraries, family associations or organizations. Each of them had a silent room, which could be used for interviews. In my opinion, this flexible arrangement for families added to the enthusiasm and confidence of families to participate in my study. (Haaranen 2012.) The safe environment is essential for interviews and qualitative research. Families are more likely to communicate and be open, if they feel comfortable and relaxed. (MacDonald & Greggans 2008.)

Eggenberger and Nelms (2006) have presented a guide for conducting family interviews based on their research, in which they interviewed a whole family. The guide has three categories: preparation, guidance of interaction and conclusion. The adapted version concerning the family research in general has been presented in table below. This guide helps you to prepare your interview with family, interaction during the interview and concluding the interview.

Table 4.1: Guide for conducting family interviews (adopted Eggenberger & Nelms 2006).

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Guidance of interaction</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate interview time with one family member emphasizing desire for participation of all family members</td>
<td>Approach the interview as a dialogue rather than as a structured interview</td>
<td>Continue dialogue until no new information emerges</td>
</tr>
<tr>
<td>Arrange comfortable location of the family's choosing</td>
<td>Employ the arts of listening and authentic presence</td>
<td>Share follow-up contact information</td>
</tr>
<tr>
<td>Situate furniture so that family members and interviewer face one another</td>
<td>Begin dialogue with open-ended question</td>
<td>Express appreciation to individual family members</td>
</tr>
<tr>
<td>Engage the family by greeting and helping members feel comfortable</td>
<td>Explore further by using probing questions such as: Can you tell me more about that?</td>
<td>Acknowledge a family strength</td>
</tr>
<tr>
<td>Address each family member directly, including children</td>
<td>How is your family feeling about this issue?</td>
<td>Thank the family for their participation as a family</td>
</tr>
<tr>
<td>Provide children with age-appropriate materials (crayons, markers and paper)</td>
<td>Remain intentional about uncovering the family experience, emotion, and beliefs</td>
<td></td>
</tr>
<tr>
<td>Promote a relationship by expressing an understanding of their situation</td>
<td>Elicit responses from all family members</td>
<td></td>
</tr>
<tr>
<td>Share interviewer's professional background to create a context of trust and</td>
<td>Be cautious about creating alliances with one family member or subgroup</td>
<td></td>
</tr>
<tr>
<td>competence</td>
<td>Avoid premature judgmental comments or advice-giving</td>
<td></td>
</tr>
<tr>
<td>Review interview process such as purpose, time, confidentiality, and their</td>
<td>Redirect the conversation to a family member if interrupted by another family member</td>
<td></td>
</tr>
<tr>
<td>right not to answer a question</td>
<td>Convey acceptance of expressions of emotion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Devote attention to both the whole family and individual members</td>
<td></td>
</tr>
</tbody>
</table>

SOME OBSERVATIONS ON DATA ANALYSIS IN FAMILY RESEARCH

Research questions, the definition of the family and choosing methods guide analysis of the data. The data can be organized in many ways depending on the research questions. Family experiences can be described in general or by emphasizing the experiences of different family members. This affects how to report results in study. (Åstedt-Kurki et al. 2001.)
The definition of the family can influence the amount of data. For example, if we understand the family as a system, it requires examination of the notion that the family is greater than the sum of its individual members. The analyzed data can then contain multiple data like individual interviews, couple interviews, video and photos and other observations of the family interactions. (Bell et al. 2000.) As a researcher, you need to organize data to the form that answers your research questions. According to Bell et al. (2000), the most important issue in analysis is how to combine the representation of a family member to obtain a whole family picture. However, the number of different family members as respondents itself does not guarantee more reliable and valid data (Åstedt-Kurki et al. 2001).

FINALLY

In this chapter, I have described shortly the main methodological issues met in researching families in qualitative research. This description is based on literature and on my own experiences as a family researcher. I hope that these observations help you to plan your own family study and in avoiding the methodological problems in future.

References

5  MIXED METHODS APPROACH – ADDED VALUE TO PUBLIC HEALTH RESEARCH

JUHANI MIETTOLA

FROM PRACTICAL QUESTIONS TO A RESEARCH IDEA

I started my general practitioner’s career in Finland in 1975 just after graduation from the medical school. Since then, I have been working in primary health care as a full-time or lately, as a part-time practitioner. It means tens of years of working closely with community members. Enough time to take me to the reality of the human life, health, wellbeing and lack of these. During the last ten years before my retirement from full-time work in 2013, I had a great opportunity to go deeper into the research of health and ill-health. The time in the academic setting offered me a great chance to find answers to my burning questions which troubled me for many decades.

As a junior medical doctor, I kept on thinking of mechanisms behind human health views and behaviour. Since the early years of my professional career, I had more questions than answers. The patient perspective was somehow opposite to my medical school perspective. Why is it that my patient thinks in a stranger way than me? What makes my patient to assume this or that? Why doesn't he accept my advice? Or if accepts, why doesn't he behave accordingly? However as a general practitioner, I had to help my clients with many answers, though there were no exactly right answers. Many a time I was urged by my clients to give answer to their questions. Still now, I am not sure whether my answers, if any given, were correct or incorrect.

At least most of doctor’s answers to patients are based on medical evidence. This evidence in public health especially is gained from population studies, some of which are huge multi-center studies. Epidemiology plays a key role in achieving evidence-based facts. We doctors normally tend to speak about normality and abnormality, disease, pathology etcetera. This is what we take for granted. And in most cases, numbers speak loudly. Basically, it is the numbers and images which tell whether a person is healthy or sick. Finally in the middle of my work, I started to dislike the dominance of numbers. I wished to see a big picture. Too many WHY questions aroused.

By years, I came to understand that there is always something behind numbers. Luckily also, I found the salutogenesis concept which was developed by Aaron Antonovski (1979). When my supervisor suggested metabolic syndrome for my PhD topic, I swallowed the idea but only with two preconditions; first, salutogenic approach should be involved; and second, it should not be merely a quantitative research. I eagerly wanted to include WHY questions in my research. Fortunately, my supervisor accepted these two preconditions. Finally, after a massive literature search, I found an approach which would be appropriate for my research topic. This was mixed methods research approach which combines quantitative and qualitative studies (O’Cathain 2009).

There was another good thing in my research project: I managed to get an anthropologist for my second supervisor. The first supervisor was a professor in general medicine, a senior general practice specialist.

METABOLIC SYNDROME – MUCH MORE THAN A MEDICAL CONCERN

Metabolic syndrome (Reaven 1988; Krentz & Wong 2006) is a cluster of cardiovascular risk factors. The scientifically agreed upon factors which are also included in the agreed upon definitions of
metabolic syndrome are obesity (especially central obesity), elevated blood pressure, abnormal serum lipid levels and elevated blood glucose level. Obesity is easy to see from the appearance, but detection of the other risk factors needs more or less medical intervention, at least blood pressure measurements and laboratory tests. There is still much debate about the risk factors, but it is obvious that lifestyle plays a key role in the pathogenesis of cardiovascular illnesses, more than genetic constitution, as many scientists assume.

There is also much debate about direct or indirect association of harmful psychological stress and cardiovascular illnesses. The link could be metabolic syndrome in some instances. Unfortunately, we do not have appropriate biological markers of harmful stress. Instead, we have to make use of indirect stress indicators.

There has been a huge change of lifestyle alongside with the improved living standards in the western world especially after the second world war. Living standards have raised markedly. However, this positive societal development is associated with negative health impact at individual level. Cardiovascular risk factors have increased, and nowadays they appear during earlier years of the life span.

It is rather obvious that the high prevalence of metabolic syndrome is associated with the decreased demand of a human being to adapt to direct physical threats around him. During old times in our western cultures, energy was needed for physical activities such as food gathering, manual labor, hunting and fighting. Since food supply was scarce, it was used just to stay strong enough to survive in harsh conditions. In our times, the energy which is obtained from food is not any more for immediate need, since we are faced with less physical stress situations. Therefore the body stores the extra energy in the fat tissue. And what is even more harmful, the "bad" fat tissue in the abdominal parts of the body is not mobilized easily.

However, the modern stress, which is much more of psychological nature and in many cases chronic in our hectic postindustrial culture, overloads the sympathetic system of the body by producing stress hormones and maintains a low-grade inflammatory status in the body. Consequently, the cardiovascular system falls under a heavy long-standing strain with the result that the amount of visceral fat tissue increases along with sedentary lifestyle and excessive calorie intake. All in all, there is a vicious circle in the body where all the harmful factors cumulate and add negative impact of each other.

As metabolic syndrome is one of the lifestyles related medical conditions, it is important to assess not only objective parameters but also subjective views, feelings, orientation to life, quality of life and other dimensions. As a matter of fact, metabolic syndrome is not only a medical condition nor a cluster of cardiovascular risk factors. It is even more a cultural phenomenon and a clear indicator of cultural change from a mobile to a sedentary and more mentally stressful lifestyle. For this reason at large, we have to understand much more lay views and understanding as well as individual and collective life orientation of human beings.

**BARRIERS BETWEEN THE LAY AND PROFESSIONAL PERSPECTIVES - CULTURAL MODELS**

Lay health understanding is based on personal and proximity experiences (Helman 2001). Also, an individual constructs his/her health concept from pieces of information from various sources, e.g. from the family, friends, peers, idols and all kinds of communications including social media. Basic elements of life orientation and lifestyles are also learnt in the early childhood from the parents, grandparents and other family members, as if these things were inherited. All these pieces of information, attitudes and traits build up a fairly superficial yet firm understanding on health and wellbeing. This cultural model is as real to the lay person as is profoundly digested scientific evidence for the medical professional. Based on research evidence, cultural models are very
resistant against professional evidence-based facts. All cultural models are taken for granted explanation models of the world and the life (Holland & Quinn 1987). According to a pure biomedical thinking the life seems to be an escape through a jungle of pathologies and health risk factors. The lay thinking gives room for individual consideration and compromises. Speaking about risks embarrass ordinary people. Also, conflicting research findings do not make the thing that easier. Therefore it is no miracle that the doctor’s advice is not followed in many cases. Probably it would be better to speak about liability rather than risks as Cecil Helman writes in his publications (Helman 2001). Speaking about risks builds a barrier between the doctor and the patient. Ideally, the doctor-patient-relationship is based on a shared language. The main task for a primary care doctor is to help the patient make healthy choices in his life. Public health experts should understand the strong influence of cultural models in ordinary people’s health understanding and lifestyle.

**SENSE OF COHERENCE, COMPREHENSIVE LIFE ORIENTATION HELPING TO STAY HEALTHY**

Sense of coherence is based on the concept of salutogenesis (Antonovsky 1987, 1993). It is an indicator of comprehensive trust on a variety of challenges in a human being’s life. A coherent person sees the life meaningful (meaningfulness), understands positive but also negative events as a part of life (comprehensibility), and is capable of coping with various life challenges (manageability).

As to health, meaningfulness is basically capacity to accept the daily life and the destiny. As a matter of fact meaningfulness forms a firm basis of trustful life. Comprehensibility stands for capacity to understand the influence of both internal and external stimuli (positive and negative) to the human life so that one does not see events as a chaotic mess. Manageability is ability to make use of internal and external resources for handling positive and negative stimuli. Internal resources are one’s own capacities to cope, while external resources are such as significant others, spirituality, religion, ideology, or other factors which support one’s health and wellbeing. Sense of coherence is a link between resistance resources and health (Antonovsky 1987). Resistance resources (internal and external) are mobilized in stress situations which always cause tension in a human being. Coping well these strain situations improves one’s confidence to manage similar situations in the future, hence increases the sense of coherence. Poor coping means continuation of the strain situation which has negative impact on one’s health situation (Björntorp 2001). According to scientific evidence, strong sense of coherence protects a human being against stress factors and improves coping with stress. Consequently it predicts decreased mortality (Surtes et al. 2006). Correlation between strong sense of coherence and low cardiovascular morbidity has been reported in some worker groups (Poppius et al. 1999).

**LAPINLAHTI 2005 STUDY: A NEW APPROACH TO UNDERSTAND METABOLIC SYNDROME**

In 2004, I invited to my study all the 760 Lapinlahti citizens of eight birth cohorts between the ages of 30 and 65. Of them, 480 participated in a health survey which produced information about the prevalence of metabolic syndrome and its association with lifestyles, health-related quality of life, mood, and health views. Consequently, 43 volunteers from the participants participated in tape-recorded interviews, which all I personally carried out. Finally all the findings from the health survey and interviews were combined to assess the need, possibilities and strategies of welfare intervention. My aim was to test a model for practical work at primary health care level. To the
best of my knowledge this was the first time to merge qualitative and quantitative techniques in metabolic syndrome research. I searched views, feelings, life orientation and some other subjective dimensions partly with a questionnaire of the health survey, but majority of in-depth information and understanding I achieved through focused individual interviews. In the interviews, I included questions about sense of coherence based on Antonovski’s extensive research work around the concept of salutogenesis. I had to go back to his findings which he had from his interview studies with holocaust survivors (Antonovski 1979).

My research project started with a postal questionnaire to the subjects of the population cohorts (described above). It was followed by a health survey including a supervised questionnaire study searching mainly lifestyle and health views, and health examination with some physical measurements and laboratory test for metabolic syndrome as defined by the National Cholesterol Education Programme ATP III in 2005 (Grundy et al. 2005). In the statistical analysis of the health survey data, I made use of MS Windows SPSS-software Versions 11.5-14.0 (SPSS Inc., Chicago, IL). I also applied Beck’s depression inventory (BDI) for finding association between low mood and metabolic syndrome (Beck 1961). I used the BDI 21 tool.

For the interview of 43 volunteers from the cohorts I used a theme list around lifestyles, health views, life orientation and concept of sense of coherence specifically. My interview setting may be considered as a clear focused interview approach. The themes of the interviews are described in the following list:

Self:
- Self-image (temperament, personality)
- Body-image
- Pleasure, annoyance
- Relationship with life, death, illness and ageing
- Life values, moral, concepts of right and wrong
- Guilt, shame
- Emotional relationship with next of kins
- Relationship with psychological conflicts
- Experience of security, confidence
- Life events (minor and major) and their influence
- Role models, idols

Health, illness, lifestyles earlier and now:
- Experienced own health condition, health condition of next of kins (earlier and now)
- Documented medical conditions (own and those of next of kins)
- Influence of own medical conditions and those of next of kins to life styles and life orientation
- Any other factors affecting life styles
- Sources of health awareness
- Health as an absolute value
- Health as an instrumental value
- Definition of health
- Valuation of health, its changes over time and factors behind experienced changes
- Health motivation
- Health literacy

Primary social networks earlier and now:
Family dynamics
- Emotional atmosphere in the family
- Conflict solving mechanism in the family
- Family as a source of feeling of basic security
- Roles in the family
- Common efforts
- Relationship between work and rest
- Everyday life and festive times
- Celebrations, parties, visiting friends and relatives
- Neighbors, friends, community activities, get-together events, peer support
- Hobbies

Secondary social networks earlier and now:
- School
- Work life
- Cultural changes in the society and community
- Relationship with public organizations and services
- Relationship with public health care as a source of health awareness and services
- Relationship with private health sector as a source of health awareness and services
- Relationship with other welfare services
- Relationship with other formal organizations and services
- Experiences in complementary and traditional medicine
- Mass media as a source of health information
- Relationship with informal organizations, memberships in societies, associations or similar

Other factors:
- Values and moral perceptions
- Relationship with nature
- Relationship with spirituality and religion

The setting was mainly deductive analysis of the interview contents. I achieved a huge amount of interview material which I translated and processed partly manually and partly using NVivo computer program (Richards 2005). The computer program helped me code, categorize and group the phenomena behind lifestyles, health views as well as the contents of the three elements of sense of coherence, namely comprehensibility, manageability and meaningfulness. Coding was based on the interview themes. Codes were grouped into categories. The anthropologist supervisor also read through all the translated interview texts. Consequently, we had a series of discussions to have mutual understanding on the contents of the interviews.

The qualitative part of the study was also partly inductive, since some new themes emerged during the interviews. In the analysis of the interviews, I tried to stay as objective as possible, yet it is not very easy. However, in a qualitative study the researcher becomes a part of the study, whether one likes or not. Narrative elements of the interviews were also clues to the social and cultural context of the informant’s health behaviour (Backett & Davison 1982).

By far the heaviest work was merging of the results of the health survey and findings of the interviews. There was not much guidance available for my merging work. However, I managed to address the main research questions. I utilized the concurrent mixed methods research approach (Creswell 2003). My approach in this merging based firstly on the pragmatic research
setting and secondly on my original aim to acquire appropriate findings for practical health care work.

RESULTS OF THE HEALTH SURVEY - METABOLIC SYNDROME IS AN ALARMING PUBLIC HEALTH CONCERN

In Lapinlahti, metabolic syndrome is as common as it is in average adult population in Finland. Nearly four of ten research participants had full-blown metabolic syndrome. In this population, metabolic syndrome was associated with social alienation and blame-shifting from self to external factors (Miettola et al. 2012). Metabolic syndrome was also associated with impaired daily activities and vitality, feeling of tiredness, experienced discomfort, irritability and unsatisfactory sexual life (Miettola et al. 2005). In the whole sample of this cross-sectional health survey, metabolic syndrome was associated with self-perceived depression by BDI-21 total score, and in its many dimensions especially in men (Miettola et al. 2008).

FINDINGS OF THEME INTERVIEWS – ADDED VALUE IN PUBLIC HEALTH RESEARCH

Health views of the informants reflected cultural context of the childhood. Cultural models seemed to have a significant impact on the informants’ present life including health behavior. The societal changes in Finland post-war time was reported to disturb the traditional harmony between work and leisure time. For the same reason, informants were concerned about the diminished contacts with relatives and neighbors. Also other social communication and acting together for a common goal in work and free time seemed to have diminished along with the societal changes during the last decades. These concerns were brought especially by older informants.

Among majority of the informants, spouse and family members were seen as the strongest elements of wellbeing. Peer support and well-functioning health care were also regarded as valuable assets. The public health care was criticized fairly heavily, whereas occupational health was given credit.

The interviews gave a wider, deeper and more real-life insight than did the health questionnaire on the health, well-being and quality of life of the informants. Similarly, the findings of the focused interviews suggested problems in accuracy of Beck depression inventory (BDI-21-point assessment) especially in the informants locating at both extremes of self-criticism. Those who reported low mood gave in the interview much more hopeful picture of their life than did the simplified questionnaire answer. Similarly, the interviewer was not really that sure about the truthfulness of the answers of some of those informants who had very low BDI total score. For this reason, at least some of the low scorers presented more false sense of coherence than real genuine strong sense of coherence.

Positive psychosocial factors in adulthood evidently improved wellbeing, coping and sense of coherence in informants whose childhood living conditions and basic psychosocial security had been poor or insufficient. This kind of strengthening of sense of coherence was a striking phenomenon in this setting regardless of the age of the informant. To my understanding this hopeful finding could be a good reason for supportive measures after major life events in childhood and later in the life.
FINDINGS OF THE MERGED HEALTH SURVEY AND FOCUSED INTERVIEWS AT INTERVIEW INFORMANT LEVEL

Merging of the findings of the interviews of 43 informants and health survey of 480 participants in Lapinlahti municipality helped construct strategy models for primary health care for prevention of metabolic syndrome at individual level based on salutogenic approach. The 43 informants were located in six sense of coherence categories. These were: (1) weak or false sense of coherence, (2) insufficient external resistance resources, (3) insufficient internal resistance resources, (4) inadequate health awareness (knowledge aspect), (5) weak understanding of the value of health (semantic aspect), (6) strong or strengthening sense of coherence. Consequently, every informant was located in the appropriate wellbeing profile, which served as a basis for an assessment of the need, possibility and means of an individual wellbeing intervention. Similarly, the merging of the qualitative and quantitative research findings made it possible to deeper assess health attitudes, lifestyles, health behavior and individual potential (possibilities, motivation) for improved health behavior and finally improved health. Psychological, psychosocial and sociocultural factors seemed to play a key role in this assessment.

FINAL RESEARCH FINDINGS

Three main strategies were found for prevention of metabolic syndrome at primary health care. These strategies could be also applicable to other life-style related health problems. The strategies are:

1. Influencing lifestyles through strengthening health awareness, health understanding and value of healthy behavior. This approach would be appropriate for individuals whose health awareness is scarce, superficial or has not materialized in healthy behavior or lifestyles. Similarly, this approach could be appropriate for individuals who need strengthening of health understanding as a life asset.

2. Psychosocial support and strengthening internal resistance resources. This is applicable for individuals who are prone to mental stress and have unreasonable internal demands.

3. Strengthening of external resistance resources to support individual’s own efforts. This approach is applicable for individuals who has high motivation towards betterment of lifestyles but many practical, yet not incurable obstacles in their daily life.

NEW STRATEGIES IN PRIMARY HEALTH CARE

Epidemiological research projects describe public health trends and phenomena at population level. In addition, community based qualitative and mixed methods health studies are needed for getting also answers to WHY-questions. For getting these answers, qualitative research is needed to describe phenomena, and mixed methods research is needed to address real life problems.

At primary care, health and wellbeing intervention should be always based on agreement between the beneficiary and the professional. It is not possible in the hectic daily life for the health professional to thoroughly assess the situation of the beneficiary. However, both sides should agree on the most appropriate means and the approaches for lifestyle change based on two-way understanding. What is said here in prevention and management of metabolic syndrome is applicable to many other lifestyle related health problems, too.
It is quite impossible for a professional to coach the beneficiary in the process for better health behavior without having a clear idea about health views, attitudes, and social as well as cultural environment of the beneficiary. It is also important to take into account the cultural models in the community of the beneficiary. This means that the professional acknowledges taken for granted cultural models in the primary and secondary social networks.

WHY MIXED METHODS IN HEALTH CARE – FLESH ON BONES?

As a matter of fact, every primary care encounter is a mixed methods research project, and at the same time a great opportunity for a health professional to see the big picture instead of focusing on the presenting problem or concern. Cecil Helman says: "To be an effective healer, a doctor needs to understand the storyteller as well as the story." Narratives help us to understand the life behind numbers. In both research and practice settings, narratives also help to understand people’s life orientation (meaningfulness, comprehensibility and manageability, i.e. sense of coherence).

Good health and wellbeing are essential elements of high quality of life. Life orientation plays a crucial role in health semantics. Narratives of complaints, illnesses and health behavior reflect the cultural and ethnic background. Similarly, lay views origin from adopted cultural models from the early childhood.

Based on my research findings the influence of the primary social networks (e.g. family members, friends) on health behavior is crucial. My interview findings also clearly demonstrate that at individual level laboratory test results or questionnaire scores seldom tell the whole truth. A person can stay fairly healthy and coherent with pathological test results, whereas quality of life of another one with totally normal parameters may be poor. One of my informants, a MS-patient is a good example of the term called disability paradox. She suffers from various daily difficulties, but experiences a good quality of life when to most external observers she seems to live an undesirable daily existence (Albrecht GL & Devlieger 1999). The life is full of odds.

References


Words and texts are usually the main skeleton of Qualitative data, so we see the use of interviews and discussions, which may feel like easy everyday conversations but provide the framework to build the entire process on. However, as Qualitative research aims to take you very close to the subject, the society and to the issue at hand, so the data collection methods are designed and chosen to fulfil that aim. Therefore, we see the researchers employing observation as an extra tool to record exactly what is going on. Supporting data types also include taking photographs or making videos, where the purpose is only to add to the description, clarification and understanding of the issue. Now since the data varies in types, hence the analysis varies in method. In this chapter, we will go through the process of digging into these data types looking for meanings.

WORDS

In-depth interviews are the most popular choice among Qualitative researchers. In addition to being very justifiably able to generate rich data, interviews are very attractive in appearance. Young researchers get a feeling that this is very doable, as they see how it feels just like any other talk. However, the real process is happening at a deeper level, hence the name “In-depth” interviews. The seemingly benign questions carry a planned approach. An interview-guide is the first step in preparing you, and it happens way before sitting in front of the subject. Researcher comes up with a plan to tackle the specific aims, each specific aim gets a designated line of questioning. There is always a potential to not have a readymade question available at the spot, so the semi-structured format helps. Interviewer creates a brand-new question at the spot, spontaneously, according to the needs, in order to get more out of the subject on some particular point. This probing adds more questions and therefore more answers (data) to the process. Focus group discussions use the same formula. Here, the probing gets help not just by the interviewer but also with help from the fellow subjects of the discussion group. Other chapters of this book are to provide examples and more explanation to this process, but here let us look at what to do after conducting the interviews and focus group discussions.

TRANSCRIPTION

First step is transcription, which simply means that all the words spoken by you the interviewer and the subject are to be put on paper. But often interviews are done in a language different from the language of your report. So, then the translation accompanies the transcription process. Key here is to not pollute the data by changing anything. You may suddenly come up with a better phrase than the one you used yourself in the interview question, or you may understand the subject and decide to tell it more clearly, but this is not allowed. Do not change anything. Translate and transcribe exactly how the interview went. Any change at this stage will decrease the validity of your research and you will be reaching the findings which are based on your opinion and preferencing of a phrase in a way different than the actual words of the subject. Hence, advice is to double check the translation and transcription.
CONTENT ANALYSIS

Once you have gone through the translation and transcription process, you got full interviews in written format on your computer screen. But often this means a pile of seemingly overlapping and repetitive expressions. How to sort through all this and bring out a clean-cut message? Content analysis is the most commonly used data analysis strategy in qualitative research. It simply means to look for themes and organize them. It consists of following steps:

CODING ------ CATEGORIZATION ------ CLUSTERING

- Coding means to look for themes. When you spot a theme, or a sub-theme, give it a code.
- When you are done with coding, you will see many codes with some common element, put these codes together and these are categories.
- Now you simply match your categories with the specific research questions of your project. All the categories which answer to a specific research question form a cluster.

Inductive content analysis is used when there is not enough former knowledge about the phenomenon, or if the knowledge is fragmented.

Deductive content analysis is used when the structure of analysis is built on the basis of previous knowledge, or the purpose of the study is to test a theory.

This chain of events will put your interview text in order. You will start seeing similar and dissimilar themes and sub-themes. You will start seeing clearly the repetitions and the overlappings. You should also be now able to see different styles in which your subjects have described things to you. Some are talkative, fluent and go in-depth, while others are shy and feel lost at words. Some just agree with you and do not add much from their side, while others may be taking you to a whole new exploratory direction. You were needed to use loads of probing with some subjects, while others give it all to you on a mere hint of a question. So, every human being different will generate different style and depth of the qualitative data for you. Here we are assuming that the researcher is being very consistent and equal towards all his subjects during the interviews.

Now that you have gotten clusters in front of you, the process enters the next stage, which is to find meanings. First step is to simply interpret. Tell the audience what is told by the subjects. Researcher is basically taking the lay words and lay explanations of the subjects and “translating” them all into pieces of a more coherent story, but not changing the meanings. Next step is to see how these pieces fit together and make a big story, or stories, out of them. This story is our first draft of findings. This needs to be understood in depth. Here the supporting data needs to play its role. If you have an observation to add to this story, or if you have a photograph which adds clarity to any point of the story, or even a newspaper cutting telling us more, this is the time to use it. Once, during an interview, I recorded my Subject to move his index finger to the sky. That gesture was accompanied by the phrase “However he wishes”. Now being an insider, I understood the connection of the phrase with the gesture, but an outsider interviewer would have needed an explanation to reach the interpretation that “whatever God wishes”. Observation of that simple gesture changed the meanings of the verbal statement, and missing that would have led to a totally wrong or confusing direction. Recording interviews in a video format helps in capturing all these seemingly tiny and benign observations. Similarly, a photograph can provide an explanation to the scenario in a much easy manner. Picture below shows a kid from a rural area of Pakistan. This kid was diagnosed with being affected by Poliomyelitis. Researcher conducted
an in-depth interview with his parents to explore the socio-cultural aspects of their health seeking behaviours. It was reported that parents were of religious inclination and believed in seeking spiritual healing for the kid instead of the western allopathic medicine. The picture given below provided a piece of explanation and helped readers (especially outsiders) in understanding how the string with tiny leather pouch (containing holy verses) was a belief and a practice of seeking health and protection for the kid. This added clarity in the interpretation led to an enhanced and correct capturing and conveyance of the theme, which could have been easily missed otherwise.

Another method to analyse qualitative data is called Constant comparison analysis technique. This analysis method is intertwined from the start with the data collection process. In other words, analysis starts during the data collection. After the first interview is conducted, researchers sit and go through the translation and transcription processes. And then do the analysis already by breaking down the interviews into themes. Analysis at this stage acts as extra preparation for the next interview. So, the next interview happens after the researcher has analysed, understood and sharpened his tool, technique and the direction of questioning. Imagine the improvement in the quality which happens by this process. After the second interview, researcher can now compare the second interview with the first right away. he can spot the themes appearing and building up already. And the process moves to the third interview and so on.

As the aim of the qualitative research is to understand, rather than to measure, and the understanding comes from seeing from as many angles as possible, so every theme and every sub-theme gets representation in the findings. So, the researcher must include all the different sides of the story, no matter how contrasting or less represented it is by numbers. The concept of significant and non-significant which is essential in quantitative research goes completely out of the window in qualitative research. We understand the significant and we understand the non-significant.
This process which was attractive and easily doable in the early glances have become quite extensive, complex and resource heavy. And there are yet more complexities to come. As described in earlier chapters of this book, how the data collection process in qualitative research is so heavily dependent on the technique and personality of the researcher, same goes with the data analysis as well. Just as the researcher himself/herself was the primary tool for data collection, the researcher is now also the primary tool for data analysis. Which means that he can easily introduce bias into the findings at any of the data analysis stages. For instance, researcher having preformed beliefs of his own about the issue at hand may be introducing those into the interpretation stage. Or he can align the findings in a certain direction of his choice. He can choose to downplay certain piece or pieces of the story and the whole plot gets changed. This is exactly equivalent to using a defective tool, so the final reading will be inaccurate no matter how many attempts you make using the same tool. So, a research team is more suitable of an option for data analysis than a solitary researcher. Furthermore, the role of being an insider versus being an outsider, described in earlier chapters of this book, is at play at the analysis stage as well. 100% neutrality and impartiality are not usually real-life phenomena, so one has to admit that qualitative research has to always have some room for additional attempt at analysis, preferably through a different set of eyes, and mind.

Story telling is a talent. In his data, qualitative researcher gets many short stories, many complete and incomplete plots and many cues, but in the end, he has to string them all together in a sequence, in order to make sense. So, there is an interlinking with each other, but also, the contrasts are visible and explained. And once when you have your story, read it and read other stories published earlier. Tell the similarities, tell the dissimilarities. Tell a solid reason for the dissimilarities, or a potential reason.

References

7 FIELD WORK ENCOUNTERS AND SCENARIOS

SOHAIB KHAN, MALEEHA MARIA

To qualitatively understand a phenomenon, a culture or a society, one has to physically go there and be there where it actually is and exists, in other words its natural habitat. This is a big contrast from most of the quantitative studies where one can afford to be at distance. Reaching and being at the natural habitat adds loads of logistics and needs to the research work. Some researchers are capable of being good at interviews and focus group discussions, but are not very adaptable to the uncomfortable and spontaneously changing ground realities. So, the planning phases of the research work must involve acknowledging the present and potential fieldwork settings; and arranging the means to handle these ground realities, in order to smoothen the data collection with as much ease and efficiency as possible. Any extra distraction for the researcher is unwanted.

In this chapter, we will give examples of some interesting encounters and scenarios which researcher (Sohaib Khan) faced during fieldwork for his research into sociocultural influences on parental beliefs towards Poliomyelitis vaccination in Pakistan. Young researchers should see how unexpected things can get and how vulnerable one can be out in the field; and remember what earlier chapters told you that your data quality is heavily depending on you.

VIOLENCE

Researcher (Sohaib Khan) initially planned to also include in study the Khyber-Pakhtunkhwa province- a tribal province bordering Afghanistan. One important study area was "Bajourr Agency". But 17th of February 2007 newspapers published story of a bomb attack on polio immunization team in Bajourr (news report 1). A doctor got killed and rest of the team badly injured. Reason behind the attack was that polio immunization had been labelled un-Islamic by religious leaders of the area, and polio immunization teams were threatened in past and were asked not to visit and vaccinate the children there. It was believed that polio vaccination was actually a conspiracy of the West to control birth in the Muslim world, and that the people who die in an epidemic were martyrs. Similar rumors and beliefs have been seen in other parts of the world like in Nigeria, where in some Muslim areas the immunization activities are not welcomed and are seen with suspicion. This threatening situation had resulted in a major setback to the polio eradication efforts in the country, as the immunization work cannot be done properly there, and ultimately that area becomes a source for exporting the virus to other areas also. This event tells that in any study setting, you must always plan for your own safety first. You have to be realistic in what is doable and what is outside your reach.
Bajaur surgeon killed as polio vaccine termed ‘Western plot’ Saturday, February 17, 2007

PESHAWAR: Surgeon in charge of Health Department in Bajaur Agency Dr Abdul Ghani Khan was killed while three health workers of his team were seriously injured when an improvised explosive device (IED) planted by unknown people blew up his official vehicle at Salarzai sub-division on Friday. The surgeon along with other health workers was returning to Khar, the headquarters of Bajaur Agency, after his successful talks with tribal people to convince them to vaccinate their children against polio. A fresh anti-polio campaign would commence from Feb 19. Dr Ghani inaugurated administration of polio drops to some of the children and thanked the local residents for their support. Clerics in Bajaur and in most parts of NWFP have been campaigning against polio vaccination as according to them it was conspiracy of the West to control birth in the Muslim world.

Polio vaccination team members abducted in Hangu Updated at: 1245 PST, Monday, April 13, 2009

HANGU: The ministry of health has stopped its polio vaccination drive in district Hangu after kidnapping of eight members of polio vaccination team. Health ministry officials told Geo News said the team was busy in vaccination of six thousand children in Darsmand area when eight team members were kidnapped. Police started search operation for the recovery of abductees.
CULTURAL DISREGARD

Researcher visited a family with poliomyelitis patient in district Muzaffargarh, but when he introduced the purpose as to do research about the disease which affected their child, the family members became very angry and they asked him to leave immediately. He came to know that few months ago a team of Pakistan national television (PTV) visited the family to make an advertisement for ongoing polio eradication efforts, they photographed and video-filmed the family’s women without their veil (burqa), which is considered strictly immoral according to the rural and religious customs. When the advertisement was aired on television, the family was humiliated and taunted by fellow village people for women being shown immorally without veil on TV. So in these circumstances when the Researcher presented himself as yet another person to talk about the disease and their family, they were not happy. The event shows how important it is to understand and respect the cultural and religious customs of the area before approaching it. Disregarding these customs leads only to distrust and very hostile response from the people.

LIES

Researcher visited a family was in district Dera Ghazi Khan, who were not willing to cooperate with the data collection. The reason was their anger against the regional health department, who promised the family in past that the government would pay them “five hundred thousand rupees” as support money if they keep on bringing the child to district hospital for complete poliomyelitis diagnostic investigations, even though it had never been the government’s policy to give any financial aid in such situations. The lie was made up only to get family’s cooperation. That genuinely developed a strongly non-co operational attitude towards health personal of area. This particular event tells that an air of trust is so much important in dealing with people. Lies and false hopes dent this trust, leading to difficulties in relating to people, and in turn affecting the disease control programs.

DEALING WITH WOMEN

For the male researcher, it was always much easier to talk to men as compared to women. Men did not need any special convincing to talk about the diseases and social conditions, but there was always a moment of hesitation on part of men to let me ask those same questions to their women. Women responded in different ways; sometimes from behind the door or veil, or sometimes even by having their husbands as their conveyor. Often the cooperation was refused in case no man was present in the house and the researcher was asked to return at some other time when a man was present to deal with. Again this is a cultural and religious custom and it is to be followed and respected at all conditions, but this has to have some bearing on the data collection and its quality.

DIFFICULT TO ACCESS AREAS

Most of those Polio high-transmission-zone areas in province Punjab were basically the rural district areas. Majority of the polio confirmed cases (from year 2000 to 2006) were located in further undeveloped rural most parts of these districts. Addresses were often difficult to find even with the help of some local friend because there were no designated house numbers or street names. A peculiar fact to notice was that tribes were very important for identification of people; you need
to know the tribe if you were looking for a person or family, otherwise you would end up chasing common names all over the area.

In most of those rural areas, roads were often simply not present, or unpaved, unlighted streets and with no signboards or directions most of the time. So often it was not the case that the Researcher could reach directly in front of the required house all the way on a vehicle like car. And often the traveler had to visually spot the village and destination as there were no signboards or directions given.

![An unpaved way to a village, passing through a sports field (Khan 2007).](image1)

Adding further difficulty to the traveling, the general transport methods were not very modern in those rural areas.

![Rural transport in Pakistan (Khan 2007).](image2)

**UNDIAGNOSED PARALYSIS DISORDERS**

Due to inadequate health facilities and very deficient health education level, there were a number of undiagnosed paralysis cases in study areas. Often it happened that the researcher was visiting a family with confirmed poliomyelitis case and some other child from the area with undiagnosed paralysis was brought to him, assuming that he might provide them any medicine on the spot. When advised to, such families were never much keen to take their child to any health care facility available in cities, owing mostly to expenditures, thus the child stays undiagnosed and untreated and adds to the poliomyelitis burden in the country.
Researcher should keep records of all such experiences during the fieldwork, and share them in the final research report. Since Qualitative research aims to give a comprehensive insight into the issues, these experiences can be treated as data itself, as they have the potential to add further explanations to the issue. Like the example given above about the gender behaviors that the researcher encountered gives more real-life insight into the entire phenomenon under study. Thus the analysis of your data has an additional support.

References


GROUNDING YOUR THEORY IN A QUALITATIVE MANNER – ANALYZING AND UNDERSTANDING DIFFERENT TYPES OF TEXTS AND THEIR CONTEXTS

JARMO SAARTI

Understanding and analyzing people and their communities sets specific requirements to research tools. This because there exist ethical and principled restrictions on the study of human beings that cannot be overridden in science. Admittedly, the same ethical problems have begun to affect the natural sciences, for example, animal experiments are no longer taken as lightly as they were decades ago, and moral issues must be considered.

Another more fundamental point that defines the nature of research on humans and their behavior is that the subject of research usually changes all the time; let alone when it begins to be studied. Humans are conscious and learning beings and thus the study of human beings always influences the subject of study. Thus, the study on human beings is always emancipatory in nature whether it wants it or not. In this respect, relying solely on the hermeneutic process of understanding is self-deception.

The most fruitful approach to research process provided by the qualitative approach is that the researcher can and even must challenge the truths and theories presently valid. The basic hypothesis in qualitative research is that the humans’ and their societies’ construct the reality where they are acting and living their everyday lives. These constructions can be analyzed by the behavior of the people and cultures observed. The bare observation is usually challenging since either the researcher is part of the culture or he/she is not. In either way there is a great danger in misinterpretation due to the fact the hermeneutics pointed out: human understanding is always based on our previous knowledge: idea of pure knowledge is thus a myth.

The use of qualitative methods in research is fruitful when (Marshall & Rossmann 1991):

- The research cannot be conducted experimentally for practical or ethical reasons.
- When investigating complex or process-related issues.
- The relevant variables have not yet been defined for the subject.
- As the study looks for areas where policies, folk wisdom, and practice are not working.
- In researching unknown communities or innovative systems.
- Investigating informal and unstructured connections and processes in communities.
- When examining a practice when it is opposed to the organizational goals set.

TEXTS AND TEXTUAL TYPES IN UNDERSTANDING HUMAN BEHAVIOR

One way to understand and try to find out structures in how humans and societies act is to analyze different types of texts. Text is usually defined as a written piece of works. But the definition can be widened into a point-of-view where anything a culture produces for others to be interpreted
can be viewed and analyzed as a text. Useful approach when defining the types of texts, one wants to analyze, is to make categories based on genres.

![Diagram of communication process of textual interpretation](image)

**Fig 8.1: Communication process of textual interpretation. (Adapted from Saarti 2000a).**

Biber (1989) made the following distinction of texts in different broad genres based on their formality and targeted audience:

- intimate interpersonal interaction (e.g. conversations via different media and face-to-face)
- informal interaction (e.g. conversations via different media and face-to-face, interviews, spontaneous speeches)
• scientific exposition (e.g. academic prose, official documents, reportages)
• learned exposition (e.g. academic prose, religion, official documents)
• imaginative narrative (e.g. different types of fiction, letters, religion)
• general narrative exposition (e.g. press reportage and editorials, general fiction, academic prose)
• situated reportage (e.g. broadcasts, fiction)
• involved persuasion (e.g. interviews, professional letters, prepared speeches, religion)

Different types of texts and their interaction, including the reception and interpretation, can be described as in fig. 8.1. Here the most important notion is that all texts produced carry along structures, values and interpretations of the humans and cultures using and producing these texts. Thus, the analysis of different types of texts provides a sound basis for analyzing the different types of cultural aspects of human behavior and there already exist vast amounts of different textual types to be analyzed: the researcher needs only to define which ones suits best for the project and if there is a need to collect more, e.g. by interviewing of filming.

GROUNDING YOUR THEORY

The three basic concepts of grounded theory are concepts, categories and propositions. (Pandit 1996) Conceptual terms are those names (conceptual labels) that are assigned to events that are relevant to the research from the research material. Categories, in turn, mean broader and higher-level analytical tools that group concepts together. In theory formation, categories are essential conceptual tools because they can integrate theory. (Strauss & Corbin 1990) Propositions, in turn, indicate the general relationship between each category and its concepts and the distinct categories (Pandit 1996).

Structurally grounded theory research proceeds in five stages, which, however, do not necessarily follow one another, but often overlap. The steps are research design, data collection, data ordering, data analysis, and literature comparison. (Pandit 1996) These generally correspond to the course of qualitative empirical research. Indeed, Marshall and Rossman (1991) state that qualitative research has the following five analytical functions:

• Organizing the data.
• Generating categories, themes, and patterns.
• Testing the emergent hypotheses against the data.
• Searching for the alternative explanations for the data.
• Writing the report.

Because of the active and changing nature of the research problem and/or subject, in qualitative research approach it is essential to focus on the planning and conducting the research design phase and the subsequent data collection phase. For example, the introduction of health education program and/or resources to a population start immediately to change their behavior. If one wants to monitor this change this needs to be planned carefully beforehand in order to be able to collect the data wanted.

Living and adapting hypotheses and theory must not lead to random and, at worst, collecting explanatory data for the hypotheses, but vice versa: the design of the data collection phase must be comprehensive enough to alter and refine the initial hypotheses and thus allow relevant theory to be developed.
Table 8.1: shows the course of the GT model study based on Pandit's (1996).

<table>
<thead>
<tr>
<th>Phase</th>
<th>Research design phase</th>
<th>Data collection phase</th>
<th>Data ordering phase</th>
<th>Data analysis phase</th>
<th>Literature comparison phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>-Definition of research question, -Definition of a priori constructs -Theoretical, not random, sampling</td>
<td>-Create case study database -Employ multiple data collection methods -Qualitative and quantitative data -Overlap data collection and analysis -Flexible and opportunistic data collection methods</td>
<td>-Arraying events chronologically</td>
<td>-Use open coding -Use axial coding -Use selective coding -Literal and theoretical replication across cases (go to step 2 until theoretical saturation) -Theoretical saturation when possible</td>
<td>-Comparisons with conflicting frameworks -Comparisons with similar frameworks</td>
</tr>
<tr>
<td>Rationale</td>
<td>-Focuses efforts -Constrains irrelevant variation and sharpens external validity -Focuses efforts on theoretically useful cases (e.g., those that test and/or extend theory)</td>
<td>-Increases reliability -Increases construct validity -Strengthens grounding of theory by triangulation of evidence -Enhances internal validity -Synergistic view of evidence -Speeds analysis and reveals helpful adjustments to data collection -Allows investigators to take advantage of emergent themes and unique case features</td>
<td>-Facilitates easier data analysis. Allows examination of processes</td>
<td>-Develop concepts, categories and properties -Develop connections between a category and its sub-categories -Integrate categories to build theoretical framework -All forms of coding enhance internal validity -Confirms, extends, and sharpens theoretical framework -Ends process when marginal improvement becomes small</td>
<td>-Improves construct definitions, and therefore internal validity -Also improves external validity by establishing the domain to which the study's findings can be generalised</td>
</tr>
</tbody>
</table>
In the research design phase, research questions and preliminary analysis structures are built based on previous literature. In addition, sampling is defined to support research theory and consist of qualitatively relevant informants rather than random informants. During the data collection process, various methods are used to verify the authenticity of the data.

From the point of view of theoretical work, the analysis phase is the most important. It seeks to find both the concepts and the relationships between the concepts based on which the new theory can be outlined. At the same time, the aim is to find a theoretical saturation point, that is, the point where the theory can be presented with enough material. This results in a final phase, that is, a comparison of theory with previous theories in the literature on the same subject, and possible testing of the theory with outside and different types of data and domains.

**BASIC ANALYSIS OF DATA WITH DIFFERENT TYPES OF CODING**

According to Strauss and Corbin (1990), the analysis of data in GT can be divided into three basic steps, which are:

1. Open coding.
2. Axial coding.

The first step is to examine the data gathered from the preliminary research ideas by classifying each event into as many categories as the data provide. Open coding compares the formed categories within the dataset with other event groups coded in the same category. It decomposes data, examines and compares it, and begins to conceptualize and categorize it (Strauss & Corbin 1990). The actual coding can be done manually or in order to use a more neutral approach by utilizing text-mining types of data-analysis software (see e.g. Fontanella 2019).

As a result of the second phase, axial coding, the theoretical properties of each category will soon begin to take shape. The researcher begins by structuring the phenomenon by paying attention to the various characteristics, dimensions, circumstances, consequences, and relationships of the category with other categories. Axial coding is a series of functions in which, according to Strauss and Corbin (1990): "... data are put back together in open ways, by making connections between categories. This is done by utilizing a coding paradigm involving conditions, context, action / interactional strategies and consequences.

Axial coding thus moves to the first level of abstraction in theory, seeking to find meanings and relationships in data: literally those lines that are not immediately revealed by looking at the phenomenon. The basic difference between open and axis coding is that in open coding the data is broken up and at the same time some categories used in grouping data and their relationships can be found. In axial coding, this decompressed data is again combined into a new entity, which as a result of the analysis deliberately seeks to establish and discover new relationships between the categories used in the analysis and their subcategories (Strauss & Corbin 1990).

In the third stage, selective coding, after the collection and analysis of the essential data, the categories are integrated to form a grounded theory. Integration resembles axis coding but is done at a higher level of abstraction. In it, the researcher selects the core category emerging from the data, which is the central phenomenon to which the other categories relate, and systematically examines its relationships with other categories, validates those relationships, and complements and clarifies the relationships of the other categories to this core category. This analytical report on the nuclear category eventually becomes the data-driven theory presented by the researcher (Strauss & Corbin 1990).
ASSESSING THE GROUNDED THEORY PROCESS

One challenge with the grounded theory approach has been the naïve belief that only the research material, can be used to detect the factors that significantly influence the subject matter. Thus, for example, Layder emphasizes that pure GT is not enough, but should be reinforced by theoretical tools - albeit attempting to avoid the theoretical-methodical eclecticism of using a methodological herringbone under the GT name without clearly knowing why and how different types of research tools should be used. In this way, it is possible to avoid naive binding to the material. Layder uses a photograph as an example, which is always just a photographer’s view of a part of the whole as viewed through a lens. In addition, he emphasizes the importance of analyzing the underlying structures of empirical observation. E.g. power structures - which do not necessarily appear directly in empirics, but in which the analysis of general theory plays an important role. (Layder 1993).

However, as Annikki and Pertti Järvinen (1994) emphasize, the strength of the grounded theory, or data-driven approach, lies in the fact that the researcher in this case seeks primarily to have a relationship with his or her research subject without any theoretical assumptions. In principle, the starting point here is very similar to hermeneutically or phenomenologically oriented research. Also close to the phenomenological approach is the requirement to discover the subject’s own laws and conduct theory on this basis. It should be emphasized that the theory here refers to a phenomenological type of deep-structural theory that does not revert to everyday empirical observation of the naive empirical observation (cf. Husserl 1995; Strauss & Corben 1990).

When studying humans, societies and their behavior, where the subject is constantly changing, this is a good starting point because it avoids the pitfalls of outdated theory, for example, in collecting empirical evidence. Here the empirical data and evidence does not serve merely to validate an existing theory, but to create a new theory that better describes the living reality. By using the texts available in a human population, either published or spoken, one can also get better and wider knowledge of the real situation how the people interpret and understand the issues being analyzed. This is especially important in trying to understand the cultures or subcultures that are not familiar to one’s self. Here on must remember that the cultural dividing line is always also between the academic and the people and cultures being studied. One must never underestimate the effect of this to the results.

The following three basic criteria can be presented for the reliability of GT-based research and its GT-like nature (Strauss & Corbin 1990):

1. Criteria relating to the validity, realism and credibility of the data in the study.
2. Criteria of adequacy of the research process in finding the subject’s conformity to theoretical assumptions.

CRITERIA FOR EMPIRICAL GROUNDING OF RESEARCH FINDINGS

Because GT is based on (research) data, the data used must be valid, reliable and credible. It must therefore have all the qualities traditionally required of good research data. In addition, the data and research material must be of a type that enables the development of a theoretical framework for the subject under study. Secondly, the research process shaping the theory itself must be sound and consistent. And third, the findings and results of the study must be based on empirical data, not on the researcher’s hypothetical assessment of how things could or should be.
All in all, the traditional GT is based on the traditional idea of empirical research on how research results and hence knowledge should be based on as pure empirical observation as possible (cf. e.g. Hume) not on what the researcher thinks about the subject studied beforehand.

References

In qualitative approach, researcher has several roads to follow, often quite opposite dimensions. However, the choice is often already determined by the topic and the study context. In earlier chapters you got examples from this diversity.

The aim in our book is to give you an overview on different types of studies in everyday lives. They are done and reported in grassroots levels using some concepts as guiding principles being more or less theoretical and varying from descriptive to analytic. Every report give clear description of how the data was collected, interpreted and /or analyzed and how conclusions were drawn. The reports aim to give reader realistic and detailed (as honest as possible ) picture about field work and reporting process. Motivation for study and self-reflection are discussed as well.

Most of methodological textbooks take for granted that everyday life is ideal and predicted in advance thus having trust in general rules, which can only be guiding ideas. We do hope that our approach for this book is especially useful for the beginners.

**SUBJECT – OBJECT RELATIONSHIP**

In the interview study situation, researcher and his/her informants encounter each other in the same social context. They meet face to face in interaction influencing data collection. This is different from the traditional quantitative studies in which researcher is clearly subject and studied person is object. There are personal and cultural factors involved in qualitative study. Researcher needs to have reliable information: perceptions, beliefs, attitudes for his/her own purposes may it be academic merits or publicity for becoming famous or something else. Generally in social relations, people interchange mutually beneficial profits and costs. So in the end, both participants gain something. We can ask what informants get in these interview studies? Different premises have been used varying from material till spiritual. In old times in Finland, one folkloristic interviewer Gotlund gave silky scarf (huivi) for women and a bottle of alcohol for men! Nowadays it is quite common to pay at least the costs which participation requires.

In my own studies (some done alone by myself and some together with Osmo Hänninen) on folk healers: cuppers and massagers (hieroja) (Vaskilampi & Hänninen 1982), I found that the unlimited time and our sincere empathy given for them was already appreciated. They used to say “it was really nice to talk with you when we did not have any hurry”. It could be noticed that they appreciated that academic people came to see them at their homes and were interested in their traditional folk practice. Their practice has always been in the lowest place in the hierarchy of folk healers. Nowadays they can be seen to belong to the hidden health care system, almost illegal. So it is no wonder they felt to have gained respect. And some of the informants used the study as a marketing for their practice. Idea that now it has proved to be effective since cupping has been studied in the University. Often, we were offered coffee and felt to be treated as guests.
Pic 9.1: Medieval picture of Cupping: Cupping has been practiced all over Europe during medieval times. There were professional cuppers under Medicine.

Pic 9.2: Traditional Finnish Cupping: In Finland, Cupping has been practised by lay cuppers using the horns of cows and sharp knives. It was done in sauna. Nowadays equipment has become more modern. In the both medieval and modern Finnish cupping were wet form, bleeding was essential.
During the process of interview, the status of informant moved more and more from object towards subject. Qualitative approach is flexible to allow informants bring new ideas for study which we researchers were not able to think in the planning stage. For instance with traditional healers, they brought the importance of social network of supporting friends and relatives. The informants open new pathways to be followed and easily they might become “leaders”, being full subjects. There is a danger that researchers become objects and can be used for the interest of interviewed. It is important that researcher is fully aware of this already at the beginning.

Studies vary according to subject – object roles and inside same study they can keep changing statuses, too.

Picture 9.3: Researchers in the field: Anthropologist Cecil Helman and writer (TV) in the front line. The cupper was behind the writer and next the cupper neighbor. In the behind there were the sons of the cupper. You cannot ever control interview situation! It became a social happening in the village.

CLOSENESS – OTHERNESS

Anthropological studies have traditionally been essentially defined as study on others – otherness. However, this can also allow researcher to go emotionally and/or spiritually close to informant. It can even be sometimes the only way to collect reliable and valuable data. Thus the degree of otherness varies a lot. It is important to realize when it is necessary and where is border not losing one’s own identity of researcher.
In medical anthropology, we are dealing with health, illness, suffering and society (culture). It requires self-reflection and awareness on one’s own values and worldview. Where is my own viewpoint and ethics, on the other words where I do stand myself before I observe the other. For instance one of the most famous medical anthropologists Arthur Kleinman had gone a long way from study on the health care system (Kleinman 1980) to the study on suffering and morals. He edited a book “What Really Matters, Living a moral life amidst uncertainty and danger” (Kleinman 2006), which are most urgent issues in modern world. Kleinman had told that instead of studying suffering he is suffering himself. There must have been own experiences before studying those issues. Study object had come close due to own experience.

In Medical Anthropology, we often study on unconventional health practices, some being outside legal system and rational worldview. There have been two opposite approaches: one to go inside magical worldview and according to it interpret, analyze and conclude the result and the other approach to interpret and analyze as well as conclude results in order to make sense according to our own rational worldview.

The example on the magical worldview is French Jaenne Favret-Saada in her book “Deadly Words: Witchcraft in the bocage” in which she describes and explains action being herself placed in her own position in witchcraft. Taking everything as facts and living herself in that world.

Quite the opposite has been Olavi Räsänen, Finnish folklorist, studying on perceptions on blood stopping using secrets magical words (poems); It is one of traditional Finnish healing beliefs. He explained it by giving different scientific explains without considering if it really works or not. What we know are several narratives but he did not have any of his own eyewitnesses (Räsänen 1983).

If a researcher becomes a friend of an informant it is difficult to continue study. Then closeness prevents position of researcher. I have had two experiences. I interviewed two traditional massagers, they both lived in remote country villages and both told to be lonely. One was quite famous in the whole country and there had been a program on Radio on her. The other one was known only in her village and had only a few patients. I visited them couple of times and got an invitation to visit them for meals and to stay over the weekend. I had a good opportunity to learn to know them and observe their practices. I could not publish anything though I learned a lot on traditional healers: what they think, how they act in their practice. I have found useful to work together with another researcher. It allows you to compare data and gives distance to look at whole study.

SCIENCE – ART DIMENSION

Qualitative studies are reported in several formats and ways. There do not exist any specific regulations for writing and the content of report. It is mainly dealing with words and less with numbers or characters. Those who are skillful writers have advantage and they can create more interesting articles. However it is not the most important requirement. Publications vary a lot in styles and contents. Some are closer to literature than scientific reporting.

When writing report on a study, it is good to remember that in qualitative study actually the whole report is result, though we normally have specific chapter on result. Art can give a special favour for report but it cannot make it scientific. This means that the product must be reliable and valid, that we can give for reader to justify telling in detail how and what have been done. The reader should have a clear picture on the motivation and self-reflection advancing the study, why the study has been done, ethical issues, data collection, analyzing how it was done, interpreting, analyzing and concluding, in the end self-criticism. Also it would be important to have studied to discuss on interpretation and have feedback from them.
There is preconception in qualitative study that everyone represents the culture, so even one studied person can be suitable size, on which we are able to tell something on elements of culture. But we cannot say anything about frequencies of the phenomenon. We cannot repeat the same study exactly again, so we cannot argue that result does not depend on the researcher like in quantitative study. The final acceptance of the result of an individual study will be sorted out in long run in the scientific community. Qualitative methods allow creative approach and personal touch as well as combination of different methods. However, limits for this are set by scientific requirements: reliability, general ethical aspects. Also, the researcher’s own emotion and interest should not influence in the results.

**AT HOME – ABROAD DIMENSION**

The origin of medical anthropology has colonial roots. In history, study subjects were often regarded primitive natives. Whereas folkloristic studies have most often been done at home in the familiar culture. In the both contexts, there are advantages and disadvantages. At home you know so many details on your own culture that it is easy to communicate even use the familiar dialect, to interpret answers, to avoid taboos, to dress in proper way. It is also easier to know how to introduce the study – enter in the field. On the other hand, one takes own culture for granted and is not always aware of its content. Anyway, researcher must have some distance at the study whether at home or abroad. It is needed so to speak an anthropological gaze or become a “professional stranger”. It can be argued that anyway it is always dealing with study on otherness whether physical (geological) or viewpoint (imaginary) (Fianzang 1998).

Medical anthropology /qualitative study at home owes an important debt to the methodological, epistemological and theoretical research tradition developed abroad. In turn it is good to remember that studies from home bring new fresh gaze to comparation and help us to understand individuals in their own culture.

**CONCLUSION**

Every qualitative study is intervention in the lives of individuals in the community. The influence maybe conscious or unconscious. It can be positive or negative from the point of individuals and their future position in society. In the planning stage of study, it is difficult to forecast their social and individual influence by researchers. There might be economic and social interests of both researchers and informants involved. After publishing study, it will continue its own life, which is outside the control of informants and researcher. Now scientific community and mass media shall start to play their own roles. For instance, in France, Favret-Saada after publishing her study on witchcraft in a village and hiding the name of it could not prevent its publicity. Press found it and published it. After that it became very famous. Life changed completely in that small country village. Also, even the reputation of Favret-Saada as researcher was gone in the press where was claimed that she herself is a witch.

My own studies on cupping and traditional healers in Finland got publicity in TV and press. After that I was asked as a specialist and consultant in health care and juridical issues. Some informants got more prestige and clients. And cupping was accepted into curriculum of some physiotherapy training courses. And I got my PhD degree. But we do not know if there were any negative side effects, for instance misusing or malpractice. I often worried that my studies could be interpreted wrongly to show effectiveness of therapy, though I emphasize clearly that I am not a doctor and am only social scientist and the goal of my study is to describe and understand the concepts and
beliefs of a therapy. The other puzzling problem was the border line legal and criminal zone. My study object was in the grey territory. I decided to be only loyal for my informants, beside I did not witness any criminal action. Medical anthropologist are often bridgebuilders between official and unofficial world.

We are aiming in qualitative study to give voice for silent minority groups. To make often hidden under privilege groups more visible. However, nowadays many underprivileged, ethnic or other minority groups want to define themselves, their role, status and conditions. It seems that there still exists a light shadow of fear on colonial history where masters bring so to speak civilisation to primitive natives. It is important to be aware who has power to define study objects and methods.

In qualitative study, researcher is always the main instrument and the success of study depends on the mutual interaction between researcher and informant. There will be always something unexplainable and mysterious in this interaction, which can never be analysed completely.

References

10 ABOUT THE AUTHORS

**Sohaib Khan** is a Medical Doctor, with PhD in Public Health. He has experienced multiple applications of the subject, from working in field in humanitarian relief activities to conducting qualitative research exploring health interventions in socio-cultural context. For the last decade, he has been acting as primary teacher for the international MPH programme at University of Eastern Finland. He has also been involved as an academic consultant in Finnish projects developing higher education capacities in developing countries.

**Mikko Häkkinen** is a PhD and psychotherapist who is working as a Principal Lecturer at the Laurea University of Applied sciences. His areas of interest are psychosocial coping in conflict environments, empowering professional communication and development of social and health services. He has done ethnographic fieldwork in conflict areas and international development cooperation in a number of operating environments. His current teaching and development topics are professional coaching, empowering working methods and co-creation of health and wellbeing services.

**Ikali Karvinen** has PhD in Public Health. Currently he is working at Finn Church Aid as Country Director, and Researcher at University of Eastern Finland, Institute of Public Health and Clinical Nutrition. His main research interests are related to medical anthropology, spirituality and health, as well as to disaster management. Dr. Karvinen has served as Principal Lecturer and Project Director in various national and international programmes.

**Ari Haaranen** is a PhD, who working as a university lecturer at the University of Eastern Finland in the Department of Nursing Science. His research topics include family health promotion, family interventions and the peer-groups of the families. Mainly, he has used qualitative methods in his studies. He has also taught qualitative research at the University of Eastern Finland in the Department of Nursing Science and the Open University and has been a visiting lecturer at the School of Public Health and Clinical Nutrition.

**Juhani Miettola** is a Medical Doctor, with PhD in Public Health. His research interest is strongly based on his research questions which arose during his long experience in primary health care as a general practitioner. He has studied reasons behind lifestyle illnesses, especially metabolic syndrome, from the point of view of lay concepts, cultural models and salutogenesis. His doctoral thesis and most of his publications deal with these areas. Dr. Miettola applied mixed methods research in his doctoral thesis. Mixed methods approach which combines quantitative with qualitative approach is not yet much applied in clinical medicine. After retirement from his work in the University of Eastern Finland, Dr. Miettola is still having some academic teaching and research activities.
Haseeb Khan is a Medical Doctor, with specialization in Histopathology. In addition to conducting practice, teaching and research in his field, he focuses on exploring health seeking behaviours of people. This research interest has brought him to qualitative methodology. He believes that many education systems around the globe are lacking in or reluctant to introduce qualitative research to students, and hopes that this book contributes to fill the gap.

Jarmo Saarti is the Library Director of the University of Eastern Finland (UEF) and adjunct professor (docent) both in the University of Oulu and in the University of Tampere. He graduated from the University of Jyväskylä in 1986 (MA). He started to work on his doctoral thesis (information studies) in 1996 and was awarded his PhD at the beginning of 2000. He was awarded his second PhD at the end of the 2013 from the University of Jyväskylä (literature). He has specialized in the knowledge organization of fiction and in the management of libraries. He has published about 400 professional and academic papers and he has written, co-written or edited about 50 books.

Maleeha Maria, with PhD in Biosciences (Human Molecular Genetics), has conducted data collection with various methodologies in many different settings across the globe. She has encountered unique social scenarios and faced logistical challenges, which are not usually taught in classrooms and by textbooks. Her first-hand experience of a diverse range of ground realities makes her input very vital to share with young researchers.

Tuula Vaskilampi, with Doctorate in Social Sciences, represents an illustrious career in teaching and researching the varied connections of culture and health. Her studies on health perceptions, health promotion, health care and alternative medicine in Finnish and international context have brought new insights to the subject. Her mentorship has been vital for young researchers for decades and she continues as Professor Emerita at University of Eastern Finland.
Qualitative research gives a unique insight into the minds, mechanisms and motivations behind people, practices and phenomena we see in our lives. This book provides a collection of experiences of researchers from various study settings around the globe. Aim is to bring the focus on what happens in real life scenarios, an insight often ignored by the methodological textbooks on qualitative research.