CHAPTER 3

RESEARCH DESIGN AND METHODS

The purpose of this chapter is to present an overview of the methodological approach for the study and a description of the methods and procedures used to address the study questions. In addition, issues related to trustworthiness and protection of human subjects is also discussed.

Methodological Approach

Understanding midlife women's response to their health requires methods that provide access to the meanings that guide their responses and behaviors. By using a qualitative research design informed by general principles of feminist inquiry, a researcher can learn about the perceptions and meanings of health and health care practices of midlife professional Thai women (i.e., nurses and teachers working in the government sectors and residing in Chiang Mai); the researcher can interpret meanings in the same way as the women do, and can understand women's behaviors in the context of their everyday lives (Boyd, 2000; Hall & Stevens, 1991; Harding, 1987).

A qualitative research design is the most suitable approach because it emphasizes a holistic perspective, which acknowledges the multifactorial nature of human existence and is usually conducted to explore a situation which has not yet

revealed adequate information (Morse & Field, 1996). It also incorporates underlying values and context as part of the phenomena (Morse, 1992). The emphasis of qualitative research is to understand the phenomena of interest from the participant's perspective (the emic) rather than the researcher's point of view (the etic or world view) (Boyd, 2000; Morse, 1992).

The participants are identified as the experts with respect to the phenomena of interest (Speziale & Carpenter, 2007) and are actively involved in the construction meanings in relation to the world they lives (Boyd, 2000; Campbell & Bunting, 1991; Hall & Stevens, 1991).

Feminist inquiry reflects women's experiences, explores women's own interpretations of their experiences, and relates them to the way in which the society they live in is constructed (Hall & Stevens, 1991; Skeggs, 2001). Knowledge gained from this study came from women who volunteered individually to provide the meaning of their experiences and their perceptions of health in daily life within their environment.

Feminist Inquiry

Im (2000) contends that to understand women's health, there is a need to discard distorted views and to avoid making male-dominated underlying assumptions. Furthermore, it is important to use depth and specificity of information shared by women to support their interests and to reflect the diversities of reality for women. The major task of a qualitative research design informed by general principles of feminist inquiry is to relay women's interests and values, to draw on women's own

interpretations of their experiences, and to conceptualize women's behaviors as an expression of social context (Harding, 1999; Reinharz, 1992; Ritzer, 1992). A feminist approach was appropriate in this study because it acknowledged gender differences, offered a way to reflect women's interests and values, and drew on women's own interpretations of their experiences (Hall & Stevens, 1991). For feminists, the known are also the knower, and the knowledge is relational and contextual (Campbell & Bunting, 1991). In feminist inquiry, the researcher seeks to establish collaborative and non-exploitative relationships with participants, to place herself within the study to avoid objectification, to conduct research that is transformative, and to make explicitly open and honest negotiations around data generation, analysis, and presentation. The researcher becomes sensitive to ethical issues arising from the concern for, and even involvement with, participating individuals (Oleson, 2000).

Building rapport between the researcher and women participants is essential to achieve in-depth understanding of women's experiences. Rapport may be evaluated before interpreting the data by using depth and specificity of information shared, verbal and nonverbal indications of participants' comfort and openness, participants' willingness to be involved over a period of time, and their inclination to recruit other participants (Im, 2000).

Feminist inquiry requires equal power between researcher and participants throughout the research process. Equality and mutuality are expected in the research relationship, with interaction and collaboration as essential components of research documentation. Egalitarian cooperation between researchers and participants allows women to talk from their own interests rather than from the researcher's desired focus

(Hall & Stevens, 1991). A feminist researcher should recognize that the researcher may be the ultimate arbiter in producing the report, deciding how findings are interpreted and represented. The researcher's commitment to the empowerment of women and the researcher's reflective account of her own role in the knowledge relationship may help to equalize power, particularly in written construction and production of research results (Skeggs, 2001).

In a feminist perspective, the researcher recognizes women's everyday experiences as inextricably connected to the larger political, social, and economic environment (Hall & Stevens, 1991; Oleson, 2000). Unlike sex roles research that treats gender categories as variable, distinguishing male traits from female traits, most feminist theory sees gender as a pervasive social organizer that is the effect of, and is constructed in, culture (Shields & Dervin, 1993). Therefore, feminist research aims to illuminate the interaction between the individual and society in the construction of gender, the dynamics of power relations and the power inequalities between women and men (Campbell & Bunting, 1991). Feminist researchers strive to address women's concerns, to answer questions that serve women's interests, and to help women understand their position in society and to act on behalf of themselves to improve their conditions (Im, 2000).

Selection of Participants

A purposive sampling method along with snowball sampling was employed to select the study participants. This strategy was used to maximize the likelihood of discovery regarding the meanings of health and health care practices among Thai

midlife professional women in Chiang Mai. The quality of data was crucial for the qualitative research, as well as to comply with the tenets of feminist inquiry. Participants were chosen for their roles and knowledge. The ability to articulate, the willingness to participate, and having enough time were crucial to ensure the quality of data. To add to the depth of the data collected, participants with diverse personal experiences, who were midlife professional women in both schools and the hospital were recruited. In the early phase, potential participants were identified by their characteristics, described below. Participants who were already enrolled in the study recommended other midlife professional women in schools and hospital to be invited as potential participants. Characteristics of each participant were examined by the dissertation committee during the time of data collection.

All midlife professional women in both schools and the hospital were eligible to be included in the study. The initial selection criteria were that the women be: 1) a resident of Chiang Mai; 2) aged 40-59 years; 3) working as a teacher or a registered nurse; 4) speaking either Thai, or the northern local dialect; 5) available during the time of study and willing to participate in the study; and, 6) comfortable with being interviewed. Twenty participants were recruited through this process. Recruiting was discontinued when the researcher and the dissertation committee established that the obtained data had reached a point of saturation or concurrent data analysis showed that no new themes were emerging.

Instruments

Researcher as an Instrument

A researcher using a qualitative feminist research design must identify possible bias from her own culture and personality (Hall & Stevens, 1991; Speziale & Carpenter, 2007). She must also demonstrate her competency for checking internal validity by providing the researcher's own background, in three areas: her understanding of northern culture, her professional background, and her skills in qualitative research.

Because the researcher was a major research instrument of this study, it is important to provide the participants the background of the researcher (Reinharz, 1992). The researcher was born and lived in Chiang Mai. She had worked as both a nurse and instructor in obstetrics and gynecological nursing and women's health for more than ten years. She is a midlife professional woman and is competent in using both Thai language and northern local dialect. The researcher's competency in language and her deep knowledge of northern culture helped her to learn to appreciate the participant's every word for its cultural connotations as well as for its denotative meaning. As a woman, the researcher also acknowledged that her interpretations were made within the context of her experiences in the same socio-cultural environment as the participants.

In feminist inquiry, the researcher seeks to establish collaborative and non-exploitative relationships with participants, to place herself within the study to avoid

objectification, to conduct research that is transformative, and to make explicitly open and honest negotiations around data generation, analysis, and presentation. The researcher becomes sensitive to ethical issues arising from the concern for, and even involvement with, participating individuals (Oleson, 2000). In Thailand, social hierarchy can greatly affect interactions between people. The researcher was aware of her own background as an assistant professor in a university, who had nursing knowledge gained through twenty years of experience in providing care to women, and who had worked in government sector. To minimize any adverse affects from inherent distortions due to social hierarchy, and to minimize any intervention role, several steps were taken. The researcher presented herself to the participants as a student working toward a doctoral degree, without emphasizing the nursing role. The participants were informed that the researcher was a student who was curious to learn from them, and that she respected them as the experts with respect to the meaning of health and health care practices for midlife professional women. The researcher avoided wearing a community health nurse uniform when working in the field.

The researcher had prepared herself for doing qualitative research. She learned about qualitative methodology and the principles of feminist inquiry by enrolling in the qualitative research methods course in the Doctoral Nursing Program, by attending various qualitative research workshops, and also by attending a conference on feminist methods in qualitative inquiry. In order to gain experience in interviewing skills and in practising the process of data analysis, the researcher conducted a pilot study, before data collection, with a teacher and a nurse who were in midlife in Chiang Mai. The transcripts of the interviews were discussed with her

advisors. The flow of ideas, appropriate questions, and interviewer biases were identified. The experiences guided and enhanced the technical skills of the researcher.

Interview Guideline and a Demographic Questionnaire

An interview guideline was generated according to research questions prior to the interview. The open–ended questions are contained in Appendix A. The interview guide provided the framework for eliciting rich descriptive narratives about the women's experiences and perceptions. The questions were suggested and guided by committee members to enhance congruence with the study. The guide focused on health meanings, health changes during midlife, activities and lifestyle habits, social roles, characteristics of healthy midlife women, and support for midlife women's health. In addition, a Demographic Questionnaire was developed (see Appendix B). Both Interview Guideline and Demographic Questionnaire were approved by three experts, who had knowledge of women's health and feminist research (see Appendix C). The interview questions were tested with a teacher and a nurse to see how participants understood them. However, interview questions were modified throughout the study with regard to the emerging information.

Data Collection Procedure

Gaining Access and Establishing Rapport

After receiving approval of the proposal by the Dissertation committee and the Research Ethics Review Committee of the Faculty of Nursing, Chiang Mai University, data collection was begun. A preliminary visit of study settings was initially carried out to familiarize the researcher with the participants and to help the researcher to get to know the settings. The permissions from the principals of the schools and the director of the hospital were obtained officially. In all three settings, the investigator posted fliers about the research were allowed on announcement boards at the main office. However, no one contacted the researcher by phone.

Potential participants who might be interested in participating in the study were approached and, if they consented to participate, an appointment was made with them. The research process was explained and any of their questions were answered. The right to withdraw from the study at anytime, and the right to refuse to give information or to participate in the study, was explained to the potential participants. They were asked to sign a written informed consent that was in Thai. Participants were informed that all information was confidential and anonymous. Over an average period of one month, the researcher then interviewed each participant twice, at places they preferred.

Building rapport between the researcher and participants was essential to achieve an in-depth understanding of the women's experiences. Rapport may be evaluated before interpreting the data in several ways: by using depth and specificity

of information shared, through verbal and nonverbal indications of participants' comfort and openness, the participants' willingness to be involved over a period of time, and their inclination to recruit other participants (Im, 2000).

In this study, all teachers were interviewed at schools, either in their offices, or a quiet room that they chose when they had time to meet between their classes. Nurses preferred to be interviewed at a vacant room on their ward. Two nurses chose to be interviewed at their dormitory. Most nurses preferred to be interviewed after their work shift, which was either in the evening or weekend.

Participants always asked about the progress of the study and introduced their colleagues who were also in their midlife years. They also told the researcher that the study provided them the first opportunity to express their ideas and their concerns about their health. Moreover, all participants, in asking about the progress of the study, were interested whether the researcher would use the research findings for the benefit of women's health in the future. The researcher shared her intention to continue to work regarding women's health in Chiang Mai after the completion of her doctoral study.

Data Generation

An in-depth, face-to-face interview was the most important data-gathering technique for this study. Several other methods for gathering data were also employed to achieve the study's objectives; these included the use of field notes and a reflective journal.

In-depth Interview

An in-depth, unstructured, face-to-face interview was employed. After the informed consent was signed, each participant was requested to provide demographic data. The interviews were tape-recorded with the participants' consent. The researcher conducted the interviews either in Thai or northern local dialect, depending on the participants' wishes. They always used northern local dialect combined with Thai, and sometimes they added English language and technical terms.

The interviews were related to the research questions and purpose of the study. The interviews were also kept open, and recorded the women's experiences without interrupting any chain of thought. While the woman talked, the researcher listened carefully, concentrating on hearing the participants' experiences.

The initial questions were descriptive: "From your perspective, 'What is the meaning of health?" [ในความคิดของคุณ สุขภาพมีความหมายว่าอย่างไร]. After gaining the answers in response to the meaning of health, the researchers asked for reasons of such meaning. The participant's response guided the next question, and the interview was directed toward gaining a clear understanding of the participant's perception and experiences of health and health care. Before ending each interview, participants were asked if they would like to mention anything else, in order for the researcher to gain added information. Most of the participants always recalled what they had shared and added more information.

The second interview was scheduled after the researcher had carefully reviewed the first interview. The second interview was conducted so as to clarify

initial interpretations and to ask important questions previously overlooked. At the beginning of the second interview, each participant was presented with a summary of her first interview. This memory check gave the researcher the opportunity to check her interpretations with those of the study participants and to increase her better understanding of both the women's experiences and meanings. On the other hand, the second interview allowed participants to confirm whether or not the information they previously provided remained the same, and it also allowed them to add information that they did not talk about in the first interview. Six participants agreed to a third interview.

After completing the interview process, many participants commented on the opportunity for reflection provided by the interviews. For some women this reflection provided them an opportunity to explore their own experiences and their thought regarding their health and health care practices, while for others it prompted a critical review of what they perceived as their achievements regarding their health care in their lives to date.

The researcher was aware of the participants' needs regarding their limited time; however, the participants provided their time for interviews without showing any discomfort or withdrawal from the study. The length of first interview ranged from 45 minutes to 120 minutes, depending on the time required for data completion. The second interview lasted from 30 minutes to 50 minutes while the third interview lasted for only 20 minutes.

Field Notes

Field notes were used to document the social interactions of participants, the situations and activities that occurred in the settings during the daily observations.

While in the field and during the conduct of interviews, the researcher briefly jotted down a few key words, in order to avoid distractions. The researcher recorded her notes as soon as possible after the interview in order to capture fresh impressions and all details of the observations. Sufficient time for recording of notes was planned because one hour of observation can result in three hours of record keeping. Some photographs from the field were used to recall the observed activities. Field notes were organized by topic in a loose-leaf folder with separations into sections for ease of entry into the computer databases. The field notes records were kept in date order. Field notes were reviewed and used to supplement audio-tape transcriptions to enhance the understanding of each participant's explanations.

Reflective Journal

Reflective journal entries were also adopted to control for researcher biases. The journal was maintained to document the researcher's ongoing thought processes and to retain the ideas and emotions related to empirical events during interviews. Feelings, emotions, attitudes, and judgments during the research process were recorded. The reflective journal was written throughout the entire process of data collection and analysis. The situations and ideas were shared with the dissertation committee in order to have other opinions, thoughts, and suggestions applicable to the

research process. All ideas and judgments from the committee were written as part of an audit trail, and also in a reflective journal.

Data Analysis

Analysis of data began as soon as possible following each interview. Qualitative data management and analysis followed the analysis guide by Morse and Richards (2002). The feminist perspective on gender was used for analytic categories simultaneously. The feminist perspective provided the researcher with more understanding of a participant's perceived interpretations of the meanings of health and her own health care.

Data Preparation

The data were prepared and verified prior to data analysis. Audio-tapes were transcribed verbatim as soon as possible after each interview. Transcribed interview data were verified by listening to the audiotape while reviewing the transcript word by word and capturing the pauses, laughs, and high pitch of speech, comparing with field notes. Field notes were read and reviewed thoroughly. The reflective journal was read. The reading of transcripts, field notes, and reflective journal was repeated many times in order to gain insight of the participants' experiences within their context and background.

The narratives of brief stories regarding the lives, daily activities, and health concerns of the women were written and reviewed to gain understanding of common

life patterns of the participants. The stories comprised what each subject chose to tell about her life.

Lastly, descriptions of demographic characteristics of participants were grouped and summarized.

Data Analysis and Synthesis

Analysis and synthesis were accomplished by the process of coding, categorizing, and conceptualizing, as set out by Morse and Richards in their analytical method (2002). Interview data were transcribed verbatim and used in conjunction with data from field notes and the reflective journal. All data were scanned and organized from the beginning of the study. The researcher thoroughly examined all data sources. All transcribed materials were read repeatedly in order for the researcher to become immersed in the data.

Feminist inquiry requires the process of analysis to be transparent, with the frame of reference informing the researcher's conclusions being clearly identified. To facilitate transparency, the interplay between analytical criteria and data was documented. Attention was directed to ensure that participant language and researcher writing preserved women's voices without exploitation or distortion (Shields & Dervin, 1993).

Coding. Transcript coding involved reading the data line by line to identify a unit of analysis. Data were coded by hand. The topic codes were written to the right of the printed text. Topic codes were clustered into categories: similar codes were sorted and grouped together. Mappings were used to gain a visual picture of emerging

categories and the linkage among the categories. The additional questions, including contrast questions among all participants, were asked in order to verify the findings and to discover any new data. Codes and categories were monitored and revised for consistency. Peer review by the dissertation committee was obtained. Discussion with the dissertation committee validated whether the coding and each category were understood the same way and were leading to important insights, as the researcher did not want anything taken for granted.

Categorizing. Categories that contained similar data were grouped. The category construction was monitored to determine whether the existing codes supported the development of categories. Categories were verified if a code did not fit the data or if new data suggested several dimensions of the category. In this process, categories were added or deleted according to consistency and additional data.

Conceptualizing. Toward the end of the analysis, obtained data revealed core categories that summarized the meanings from the participants. The process of conceptualizing involved discovering the new idea, naming it, storing relevant thoughts about it, managing its relation to other categories, and linking it in to the growing understanding of the findings overall. The process was kept flexible and opens while the researcher continued to work with the data. Models and diagrams were used to visualize the researcher's ideas. The interpretation focused on contextual rather than numerical data. Explanation was based on the conceptualizations of the participants in the context of the study rather than based on any predetermined theoretical framework. The findings were verified by a debriefing with the dissertation committee and Thai experts in either qualitative or women's health. They provided an auditing for the inquiry, whether the decisions made were congruent with their circumstances; and,

they also provided an assessment of whether interpretations were generally supported by the data.

These strategies were consistent with feminist analysis. Data analysis included an examination of women's descriptions of their experiences in the context of their personal growth and the broader political and social environments, according to the findings. Research findings were shared with participants as part of the researcher commitment to the empowerment of women in the study.

Trustworthiness

The quality of the findings in this research depends on the ability of the researcher to represent participants' way of life in a comprehensive, consistent, and logical portrayal in the context of cultural values, beliefs, and behaviors (Boyd, 2000; Morse & Richards, 2002; Speziale & Carpenter, 2007). Rigor in feminist research emphasizes the contextualized nature of women's experiences and interpretations (Hall & Stevens, 1991). In this study, both Lincoln and Guba's (1985) naturalist alternative to the positivist paradigm for assessing the rigor of qualitative research and the evaluation criteria for feminist research by Hall and Stevens (1991) were used. Trustworthiness of data and interpretation of the study involved five criteria: credibility, transferability, dependability, confirmability, and adequacy.

Credibility is achieved when the researcher's descriptions are recognized as valid by those who had that experience (Lincoln & Guba, 1985). To ensure that the researcher has developed plausible interpretations and conclusions, data from various sources were triangulated, and participant checks were used during the interview

process by restating, summarizing, and paraphrasing participants' responses, to clarify and confirm researcher understanding. Moreover, before the second interview each participant was presented with a summary of her first interview. These memory checks gave the researcher the opportunity to check her interpretations with those of the study participants and to increase her understanding of the women's experiences and meanings (Lincoln & Guba, 1985).

To ensure transferability, the study was done in the natural settings, in which the women shared their experiences, at times and in places they preferred. No claim was made that these women's experiences represented the experiences of every woman in midlife in Thailand.

Dependability was concerned with the appropriateness of the decision and methodological used (Lincoln & Guba, 1985). Dependability was ensured by an audit trail with filed notes and reflective journals regarding theoretical decisions, in which other researchers could clearly follow the audit trail, used by the researcher in the study and could arrive at the same or comparable conclusions. For the study, the dissertation committee provided their expertise as external auditors. A debriefing with the dissertation committee and with Thai experts in qualitative inquiry, women's health, and gender was established.

Confirmability means the degree to which the findings were determined by the participants and the context of the study and not by the biases of the researcher (Lincoln & Guba, 1985). In this study, confirmability entailed the participants' validation of the content, interpretation, and completeness of each of their interviews. Moreover, the dissertation committee's discussions and critique of the processes being engaged in were obtained.

To attain adequacy, honesty and mutuality, relationships were established between the researcher and each participant. The interviews were scheduled depending on the participants' time. The study process was kept rigorous by having team meetings and through two-way communication with the dissertation committee.

Ethical Consideration

The research proposal was approved by the Research Ethic Review Committee, Faculty of Nursing, Chiang Mai University prior to beginning data generation. The potential participants who were interested in participating in this study were approached by the researcher. Prior to the study, the purpose, nature of the study, and ethical considerations were explained to the potential participants. Informed consent was then obtained. The participants received a copy of their signed consent form and a detailed copy of their rights as a participant, which included the name and telephone number of the supervisor and chair of the Research Ethics Committee Faculty of Nursing, Chiang Mai University, to use if they were uncomfortable with the researcher or the study. However, emotional distress did not happen at any time during the study. The participants were also verbally told that they had the right to refuse to answer any of the questions posed at any time during the interviews and the right to stop the recording of the interview at any time they chose. They were told that their participation in the study would not benefit them directly; however, the information obtained might help health care professionals to provide better care for women like themselves.

The participants' confidentiality was maintained throughout and after the research was completed. To ensure anonymity, participants were informed that code

numbers were used in the transcripts and those personal identifiers were removed from transcripts. Reports of study findings remained confidential and did not allow for identification of individual women. The pictures of participants were kept for analysis but did not show in the report. All study documents were stored in a locked filing cabinet. All documents and records were destroyed when the project was completed.

Reciprocity was considered in the research to address the moral obligation of the researcher to the participants. The participants were provided with some non-monetary compensation for their participation in the research. A token of craft wood was given to each participant at the end of the study. In addition, health consultation with the participants was considered and provided after completion of the interviews.