Institute of Health & Community Studies Research: A Review of the Past Ten Years

Final Report

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Abstract

This report details the findings of a review of IHCS research reports over a ten year period: 1994 to 2004. It details the process and outcomes of a thorough analysis of the research reports as a 'body of knowledge' which can contribute to our awareness of our history ad development as a research community. It does not include other published works produced by staff, such as books, chapters or peer-reviewed journal articles, although this work is now substantial and there could be benefits from their analysis. The review had specific aims at the outset and the overall intention for this study was to provide a narrative of our journey as a research community.

As appropriate frameworks for this sort of review were not available, the methods developed and used are largely exploratory and all knowledge claims are supported by evidence from the reports as 'data' and clear explication of the steps taken. This review examines our activities as represented by the reports and relates events that have influenced their contexts.

The report also includes a brief discussion about the issue of quality in research practice and writing as this arose from the work and required further clarification, in terms of the challenges presented by the task in hand and the guidance offered by existing literature.

The review reflects an active, diverse engagement with research and knowledge transfer activities, shaped by a dynamic, demanding and increasingly complex interdisciplinary and interprofessional environment.

Background

This report discusses the findings of a major review of the research activities of the Institute of Health and Community Studies (IHCS) at Bournemouth University, as represented by the reports of research that have been published by the Institute over a period of about ten years. The review was commissioned by the Centre for Qualitative Research (CQR) following the outcome of the Research Assessment Exercise in 2001 (see Appendix 1), and was intended to provide an overview for future planning of research activities.

Aims

The aims of this study were to:

- Provide a description of the range of topics, methods and methodologies;
- Produce a historical/developmental analysis;
- Consider the possible influences of the health and social care context on methods, etc.;
- Draw conclusions and make recommendations for the future development of qualitative methods in IHCS, including the issue of quality.

Research focus

The study focuses on the internally published reports of research and research-related activities undertaken by staff employed within IHCS at Bournemouth University. It does not include works published in peer-reviewed journals or through other media, although we acknowledge that this too is a major body of work worthy of further investigation; the work undertaken by IHCS staff in collaboration with other networks is similarly substantial. The School has led the way in developing an infrastructure for research activity within the University, such as setting up protocols for ethical approval, providing training and support for research supervisors and gaining competence in successful funding bids/applications, for example, which has influenced University-wide and external systems.

A formal proposal for this review (see Appendix 2) was developed in consultation with Professor Kate Galvin, Head of Research at IHCS, and Professor Les Todres, who co-leads the Centre for Qualitative Research. This was submitted to the School Research Committee for approval in November 2004 before work began. It outlined the approach to be taken, the proposed stages for the process and the intended outcomes as they were envisaged at the start of the study. The work was intended to be exploratory, developmental and iterative, and three stages of analysis were initially proposed. This plan was reviewed at the end of the first stage and amendments were made that took into account the findings at

that point. The structure of this report mirrors the first and second (final) stages, the reflections and decisions made throughout, and the conclusions and recommendations made.

Defining the sample was an issue because at no point could it be confirmed that we had a record of all research activity and copies of all reports from these activities. What is given here should therefore be viewed as a snapshot of a particular moment in time while acknowledging that the picture is a moving one, shifting and re-forming as time progresses. This movement was difficult to capture in the initial phases of the research process but as analysis and inspection moved beyond the surface, some of the evidence of developments became clearer. The sample here is made up of all the reports produced by IHCS (and available for investigation in February 2005) from 1994–2004 to provide details of the overall range and spread of methods used by researchers in a health and social care setting. The documents are all in the public domain and are available for further consideration and analysis with no further consents or permissions necessary. As a matter of courtesy, all authors currently in post were informed of the study via email or through the Qualitative Research Centre meetings and notes.

Section 1: The First Stage

Introduction

The first stage of the review involved a broad survey of all the available research reports, which subsequently informed and constructed the following stages in terms of direction and methods. This stage is essentially descriptive in tone and gives an overview of the range of topics investigated, the methods of enquiry used and, importantly, the methodological paradigms underpinning the projects. It is important to state at the outset that the collection and collation of the reports was not an easy task because the database that had been kept was not fully inclusive and reports were difficult to track down. The database I started with has changed as staff in IHCS became aware of the study and so a decision was taken to exclude those reports that could not be located easily, were currently out of print or were produced outside the timescale set.

This section summarises the findings in the following areas:

- Number and production of reports;
- Topics and subjects researched;
- Methods used by IHCS researchers (as stated in reports) to investigate;
- Comment on the range of methods used, e.g. quantitative, qualitative, mixed methods.

This section concludes with a summary of the findings and a number of recommendations that shaped and informed the next stage of this review. Because there is no clear, tested template for carrying out a review such as this, the developing methodology is as important as the findings and therefore, throughout the review, the steps taken and the methods used are described fully and are reflected on.

Stage 1 Methods

Basic survey methods were used during this first stage to provide numerical evidence about the categories outlined in the introduction. The categories were set by the needs of the study and its overall aims, the first of which was 'To provide an overview of the range of topics, methods and methodologies demonstrated in the reports'. Further details can be found in the proposal document which was submitted to the Chair of the IHCS Research Committee for ethical approval in November 2004 (see Appendix 2).

A comprehensive list of IHCS research reports had already been compiled by Anita Somner (IHCS Editorial Assistant) and this was used to determine how many reports were available and the general details, e.g. title, author, date, etc. A revised version of this list can be found at the back of this report (Appendix 3).

Copies of all reports were requested for further analysis. While copies of most of the reports were accessible, a small number were out of print and were not accessible as electronic versions. These reports are therefore omitted from some of the findings.

Following initial counting and date ordering, topics and methods were identified from the information given in the titles of the reports. Because it was not consistently possible to determine methodological/technical data from the titles of all the reports, the next stage involved investigating texts to determine these particular factors.

The final task in this particular phase of the review involved identifying those research reports that included qualitative methods to take these forward to the next stage. As can be seen from reading further, this proved to be more difficult to determine (from the titles and abstracts/introductions) than first anticipated and so part of the planned second stage was brought forward and combined with the first. Indications of the methodological approaches adopted and the methods used were clear in only a small number of reports and so it was necessary to delve further into the content of each report to find this out.

Stage 1 Findings

Number and Production of Reports

How many?

The initial sample consisted of 49 reports produced by IHCS between the following dates: December 1995 to April 2004. These dates were chosen for the following reasons:

- The first report produced through IHCS is dated December 1995
- The last report published prior to the inception of the study in October 2004 was in April 2004.

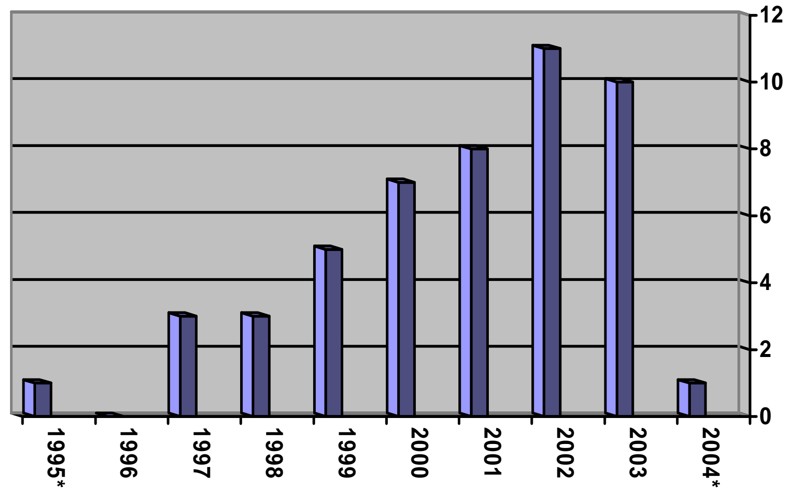
A chronological listing of the reports (titles, dates and authors) has been compiled which will help with future analysis and also gives an indication of progression and development over time, enabling any conclusions drawn during this stage of the review to be seen in context in terms of time order. The list can be found in Appendix 3. All the reports listed here are currently in print and a small number have been revised or reprinted since their original publication date (reports 1, 2, 3, 5).

The wide range of topics that has been studied by IHCS staff is evident from reading through the list and, later in this report, an attempt has been made to classify the subject areas according to a variety of categories (e.g. health, education, etc.). At this point we are interested in drawing some conclusions about the volume and pace of the work involved in producing these reports.

Gender

Appendix 3 shows that, in terms of gender, of the 68 authors listed, 49 were women and 19 were men, giving a woman to man ratio of almost 2.5:1. One explanation for this might be that this representation reflects a greater number of women working in the caring professions, but further analysis is needed before this can be confirmed. Most of the individuals listed are assumed to be either employees of Bournemouth University (past and present) or others working in collaboration with IHCS staff, engaged in joint research or knowledge transfer activities. It is noted that the earliest activities (as represented by the reports) pre-date the official recognition of the value of these activities by Bournemouth University and IHCS. Strategic plans prior to 2000 make little reference to research and knowledge transfer (compared with the latest plans dated 2004, see Appendix 4) but IHCS reports give clear evidence that these activities were an important and substantial part of the School's portfolio as early as the late 1990s. Further evidence for the growth of these activities in IHCS is shown in Diagram 1.

Diagram 1: Reports produced within IHCS by year



* = incomplete year

YEAR	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
	1	0	3	3	5	7	8	11	10	1

Diagram 1 represents the number of reports produced for each of the years within the time period set for this study. Readers are reminded that only one month (December) was included for 1995 and four months (January to April) for 2004. These 'short' years produced only one report for each 'year' and so cannot be directly compared with other full years.

Research activity

These figures suggest that IHCS has developed its research activity and capacity steadily over the period examined, reaching a maximum of 11 reports published in 2002. There is incremental growth year on year between 1995 and 2003, with a somewhat empty year in 1996. It is not clear at this stage what circumstances/events might account for the pattern seen here, but the steady growth is consistent with both the University's and IHCS's strategic plans, which have sought to promote the expansion of research and knowledge transfer activities more recently. The activities portrayed in these reports suggest that IHCS has been ahead of formal strategic planning in both these areas. Overall, 49 reports were produced in a period of 101 months which, theoretically, could be averaged at one report every two months. However, production does not mirror this consistent pattern and, while we may be able to speculate about the reasons for levels of output for each year (perhaps the flow of research work being undertaken reflects similar 'feast and famine' profiles), it would be more helpful to identify why 2003 was such a productive year and to investigate the conditions and circumstances that nurtured this success.

Staff Involvement

A list was made of each author and the report numbers to which they contributed, as shown in Appendix 5. Identifying the authors in this way shows that 68 individuals contributed to the 49 reports used in this study. While some authors have contributed to many reports, e.g. Clive Andrewes (8) and Kate Galvin (16), in general these figures show that the individuals were more likely to contribute to just one report (35 authors out of 68). If only about half of the authors have actually written or contributed to more than one report, there may be lessons to be learned here about capacity building and the development of expertise in writing and presenting research for the whole School. Conversely, the loss of many authors from the general resource and the reasons behind it may also warrant further enquiry.

Reports by School groups

Working from Appendix 3, an attempt was made to link each of the reports to the sections or departments that make up IHCS, i.e. Nursing, Midwifery and Social and Community Studies.

Table 1: Reports by School groups

Academic grouping	Report numbers	Total
Nursing	1, 3, 4, 7, 9, 11, 12, 14, 15, 16, 17, 18, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 33, 34, 36, 37, 38, 39, 45, 46, 47, 48	**33**
Midwifery	2, 5, 35, 40	**4**
Social and Community Studies	6, 8, 10, 13, 19, 20, 32, 41, 42, 43, 44, 49	**12**

While it was easy to place some of the reports within one of these categories from the title given (e.g. Report 2: the postnatal blood loss study), this was not possible for others without reference to information about the authors' names and to personal knowledge of where they were placed in the School's structure. An example of this would be Report 42: Responding to Homelessness in North Dorset, which I was able to categorise as falling within Social and Community Studies but only because I recognised the authors as colleagues in the same department as myself and because I had been aware of the study when it was being carried out. My own location within the School, past and present, supplied information that Appendix 3 could not and which also could not be located elsewhere without collecting further data.

The most that could be done to identify these particular categories without referring elsewhere was to 'best guess' the location from personal knowledge. The results of this exercise indicate that the topics identified by the titles of 33 reports fall within the Nursing category, 12 can be loosely associated with Social and Community Studies and 4 fit with a Midwifery profile (see Table 1, p. 12). However, this way of producing categories fails in many instances, even when reference is made to the professional location of the authors (which was not possible for many of them), because of a lack of consistency between the group that the subject or topic of research might be best placed in if it contrasted sharply with the group associated with the authors. For instance, the title of Report 8: An Evaluation of the Second Chance Arrest Referral Scheme suggests Social and Community Studies as a meaningful, sensible category – but the authors named would be more likely to be located (by assumption rather than evidence) within the Nursing category.

The difficulties of trying to collate and order the reports around specific categories was problematic in this and other areas, and may be clearer when the reports themselves are read more closely. The estimates given here should therefore be considered with caution until further evidence is collected which might add substance to their claims. On reflection, however, it does raise an interesting debating point about the categorisation and classification of research activity. Is research identified through its subject area, through the professional or disciplinary field within which it is located, or by the situatedness of the author? Does the chosen methodology or the methods define the research or the author's reputation as a statistician, a psychologist or ethnographic expert? This is a discussion point we will no doubt be returning to throughout this first stage report as its relevance to mapping and exploring our activities lends itself to the formulation of ideas to enhance the quality of our work.

Writing teams

Table 2 shows how many authors contributed to writing each report – the numbers referred to correspond with those given to each report in Appendix 3. Very few reports are single authored (only seven) and reports with three authors was the most common pattern found (13 reports) when the reports were reviewed. This would seem to indicate a strong preference for team working and writing in IHCS, but also that teams can be constituted differently for different purposes. Reports produced by larger teams are in a minority (two reports written by six people) and the most popular size for a team would seem to be three, although the average team size is 1.43, mathematically speaking. The way that different reports are authored by different constituent members suggests that teams and boundaries are not rigid and that there is a great

deal of flexibility of working together to produce the reports. There is evidence of both interprofessional working and of interactivity across disciplinary and professional boundaries, such as the reports mentioned in the previous paragraph. However, this assumption needs testing when the texts of the reports are examined in more detail in the next phase.

The requirement to know the context of each research report in order to classify it accurately is one of the most important issues that occurred during this first stage and is discussed further in the final section of this report (see Conclusions and Recommendations).

Table 2: Size of writing teams

Report no.	No. of authors	Report no.	No. of authors	Report no.	No. of authors	Report no.	No. of authors
1	2	14	2	27	3	40	4
2	3	15	2	28	2	41	3
3	5	16	1	29	1	42	3
4	6	17	4	30	2	43	3
5	3	18	4	31	2	44	1
6	4	19	5	32	2	45	1
7	5	20	4	33	5	46	2
8	3	21	4	34*	n/a	47	2
9	5	22	5	35	5	48	1
10	2	23	3	36	5	49	1
11	4	24	3	37	1		
12	4	25	3	38	6		
13	3	26	3	39	3		

* Authors for this report cannot be identified from front page/title

Guide

Total	=	49 reports	4 authors	=	8 reports
1 author	=	7 reports	5 authors	=	8 reports
2 authors	=	10 reports	6 authors	=	2 reports
3 authors	=	13 reports	? authors	=	1 report

Topics and subjects researched

IHCS encompasses a wide range of professions, disciplines and research/philosophical perspectives and, because of this, an investigation into the major topics reported on was a main aim of this review. The Institute is made up of three main academic groups: Nursing, Midwifery and Social and Community Studies[1], in addition to a

[1] This was accurate at the time of preparing this report. However, in 2005 the groups were reconfigured and are now Nursing, Midwifery, Social Work with Learning Disabilities and Community Engagement and Development. Since the new structure was not in place during the time period of this study, the former categories will apply.

groups that fall within the IHCS remit range from general practitioners to social workers, midwives to community health and public health specialists, among many others. The work undertaken by the School, e.g. teaching, practice development and research, is informed by a diverse range of philosophical and theoretical perspectives and professional values. It is this diversity and the way it is applied, particularly to our research practice, that is of particular interest to this study.

Working from the list of report titles and authors (Appendix 3), a number of different ways of classifying the range of topics was attempted. From observation it seemed that the reports roughly formed two groups: those which described or evaluated projects and those which suggested empirical research in some way. Breaking down the list into these two groupings produced the following data:

Table 3: Types of reports produced

Type of report	Report numbers	Total
Research	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 33, 35, 36, 37, 38, 40, 41, 42, 43, 45, 48, 49	**36**
Project	16, 27, 30, 31, 32, 34, 39, 46, 47	**9**
Not able to define from title	11, 28, 29, 44	**4**

These categories need to be confirmed (or modified) when the full texts are examined but this proved to be a good starting point for deciding on how the reports might be classified. Subject to this, it can be concluded that approximately 75% of the reports involve research and the rest are project reports or it is unclear from the title exactly what is contained. An exception to this might be Report No 44 which is described as a ‘reader’, a term I understand to mean a collection of papers, articles or chapters around a specific theme, in this case vulnerable adults and community care. The description means this report doesn’t fit into either of these two categories and, without further inspection, would sit in a category of its own. The reports that have been identified here as research will all go forward to the next stage in this review. The texts of those that have been described as projects will be checked for content and they too will go forward, if appropriate. So far, 36 of the original 49 reports have thus been selected for the second stage and more may be added if the content includes research.

A number of other ways of ordering the reports was attempted but proved unsuccessful without reading the contents, rather than just the titles. This included an attempt to group the reports around the categories of Health (e.g. Report No. 5: BLiPP report) or Education (e.g. Report No. 4: knowledge underpinning nursing practice) or Practice Development (e.g. Report No. 1: clinical lecturer role). This classification failed because many of the reports encompass two or more of these groupings. For instance, most of the reports which could be placed in the Health group would also need to be included in the Practice Development or Education groups. Sometimes, as in the case of Report No. 17: An Exploration of Shared Mentorship, it might be appropriate to include it in all three groupings, which renders the categories meaningless.

What is highlighted here is the complexity of the topics covered within the reports and the way that themes are often interwoven in health and social care research activities. The range of topics tackled in the reports has so far resisted classification into useful sub-groups in terms of either location or subject matter. This could be seen as a disappointing result or, alternatively, as an interesting discovery that tells us something of the nature of the research activities within IHCS. As a researcher, I am interested in the way that qualitative research reveals breadth and depth rather than neat (but justifiable) categories that reduce breadth into more manageable (but smaller) chunks. The diversity of activity revealed even at this first stage of the review is a point for celebration for IHCS and reflects the diversity of professional roles, perspectives and values that the School represents.

Reading the texts is the next stage in this review process and the description of the second stage will need to be amended to allow for further exploration of the content of the reports. There is, however, a further necessary step before Stage 2 that involves identifying which of the studies adopt qualitative methods so that these can go forward for further analysis and review. The aim of this is to use the chronological information alongside data collected from the reports and from interviews to draw some conclusions about IHCS's development in qualitative methodologies and methods and to test the standards and quality of the research and presentation as shown in the writing of the reports.

Range of Methods Applied

It was not possible to draw clear, reliable conclusions about the methods used in the reports simply from the details given in Appendix 3. Although some reports contained words in the title suggestive of particular methods, e.g. an 'exploration of…', the majority gave no indication of

methods or perspectives in the title. To proceed to the next phase in this review, it was therefore necessary to do some preliminary reading to identify the methods used in the reports. Appendix 6 gives details of the methods indicated as having been used in the reports and of some of the research tools used for data gathering. Analysis of this material demonstrates that qualitative methods have been used most frequently, followed by mixed methods. It was not possible to determine from a quick reading of some of the reports which methods, if any, had been used, and a small number of reports were not available for inspection. The table below shows the details of the analysis of Appendix 6.

Table 4: Methods used in IHCS reports

Methods used	Report numbers	Total
Qualitative	4, 9, 10, 12, 15, 17, 23, 24, 25, 26, 30, 31, 33, 36, 39, 40	**16**
Quantitative	1, 2, 3, 5, 18, 19	**6**
Mixed methods	6, 7, 8, 13, 14, 15, 21, 22, 27, 35, 38, 45, 48	**13**
Unclear	11, 29, 37, 43, 49	**5**
Report not available	20, 28, 34, 41, 42	**5**
Description not applicable	32, 44, 46, 47	**4**

Those reports listed as either qualitative or mixed methods will go forward to Stage 2 of this review, where issues such as quality and the methods and perspectives employed will be examined.

From the brief investigation carried out here, it is clear that a distinction needs to be made between methods of data collection and data analysis, since there is some emerging evidence that the methods stated may not be in use for all stages of the research. It is also apparent that details of methodology and methods are not always as clear and apparent as might be expected. This could be explained by the particular audience for whom the reports were written, although all reports should comply with the house style which has been established in IHCS in recent years – some were perhaps produced before this, however.

Appendix 6 reveals a wide range of methods and tools for the collection and analysis of data and there is value in plotting the methods used chronologically to see how experience has been built up. The utility of this as a possible database to show which researchers have used particular methods and in what contexts will be considered further as a possible recommendation arising from the review. These points are carried forward for consideration in Stage 2.

Stage 1 Conclusions and Recommendations

The first stage of this review process was more complex than was originally anticipated when the proposal was first drafted. The linear incremental design proved overly optimistic in practice and the goal of providing a comprehensive picture of our research activity from the basic information available could not be achieved without reading the texts of the reports. In addition, interpreting titles, abstracts and content sometimes required technical or 'insider' knowledge from a different field or methodological perspective from those I am familiar with. This increased the need for me to delve further to support or confirm any interpretation I might have been making.

The conclusions about the range of work undertaken, and the breadth and spread of topics and methods, have been reached following a more laborious but rigorous process than that envisaged at the beginning. Several appendices, tables and diagrams are included in this report and are intended to provide a way for readers to check any judgements I have made from individual report to conclusion, should they choose. The use of key words and abstracts would have made the task much easier and would have facilitated better category construction. The danger in adopting too stringent a system for this, though, is that it could potentially hide diversity of topics and approaches and prove counterproductive – the temptation to carry out less comprehensive or complex work in order to fit a description might easily influence the range and quality of work to its detriment.

One of the findings revealed early in this stage was that, although there were 68 authors in total, over half (35) had contributed to just one report. This finding has possible implications for staff planning and suggests a loss of expertise (if only an emerging one) within IHCS. As I am not aware of any contextual issues that might explain this, the next stage of the review was to develop a chronology of events that might provide some clues as to how the development of research might have an impact on the IHCS research portfolio.

The problems revealed here about ordering the reports around specific categories has raised issues for me about the definition of research and which 'markers', e.g. subject, professional or philosophical, are best used to describe and locate each research report. This raises questions such as, is research identified through its subject area, through the

professional or disciplinary field within which it is located, or by the situatedness of the author? Does the chosen methodology or the methods define the research or is it the author's reputation as a statistician, a psychologist or ethnographic expert? This may be a fruitful area for further discussion within the research team and will certainly influence my thinking (although probably not conclusively) during the next stage of this review.

The survey has shown some very positive aspects in the work of IHCS in relation to research and knowledge transfer activity. It demonstrates that the start of our activities pre-dates any formal strategic identification of these areas within the University's role in higher education and that our capacity has shown steady expansion and development over the period covered by this review. It is also possible to highlight the complexity of the work undertaken and to raise the profile of its ground-breaking strengths in terms of crossing traditional boundaries by being both interprofessional and interdisciplinary. Further investigation will seek to identify exactly what shape and form this takes within our work and how we might usefully take this forward.

The final point relates to the dissemination of both the contents of these reports and the body of knowledge that this represents. Perhaps it is only when one is faced with the reports en masse, so to speak, that one realises that the potential for sharing and further reflection has yet to be explored. As a member of IHCS for some 15 years but a comparative newcomer to the research team, I was not aware of the team as a resource or its relevance to my work and I am left wondering how many others think the same. Work is currently being undertaken on the wider issues of dissemination, and a dialogue that includes our own 'body of knowledge' would be a positive outcome of this review.

Section 2: Second/Final Stage

Introduction

This section reports the findings of the final stage of the review of IHCS research reports and draws some conclusions and recommendations about our activities. Following the presentation of the first stage report, the subsequent research stages were reviewed and amended to take account of the initial findings. In the original proposal, two further stages were planned following the descriptive survey. These were intended to be an in-depth analysis and the development (through the collection of further data) of a narrative that would tell the story of IHCS research activities over this period of time. It was decided that these two stages could be collapsed into one, with the collection of further data omitted. It was felt that there would be little benefit to be gained in terms of informing future policy and practice from gathering further new data and widening the scope of the study beyond the existing information, and that much could be gained from an in-depth analysis of the reports.

The original aims of this study were to provide:

- A description of the range of topics, methods and methodologies;
- A historical/developmental analysis;
- An examination of the influence of the health and social care context on methods, etc.;
- Conclusions and recommendations for future development of qualitative methods in IHCS, including the issue of quality.

The stages were planned to meet these aims in an incremental and iterative way, with each stage informing the shape of the next. Changes to the three stage model were made pragmatically, taking into account the time available and the need to inform future thinking while still meeting the aims as described. On this basis, it was decided that the collection and analysis of further data would make it unnecessarily difficult to achieve the aims within a reasonable timeframe. Instead, the focus of the research was shifted, under the direction of Professor Les Todres, to produce a shorter analysis that could be described as a narrative of IHCS's research journey so far and that would be capable of informing future developments, with benchmarks such as the Research Assessment Exercise in mind.

This section is therefore an in-depth analysis of our research reports, which builds on the findings of the first stage report and focuses on identified themes such as methods, topics and quality issues. It also

focuses on the contextual influences on these, in terms of developing our expertise further through disseminating knowledge across the academic community in IHCS and beyond. Difficulties in distinguishing the methods used in some of the reports was an issue raised during Stage 1 of the review. The first task in this section was therefore to read each report carefully so that a clear and accurate picture of the range of topics and methods used could be identified for discussion.

Stage 2 Methods

> Methodological awareness involves a commitment to showing as much as possible to the research audience of research studies about the procedures and evidence that have led to particular conclusions. (Seale, 1999, p. x)

The methods in this stage can be described as falling somewhere between a literature review and a secondary documentary analysis, with the proviso that where the data obtained has been interpreted or analysed the 'sensitising' concepts used are made explicit. For example, the framework for the analysis of quality in the reports is based on concepts arrived at through a literature review on the issue of quality in research reports, particularly in relation to qualitative research.

The analysis therefore begins where Stage 1 ended and initially surveys the reports to reveal the spread and diversity of methods and topics by reading the texts rather than relying on the titles. This created further data which can be examined more closely under specific headings e.g. quality, disciplinary/professional context, etc. This allows the research to stay grounded and to keep within the original aims without limiting the capacity for this study to be an iterative process that can respond to findings as they arise. Following identification of basic topics and methods, each report was read and a further analysis was made looking at the standards of the writing followed by the quality of the methods used (including choice and fit of methods). The next stage involved a further trawl to examine the reports for evidence of contextual advantages and limitations linked to professional/disciplinary boundaries and the research environment. This process has similarities with 'data mining', an emerging form of analysis that makes use of existing databases to create new knowledge:

> Data mining is the search for relationships and global patterns that exist in large databases but are 'hidden' among the vast amount of data, such as a relationship between patient data and their medical diagnosis. These relationships represent valuable knowledge about the database and the objects in the database and, if the database is a faithful mirror, of the real world registered by the database. (Holshemier & Siebes, 1994, in Dilly, 1995)

The aim here would therefore be to highlight the hidden patterns and themes which can be discovered by viewing the collective work of a

range of individuals with a multiplicity of motivations, objectives and drivers as a cohesive body of knowledge. While the trends and developments inherent in this collection of reports may not have been strategic, directed or intentional, knowing something about them might nevertheless be revealing in terms of informing the future development of a diverse range of research activities in IHCS. In a sense, the reports themselves (rather than the findings or the data they contain) become artefacts that can be investigated as representations of a work in progress. Data mining requires the researcher to view the database as an authentic depiction of the 'real world', where individual pieces in a puzzle can perhaps be organised to form a coherent picture or story, or record of a journey.

The methodological approach taken during this stage of the review remains a qualitative one, albeit that some of the findings are represented numerically, because the project has very much been about exploration and discovery, rather than predefined protocols as might be found in traditional systematic review techniques. Categories and groupings have been expanded and reviewed as the exploration has encountered problems in encompassing the breadth and depth of the work carried out in IHCS. Qualitative methods have been retained because they allow for inclusion rather than exclusion of texts, which is important not only ethically[2] but also for reasons to do with widening our understanding of the work of the School. The objective here has been to develop new meanings from the data that are capable of informing us about the whole of our work over time in order to learn and reflect on this for the future. This is an exercise in what Kaplan (1964, in Pawson 2002) would term 'pattern-building' in the ethnographic tradition, where '…qualitative explanation is holistic, that the worth of an individual datum is secured by its place in an unfolding sequence of actions, reactions and counteractions' (Pawson, 2002, p. 16).

What are the patterns that have been created through our research activity and what do these patterns tell us about our skills, history and our choices for the future? This sort of review process raises open questions which do not hypothesise that our skills or history have particular characteristics and then set out to test them. Much of what has been written about the methods for such an activity as this has focused on adaptation of the classic systematic review methodology, which is perhaps more suitable for the synthesis of statistical data than for exploring a group of texts that have been brought together as a cohort simply because they exist and were produced within a common context.

[2] The view taken is that all of the reports in the portfolio play an important part in the construction and telling of the IHCS story and therefore missing any out creates a risk to its integrity.

A thorough literature review has been conducted around the issue of methods for the review and synthesis of diverse research outputs. This has revealed that qualitative methods are usually solely associated with qualitative research and there is little written on the analysis of mixed reports where the findings are of less importance than the methods used and the contexts of their production are a key feature. Examining the reports as a whole and valuing their differences tells us about the context within which they originated in a dynamic and progressive way, not as a snapshot in time at one particular point in history. The lack of a model or template has not been problematic; in fact, it has been quite liberating in allowing the research to follow its own direction. Describing and explaining the steps taken in a detailed way should support the integrity of the research, and its findings and conclusions. Where there is no clear methods template to follow, careful reflection should help to establish the benefits and drawbacks of these new methods, and identify whether there is a model for exploring other collections of research reports.

Although the methods for this review have been developed in an iterative and ongoing way, they may offer an alternative mode of enquiry for similar studies in the future. The literature on syntheses and various approaches to the task have been extensively read and form a background to the methods described here.

Two key ideas/themes have influenced the process: the first is the idea of a narrative; that our collective works contain a story about how we have engaged and practised research in IHCS and that this can be identified through close reading of the texts. This has required me to take on the role of ‘stranger’ in relation to the work. This has been something of a paradoxical experience as the majority of the research did initially come across as strange and different because my grounding is not in health but in social work. The paradox was in having to remind myself that the ‘strangeness’ was in me when, at times, I tried to impose a structure or rationale that had no ‘fit’ with the task in hand, in order to make sense of what I was seeing. When we make sense in this way, we always revert to our own knowledge bases (and sometimes prejudices) and have to identify them as such before we can recognise the strangeness in what we see. We then have to search for the terms of reference from within the texts (similar to grounded theory) by experiencing the strangeness in other ways.

The second idea follows on from this in that it stems from the notion that our work does not exist in a vacuum – it is situated in and interacts with various structures and events in a dynamic pattern and the search for a pattern can tell us more about our work and therefore its story. Examining

the context of our work is therefore crucial for understanding the detail of the story, the reasons behind certain actions and interactions and any changes to the story. I have tried, where possible, to describe precisely what I did at a given point and to justify, through use of the data, any conclusions and findings that have been reached. I have also been cautious in the final conclusions made because I would prefer that readers interacted with the review process and draw their own conclusions from their own perspectives and places.

Stage 2 Findings

The findings in this final stage are presented and organised under headings that reflect the concerns and objectives of this study but not necessarily the process that was undertaken. It might be helpful to consider the writing up of the findings as a linear representation produced for ease of reading. The process of analysis, however, involved scrutinising the whole collection both horizontally (e.g. in chronological order) and vertically (e.g. all qualitative reports or all reports dealing with the same or similar subject matters) while at times combining these perspectives to draw wider conclusions or make recommendations for the future.

Range of Topics Covered

There is a wide range of topics within the research reports and, if quantity is seen as measure of expertise in certain topics, then there are a number of potential areas of expertise that could be exploited in terms of disseminating findings and perhaps consultancy work. The Practice Development Unit (now known as the Centre for Practice Development) within IHCS, for example, has made full use of the expertise shown in a significant number of these reports for its business and consultancy.

The classifications used here (see Table 5) are not narrow ones because many of the reports span at least one or more criteria for inclusion within each grouping. These categories were devised following attempts to define the subject under investigation or at the heart of a particular project; where a report tackles a unique topic, this has also been noted. It would have been easier to pre-select categories based on our work range within IHCS but this would have excluded many of the details of the reports or diluted the profile overall. The intention was to describe in the widest terms our research portfolio as demonstrated in these reports. While the results would have been ‘cleaner’ and less broad if quantitative-style methods had been used, the description achieved greater texture and depth by including single reports that were exceptions. The single cases may indicate areas that we have been unable to develop further or areas where the choice of methodology stems from the particular expertise of the author.

Table 5 shows the categories that were developed from initial basic descriptions and is followed by an analysis of the range of topics and a discussion of the implications arising from this.

Table 5: Topics covered by IHCS reports (see Appendix 3 for titles)

Topics:	Education	Practice development	Health (women)
Report nos.	1, 3 (OPD), 6, 7 (LP role), 17 (IP), 30 (IP), 31 (IP), 32 (IP), 33 (IP), 36, 37, 44, 46 (IP), 47 (IP) **Total = 15**	1 (N), 11 (H), 14 (N), 15 (N), 16 (GPs), 21 (N), 23 (GPs), 24 (N), 29 (N), 34 (CH), 37, 39 **Total = 12**	2, 5, 35, 38, 40 **Total = 5**
Topics:	**Drugs/crime**	**Social care**	**Other – single cases**
Report nos.	8, 19, 20 **Total = 3**	6, 10, 44 **Total = 2**	11 (workforce planning – health), 25 (schools) **Total = 2**
Topics:	**Mental health**	**Risk**	**Surgery**
Report nos.	18, 27 **Total = 2**	18, 27 **Total = 2**	22, 38 **Total = 2**
Topics:	**Nursing knowledge**	**Housing**	
Report nos.	4, 9 **Total = 2**	13, 41, 42, 43, 49 **Total = 5**	

NB: Some reports are listed under two headings

Key:

CH	=	Child health	LP	=	Lecturer practitioner
GPs	=	General practitioners	N	=	Nursing
H	=	Health	OPD	=	Operating departments
IP	=	Interprofessional			

Table 5 shows that, in terms of subjects/topics, our most prolific grouping is that of Education (15), with Interprofessional Education as a subset (7) making up almost half of the grouping and a seventh of all the reports included in this review (49). While a total of two for Nursing Knowledge may at first seem low, the majority of reports included in the Education and Practice Development categories include nursing as a key professional group and are also about the transmission or development of knowledge in nursing. Given the profile of the School, the findings in this section are not surprising in the sense that they mirror the comparative size of the academic groups they represent and the scale of activities that are ongoing. The total for Social Care (two) may seem a little low but if the reports on housing, drug abuse and crime are included this increases the number of reports that can loosely be termed 'social care' to 10.

There are difficulties with any form of categorisation when trying to attribute particular areas of work to specific groups within IHCS which might be expected to produce outputs in specific areas. The research team is responsible for most of the reports included in this particular study and few of the staff from the academic groups have had a significant part in their production, except for the reports on homelessness/housing which came almost exclusively from people in the new Community Development and Engagement group with no involvement from the research team. There are a number of different ways that the work here could be grouped, but an attempt to list them according to which academic group the authors were part of worked only for Health (women), where four out of the five reports were carried out by members of the Midwifery group. The remaining report was completed by a member of staff whose professional background was in nursing and who now has a role within the Centre for Practice Development with interests in public health issues. Similarly, while the majority of reports in the Education and Practice Development categories are described as 'interprofessional', the writers are mainly from the research team or the Practice Development Unit (now the Centre for Practice Development) and the majority have nursing as their professional background. The context referred to within the reports is overwhelmingly a health one, which engages a number of professional roles within health but rarely those outside it such as social care, psychotherapy or social work.

Range of Methods Adopted in the Reports

The first stage of this study revealed difficulties in identifying (from an initial survey of titles and/or abstracts) which methodologies informed the projects undertaken and the specific methods chosen in each report. It was only possible to identify from an initial brief reading of a minority of the reports whether they were clearly located within a quantitative or qualitative paradigm. Therefore, the majority needed to be examined individually in greater depth to draw clearer conclusions.

Table 6 was drawn up for the first stage report and shows the spread of methods across the range of research reports. The categories chosen reflect the dominant paradigms in health and social care research and include qualitative, quantitative and combined or mixed methods. While these categories may appear arbitrary or overlapping at times, they seemed to be the most clear and simple way to describe the range of methods in this group of reports. From the table, qualitative methods are the most frequently used mode of enquiry. However, in five of the reports, the methods used were not clearly stated and so further examination of content was necessary. It also shows that mixed or combined methods

were used for 13 reports, although the detail again was missing. This raises questions about whether authors are accurately or adequately describing their methods and how these might be defined, e.g. what can be included in the category of qualitative methods and what falls outside of this. Another issue to be addressed from Stage 1 is that of whether a distinction should be made between methods of data collection and data analysis, since there is some emerging evidence that the methods stated may not be in use for all stages of the research. Also, details of methodology and methods were not always as clear and apparent as might be expected.

Table 6: Methods used in IHCS reports (Table 4 in Stage 1)

Methods used	Report numbers	Total
Qualitative	4, 9, 10, 12, 15, 17, 23, 24, 25, 26, 30, 31, 33, 36, 39, 40	**16**
Quantitative	1, 2, 3, 5, 18, 19	**6**
Mixed methods	6, 7, 8, 13, 14, 15, 21, 22, 27, 35, 38, 45, 48	**13**
Unclear	11, 29, 37, 43, 49	**5**
Report not available	20, 28, 34, 41, 42	**5**
Description not applicable	32, 44, 46, 47	**4**

These questions set the scene for this stage of the study and led to closer scrutiny of the individual research reports with the aim of testing these categories and defining them more closely. The reports were grouped according to the criteria used in Stage 1 and were then each considered as a distinct cohort, beginning with the group of reports that were difficult to categorise at first glance and were therefore initially labelled Unclear. This category was unsatisfactory because it limited their contribution to the overall narrative of IHCS's engagement with research and writing, and the reports merited further analysis for their characteristics to be identified, if possible. The other unsatisfactory category included reports that were unavailable for analysis at the time the first stage was conducted. Although some of these reports have been made available since then, they have not been included in this stage because many are currently out of print. Where these reports can easily be included in discussion around topics or methods on the basis of the brief information available, all efforts to do so have been made.

I have provided a brief description of each report and its classification so that the process in each case is transparent and open. This is followed by a summary of categories across all the reports for further reflection and analysis.

NB: I have been assured by the Head of IHCS Research that all the work included in this study was commissioned or funded in some way, but the results here only indicate the commissioner/funding body where they are acknowledged within the report.

Categorisation of Individual Reports

As already stated, it was not always possible to decide the methods adopted in these studies from their title/abstract and so closer inspection was essential. Each report included here was reviewed and the category changed where appropriate, i.e. where sufficient information was given to reach a decision about methods/methodology. It is important to note that the majority of the work represented by the reports is said to have been commissioned/funded but that this is not acknowledged in the text of some reports. Also, many of the reports pre-date the existence of University systems for research governance and ethical approval and this may account for the lack of reference to these considerations in earlier reports. The reports numbers correspond with those attached to each report in Appendix 3.

Unclear reports (5)
Report numbers:
11, 29, 37, 43, 49

Report 11: The Future Healthcare Workforce: Second Report

This report describes the workings of a national project to examine existing professional roles within the National Health Service, which collected evidence (secondary data) around the following:

- Characteristics of the workforce;
- Pressures for change – in services, recruitment and career structures, the 'modernising agenda' and consumerism.

The national project was a major influence on workforce planning in health across the UK and this report gives details of three local action research projects set up in response. It is a dense report identifying trends and reviewing activities in order to manage/promote change for the future. It can most easily be categorised as follows: **(C) Commissioned, (PD) Practice Development, (AR) Action Research**

Report 29: Report of Supporting Continuing Professional Development in Primary Care

This report describes a project set up by the NHS South and South West to promote the introduction of Continuous Quality Improvement (CQI) in the delivery of Continuing Professional Development (CPD) activities in primary care, particularly Primary Care Groups (PCGs). Frameworks for developing Practice Professional Development Plans in five local areas were drawn up, with patient need being a key driver. Categories for this report are: **(C) Commissioned, (PD) Practice Development, (AR) Action Research** – some evidence that this was being undertaken

Report 37: Educational Facilitator Project Report

This report considers the place of interprofessional learning in GP practices in the local area and, via a literature review and the application of previous models for improvement, introduces the concept of the non-clinical educational facilitator. There are many similarities between this report and the two previous ones and they share two common categories: **(C) Commissioned, (PD) Practice Development, (E) Education**

Report 43: A Review of Homelessness and Homelessness Services in East Dorset

This report provides a critical review of existing policy literature, both national and local, and from this analysis, draws conclusions and makes recommendations for future service provision in the specified locality. Categories for this report are: **(C) Commissioned, (A) Analysis**

Report 49: Preventative Strategies in Homelessness: Report for Purbeck District Council

This report gives an analysis of homeless strategy documents and relates these to local conditions in order to advise the local authority. It is a very specialist analysis and lacks the rigour that might be expected in other similar reports (e.g. no references, no positioning of the writer, summative). **(C) Commissioned, (A) Analysis**

Reports where description not applicable (4)
Report numbers: 32, 44, 46, 47

Report 32: Making it Better: Readings from the Bournemouth University RIPE Project

This report presents a series of readings that were made available to participants of the RIPE Project and was also disseminated widely. The project aimed to improve the delivery of health and social care through interprofessional learning and practice development opportunities and was funded through various health budgets. This report was not included for further analysis. **(C) Commissioned, (E) Education**

Report 44: Vulnerable Adults and Community Care: A Reader

Publication produced to support learning on the post qualification programmes in social work. Content could be described as papers/lecture notes written by various individuals connected with the PQ programme. Not considered for further analysis. **(E) Education**

Report 46: The PHRIPE Project: Public Health Regional Interprofessional Education Project Final Report
Report 47: Executive Summary: The PHRIPE Project

These two reports were appraised together because they cover the same topic and are both project reports. The work described in this project was

funded by the local health authority and both the reports outline the outcomes and processes involved in designing and delivering interprofessional education around public health. These reports will be re-classified in line with previous reports, since there are similar elements described here. **(C) Commissioned,** (E) Education

Qualitative research reports (16)
Reports numbers: 4, 9, 10, 12, 15, 17, 23, 24, 25, 26, 30, 31, 33, 36, 39, 40

Report 4: Exploration of Knowledge Underpinning Nursing Practice: The Experience of a Nursing Development Unit

This report contains what might be termed a 'classic' research study examining the sorts of knowledge that informed the practice of nurses on a typical in-patient ward in a West Dorset hospital. The report has a traditional structure (i.e. literature review, methods section, data collection, analysis and conclusions) and shows that the methods used were well researched and justified. Both staff and patients were interviewed but there is no evidence of ethical approval being sought or obtained, although ethical considerations such as confidentiality and safeguarding access to data were discussed. Review of this report confirms that qualitative methods were used, that the research was supported but not funded/commissioned and that it contains strong elements of practice development. The most striking category, however, is that of research: all the hallmarks of a traditional research report are to be found here and, of all the reports examined so far, this one gives far more detail in terms of methodology, methods and data collected.
(QL) Qualitative, (PD) Practice Development, (R) Research

Report 9: The Changing Nurse: Nurse Practitioners' Perspectives on their Role and Education

This report describes a qualitative project exploring expanded nurse education provision at IHCS and was funded by an education purchasing consortia. The report is structured in a similar way to Report 4 and has a literature review, methods section and discussion of findings, with evidence from the collected data being used to support any claims. There is a small section on ethical issues but no evidence that ethical approval was sought or obtained. **(QL) Qualitative, (C) Commissioned/funded, (R) Research,** (E) Education

Report 10: Outlooks Family Centre NCH Action for Children Project: Perspectives of Parents and Professionals

This is a qualitative study of the Outlooks Family Centre, examining the partnership model of service delivery and living on Portland in West Dorset. The context of the family centre is carefully explained and the social conditions leading to its establishment are outlined. The structure of the report is similarly classic in that it contains sections on methods and findings and the emerging information/themes from the data. The

findings sections have a great deal of data included to justify themes and the report is clearly structured and presented. There is no reference made to funding or commissioning. This report contains the following characteristics and, although parents and staff from the centre and other organisations were interviewed, there is no reference to ethical concerns or to ethical approval. **(QL) Qualitative, (R) Research**

Report 12: Giving Hope in Brain Injury: An Exploration of Families' Experiences of the Brainwave Organisation and Therapy

This is another qualitative study, commissioned by the Brainwave Centre, designed to explore the effect of Brainwave therapy for children through the experiences of parents, professionals and others. It includes an explanation of the background to the study as well as a literature review, and the section on methodology includes descriptions of both data collection and analysis which are well referenced. Ethical considerations are discussed briefly but there is no mention of ethical approval processes. **(QL) Qualitative, (C) Commissioned, (R) Research**

Report 15: From Concept to Implementation: The Nurse Consultant

This report examined the role and characteristics of nurse consultants in Dorset and South Wiltshire and was commissioned by nurse executives in these areas. It is traditionally structured and includes a literature review and details of the research methods in addition to findings and conclusions. The research methods were qualitative and there is a small section covering ethical issues such as consent and confidentiality – there is no mention of ethical approval processes. **(QL) Qualitative, (C) Commissioned, (R) Research**

Report 17: An Exploration of Shared Mentorship for Newly Qualified Doctors and Nurses

This report outlines a project to develop a shared mentorship programme for newly qualified doctors and nurses and includes an evaluation of the programme. The project was funded by the NHS and a variety of methods are used in the evaluation. The report contains a literature review and has some things in common with an action research model and also evaluation techniques. There is no reference made to ethical issues or approval. **(C) Commissioned/funded, (PD) Practice Development, (AR) Action Research**

Report 23: Making it Happen: Evaluation of the Nursing Team Coordinator Role in a GP Surgery

This is a descriptive report that evaluated the role of the Nursing Team's Coordinator in a particular setting. The evaluation uses qualitative methods of data collection and analysis and there is an emphasis on

practice development/improvement. Ethical concerns are discussed but there is no reference to ethical approval in the report. **(QL) Qualitative, (PD) Practice Development**

Report 24: The Development of Occupational Standards for the Link Lecturer Role: Phase 4

This report describes a project set up to design and establish Occupational Standards for link lecturers via consultation with practitioners. Data were collected using a variety of methods but the description/justification for the methods is weak and presented minimally. There is no reference made to any ethical concerns despite the use of interviews and focus groups with staff, and no ethical approval processes appear to have been pursued. **(C) Commissioned, (PD) Practice Development, (AR) Action Research**

Report 25: Improving Pastoral Care

This report describes a project set up to embed principles of Continuous Quality Improvement in personal development programmes for children aged 9 to 12 in a local school. The project used an action learning approach and some data were collected to support conclusions and learning from the project. **(C) Commissioned, (PD) Practice Development**

Report 26: Eating Good Food

This was a collaborative (funded) project in a local public health action area that examined the eating habits of people living in a 'deprived' local community. The project used focus group data to structure a postal survey, which was then analysed quantitatively to draw conclusions and make recommendations. Although the original data were collected using qualitative techniques, this report has been classified as mixed methods since the major data collection tool (survey to 1,000 households) was quantitative, as were the methods of data analysis. There appears to be no reference to ethical concerns or process and no mention of funding or commissioning. **(MM) Mixed Methods**

Report 30: The RIPE Project: A Regional Interprofessional Education Project Co-ordinated by Bournemouth University

Report 31: Executive Summary of the RIPE Project

The two reports listed above have been considered together for the purposes of this stage in the review. They both describe a project set up to explore ways of integrating interprofessional principles into curricula and other educational/practice activities. The conclusions are supported by an analysis of various documents and interview data, and learning themes were developed from the analysis. Little attention is given to

describing or justifying methods and the report focuses primarily on project outcomes. **(C) Commissioned, (E) Education, (A) Analysis**

Report 33: Shared Learning and Mentoring for Newly Qualified Staff: Support and Education using an Interprofessional Approach

This is a project report outlining the development of a shared mentor scheme for doctors and nurses locally. Members of staff involved were interviewed before and after the running of the scheme to provide an evaluation of the scheme, and qualitative data were collected. Data analysis methods were predominantly reductive and quantitative in character. The methods used in the evaluation are fully described, approval was sought from relevant heads of services, and consent to include participants in the evaluation was also obtained. Because data collected before the introduction of the programme was used to inform the activities, this report might also be classified as action research.
(MM) Mixed Methods, (C) Commissioned, (AR) Action Research, (E) Education

Report 36: Beyond Closing the Gap: An Evaluation of the Lecturer-Practitioner Role

This is a study showing the impact of the lecturer practitioner role, focusing on the 'theory–practice gap'. The report has a traditional research structure, with a literature review, methods, findings, etc. and findings are clearly supported by excerpts from the data collected. The case study approach is described, as are the methods of data collection and analysis, and ethical concerns such as confidentiality and consent are considered but there is no mention of ethical approval processes. No reference to funding or commissioning was made. **(QL) Qualitative, (PD) Practice Development, (R) Research**

Report 39: Preceptorship Rotation Programme Evaluation Report

This was a study to explore the views of participants of the preceptorship rotation programme, using focus groups and questionnaires to meet these aims. Approval for the work was sought from the relevant primary care trust but there was no evidence of funding or commissioning.
(QL) Qualitative, (PD) Practice Development

Report 40: An Ethnography Concerning the Supplementation of Breastfed Babies

This study explores the experiences of mothers and healthcare professionals of the supplementary feeding of babies in hospital. It is a traditionally structured research report that outlines clearly the ethnographic approach and the methods used for data collection and analysis. The study used qualitative methods (and methodology) and ethical considerations were described and addressed. Ethical approval

for this work was sought and gained from the local research ethics committee and the research was funded by the Department of Health. **(QL) Qualitative, (C) Commissioned, (R) Research**

Report 3: An Exploration of Interprofessional Working and Learning in the Operating Theatre

This report was originally categorised as Quantitative but closer reading has led to a change in classification. It describes a local collaborative project set up to explore roles and develop interprofessional practice in operating theatres. The report has a traditional structure and the methodology and methods are clearly described. The study used focus groups and could be classified as action research because feedback from the data collection was used as a mechanism for change in practice. The findings and recommendations are supported by data excerpts and the project was funded by the NHS. There is no discussion of ethical issues and no sign of ethical approval processes. **(QL) Qualitative, (C) Commissioned, (AR) Action Research, (E) Education**

Reports using mixed methods (13)
Reports numbers:
6, 7, 8, 13, 14, 15, 21, 22, 27, 35, 38, 45, 48

Report 6: Evaluation of an Introduction to Management Course within a Social Services Department

This is a report of an evaluation of the impact of a training programme in management, run for a local authority social services department. Quantitative data were collected before, after and as follow-up later by sending questionnaires to all participants. Qualitative data collection focused on the wider issue of training in the department. A control group was set up to check on the outcomes of the training. **(MM) Mixed Methods, (C) Commissioned, (PD) Practice Development**

Report 7: The Effective Performance of the Clinical Link Lecturer Role: Phase 3

This report was preceded by two previous documents and phases of work exploring the role of the clinical link lecturer. This particular project investigated the level of integration of theory and practice achieved through this role and also staff perceptions of its value and impact. Mixed methods were used, including questionnaires and interviews, and recommendations were made about the future shape of the role. There was no evidence that this particular project was commissioned or funded. **(MM) Mixed Methods, (AR) Action Research**

Report 8: An Evaluation of the Second Chance Arrest Referral Scheme

This is an evaluation of a programme offering addicts support and advice at the point of arrest in the locality. The research design included a survey and interviews in addition to analysis of documentary and monitoring evidence about the scheme, and a mixture of qualitative and

quantitative data analysis techniques were employed. The methods are well described and claims made in the findings section are well supported by evidence from data. There was no mention of ethical concerns or approval. **(MM) Mixed Methods, (C) Commissioned**

Report 13: Bournemouth Churches Housing Association Evaluation of the Floating Support Scheme

This report describes an evaluation of the impact of a floating support scheme in Bournemouth and used a variety of methods to explore client and professional perceptions of the service. The evaluation design is well described and justified, and issues of consent and confidentiality were dealt with. Ethical approval was given by the local research ethics committee. There is no clear reference to funding or commissioning. **(MM) Mixed Methods**

Report 14: Evaluation of Group Clinical Supervision in a Community Hospital

This study evaluated the outcomes of the introduction of clinical supervision in a local community hospital by collecting data before and after the introduction of the supervision. Focus groups provided qualitative data and a questionnaire allowed for a mixed method approach. There is no mention of ethical concerns or approval and there is no indication that this evaluation was funded/commissioned. Because the data collected before the start of the scheme informed the design, this might be classified as action research. **(MM) Mixed Methods, (AR) Action Research**

Report 16: Practice Professional Development Plan (PPDP) Pilot Project

This report describes a pilot project to develop a programme for general practice teams in the region. It involved a literature review to inform the project and questionnaires were sent out before and after the project started. Interviews were also held as a follow-up to the project. Suggestions for improvements in practice development were produced and the limitations of the study acknowledged. No reference is made to funding or ethical concerns/approval. As this research led directly to service improvements and monitored a project, it could be categorised as action research. **(MM) Mixed Methods, (PD) Practice Development, (AR) Action Research**

Report 21: Clinical Supervision for Nurses: Review of Feedback from Clinical Supervision Course for Nurses Implemented in a Specialist Mental Health Service

This is a very brief report that summarises the findings of a feedback exercise for a training programme for supervisors and supervisees. The

forms collected written information about content, structure and process and these were analysed quantitatively to draw conclusions. Feedback is given in detail but the section on methods is very small. There is no reference to ethical concerns/approval or funding. **(MM) Mixed Methods**

Report 22: Patients' Experience of Cataract Surgery

This is a traditionally constructed report that explores the experiences of patients having cataract surgery in the local area which was funded by the National Association of Theatre Nurses (UK). It contains a literature review and a clear description of the methods used to collect and analyse data. Both qualitative and quantitative data were collected and analysed and ethical approval was gained from local research ethics committee. Issues of confidentiality and consent were dealt with. Recommendations for further research and improvements in practice are made. **(MM) Mixed Methods, (C) Commissioned, (R) Research**

Report 27: Clinical Risk Management in Mental Health: Team Based Learning. The Development and Evaluation of a Learning Pack

This report relates to a project (action research) to develop and evaluate a learning pack for professionals in a range of agency settings. A project steering group was set up to manage the process and the evaluation entailed use of the Delphi technique (using questionnaires to collect data and refine the product). Quantitative methods of data analysis and presentation were used. The work was funded by a local health trust and local research ethics committee approval was gained. **(QN) Quantitative, (C) Commissioned, (AR) Action Research**

Report 35: The Bemerton Heath Breastfeeding Support Group, incorporating the Bemerton Heath Bosom Buddies

This report evaluates a project that aimed to improve breastfeeding support to women on low incomes in a local area. This included designing leaflets and posters and organising groups in the locality. A course of training was provided for this group of women and its impact evaluated. Qualitative and quantitative data were collected for the evaluation and the methods are described clearly in the document. Breastfeeding rates were improved and sustained over time. The project and evaluation were funded by the Department of Health. No reference was made to ethical concerns/approval. **(MM) Mixed Methods, (C) Commissioned**

Report 38: Prevalence and Patterns of Anxiety in Patients Undergoing Gynaecological Surgery

This research was funded through BUPA and used mixed methods of data collection and analysis to investigate anxiety in this group of

patients. Issues of ethical concern are discussed thoroughly and approval was granted by the local research ethics committee. The report is well structured and written and the findings are supported by the data. The limitations of the study are discussed. **(MM) Mixed Methods, (C) Commissioned, (R) Research**

Report 45: Views and Opinions of Community Mental Healthcare Workers in the South of England on Community Mental Healthcare

This report details a project to examine the establishment of the new role of Community Mental Health worker in Dorset and South Wiltshire. It sought to describe the activities of this role, its relationship with primary care and mental health teams and to design the education/training for the role. A survey (questionnaires) of community mental health workers and other related professionals was undertaken to provide data for the project. A comprehensive literature review informed the context for the project and both qualitative and quantitative responses were analysed. Ethical approval was granted and issues about confidentiality and safe data storage were addressed. Findings are supported by data and important factors about training and skill development were identified. The report is structured in a traditional way. **(MM) Mixed Methods, (C) Commissioned, (R) Research**

Report 48: Factors Affecting Attendance for Cardiac Rehabilitation

This study examines the factors influencing patient use of cardiac rehabilitation services in Dorset. It has a traditional structure with a literature review, methods and findings sections, and ethical approval was granted by the local research ethics committee. Ethical issues were addressed briefly and the work was commissioned by Healthworks.

(MM) Mixed Methods, (C) Commissioned, (R) Research

Reports using quantitative methods (6)

Reports numbers: 1, 2, 3, 5, 18, 19

Report 1: The Effective Performance of the Clinical Link Lecturer Role: Phase 2

This study was set up to investigate the role of the link nurse teacher in the local area and aimed to identify factors of good practice that could be used to bring about improvements in this role. It includes a literature review and a detailed description of the research design, paying attention to access and ethical approval issues. Questionnaires were used to collect data from across a wide geographical area and were then analysed statistically, as were the other data collected. **(QN) Quantitative, (C) Commissioned, (PD) Practice Development**

Report 2: BLiPP Study Blood Loss in the Postnatal Period – Final Report

This research investigated women's experiences of postnatal blood loss. Data collection and analysis methods are outlined clearly and included a

survey of women and GPs and a case control study. The findings were used to recommend changes in practice and to produce leaflets for women and health professionals. **(QN) Quantitative, (C) Commissioned, (R) Research**

Report 3: An Exploration of Interprofessional Working and Learning in the Operating Theatre

This report has been reclassified as Qualitative and can therefore be found in a previous section.

Report 5: BLiPP 2 – Blood Loss in the Postnatal Period

This report follows BLiPP 1 which was a research project investigating postnatal blood loss and revealed the need for information for women and professionals. Leaflets were produced to meet this need and these were evaluated in terms of their effectiveness. Focus groups were used to develop the leaflets and then survey methods used to test their usefulness. Classifying this as mixed methods therefore seems to be more appropriate. This work was covered by the conditions of the original research as detailed above (see Report 2). **(MM) Mixed Methods, (C) Commissioned, (PD) Practice Development**

Report 18: Evaluation of Clinical Risk Assessment and Management in Mental Health. Executive Summary

This report is an executive summary of an evaluation of staff training around risk issues in mental health nursing in Dorset. Mixed methods were used to collect data on these issues from practitioners and the data were then analysed and recommendations/proposals were made for future practice. **(MM) Mixed Methods, (C) Commissioned, (PD) Practice Development**

Report 19: Nottinghamshire Drug Treatment and Criminal Justice Partnerships Evaluation: Executive Summary

This report discusses commissioned research that evaluated several drug treatment projects across the county and included mapping, analysis and examples of good practice. Both qualitative and quantitative data were collected and analysed and the report summarises the results in terms of objectives set for the evaluation. **(MM) Mixed Methods, (C) Commissioned**

Summary of Categories

Table 7 summarises the decisions made about individual reports across the whole cohort and will enable a discussion about the range of methods and activities that are encompassed within it. The left hand column shows the designation of each report at the end of the first stage of this review – where these have been changed, they can be tracked across the columns across the page. Several reports have been re-designated, reflecting the development of more appropriate categories, and those reports that were difficult to describe in the first round have now been clarified. The new categories can be understood with the help of brief definitions:

- **(QL) Qualitative** reports are those that use a recognised method within this paradigm and do not combine this approach with others.
- **(QN) Quantitative** refers to reports that are solely based on these methods and no others.
- **(MM) Mixed Methods** is the term used when reports contain a mixture of the above, intentionally or otherwise. Some qualitative research reports, for example, clearly used quantitative methods for data analysis (see Report Nos. 26 and 33).
- **(C) Commissioned** reports are those that were funded or requested by specific bodies/organisations.
- **(PD) Practice Development** reports may use a variety of methods and terms to communicate their message but change/improvement in practice is the goal or outcome.
- **(AR) Action Research** refers to reports where there is an explicit or implicit cycle of evaluation followed by the testing of findings and changes to practice or policy.
- **(R) Research** is the term for a traditionally structured research report that has all the hallmarks such as an abstract, methods, findings and conclusions sections, and which can be quantitative, qualitative or both together.
- **(E) Education** includes all those reports where training and education of professionals was a key element. It was often difficult to differentiate between education and practice development because practice improvement was often a goal.
- **(A) Analysis** includes research where secondary analysis of other research or relevant policy was the focus and where no new data were collected.

The categories are not exclusive or singular, with reports often listed under a number of headings, so the totals do not add up to 49.

Table 7: Classification of IHCS research reports

Report (Methods)	**Classification (Themes)** (QL) Qualitative	(QN) Quantitative	(MM) Mixed methods	(C) Commissioned	(PD) Practice development	(AR) Action research	(R) Research	(E) Education	(A) analysis
(QL) Qualitative Report nos. 4, 9, 10, 12, 15, 17, 23, 24, 25, 26, 30, 31, 33, 36, 39, 40. **(16 total)**	4, 9, 10, 12, 15, 23, 36, 39, 40 **(9 total)**		26, 33 **(2 total)**	9, 12, 15, 17, 24, 25, 30, 31, 33, 40 **(10 total)**	4, 17, 23, 24, 25, 36, 39 **(7 total)**	17, 24, 25, 33 **(4 total)**	4, 9, 10, 12, 15, 36, 40 **(7 total)**	9, 30, 31, 33 **(4 total)**	26, 30, 31 **(3 total)**
(QN) Quantitative Report nos. 1, 2, 3, 5, 18, 19. **(6 total)**	3 **(1 total)**	1, 2 **(2 total)**	18, 18, 5 **(3 total)**	1, 2, 5, 18, 19 **(5 total)**	1, 5, 18 **(3 total)**		2 **(1 total)**		
(MM) Mixed methods Report nos. 6, 7, 8, 13, 14, 15, 21, 22, 27, 35, 38, 45, 48. **(13 total)**		27 **(1 total)**	6, 7, 8, 13, 14, 15, 21, 22, 35, 38, 45, 48 **(12 total)**	6, 8, 22, 27, 35, 38, 45, 48 **(8 total)**	6, 15 **(2 total)**	7, 14, 15, 27 **(4 total)**	22, 38, 45, 48 **(4 total)**		
(U) Unclear Report nos. 11, 29, 37, 43, 49. **(5 total)**				11, 29, 37, 43, 49 **(5 total)**	11, 29, 37 **(3 total)**	11, 29 **(2 total)**		37 **(1 total)**	43, 49 **(2 total)**
(D) Description not adequate Report nos. 32, 44, 46, 47. **(4 total)**				32, 47, 47 **(3 total)**				32, 44, 46, 47 **(4 total)**	
Report not available Report nos. 20, 28, 34, 41, 42. **(5 total)**									
Totals: 49	**10**	**3**	**17**	**31**	**15**	**10**	**12**	**9**	**5**

Further Analysis

At the beginning of this stage in the review there were only three methods categories that had been developed and, as already stated, there were difficulties in making all the reports fit based on the brief information that could be accessed from the title, abstract (where there was one) and introduction. It soon became clear that the categories were inadequate to describe the range of methods displayed in the reports and that new ones would need to be identified.

Classification of reports

The first new category was Practice Development – in the previous section, practice development was identified as a topic/subject of investigation while in this section we have identified that practice development is also an activity or a methodology that is unique and separate within the larger grouping of Research. This was identified because it is presented in a very different way and venerates/validates ‘practice wisdom’ over some other forms of evidence. Many of the reports where practice development was a key element in the methods were also commissioned reports, which initially seemed to have an impact on the way reports were presented, leading to another new category. However, the hypothesis that commissioned reports were more likely to have a less formal structure turned out to be erroneous as there was no consistent model for their structure; some were written in a very classic research style while others were focused more on reporting outcomes than on emphasising methodology/methods. It made me realise that, while reading the reports, I had been looking for signs that signalled the use of different methods – my recognition of these methods was based on the context of my own experience and I had not been aware of nor made explicit how the groupings had been defined.

Structuring reports

Reflecting on my own expectations of research made me acknowledge that I had anticipated ‘research’ to be structured formally, possibly with an abstract, but certainly with sections addressing the research question, methods and findings and with some attention drawn to ethical concerns (not just research governance issues). This model is a very positivist, traditional one which, within my own experience of writing up research, had proved both cumbersome and inflexible in showing the detail needed for other forms of research, notably qualitative research. I had critiqued this model in my own writing in terms of how the structure made the research and the findings inaccessible to all but academics, raising issues about the dissemination of research and the engagement of participants who may not be academics but who have a right to access research that concerned them.

Despite this, I had approached the task of evaluating IHCS research reports from the perspective of research being 'proper' – in trying to identify a range of presentations I had inadvertently set up a hierarchy in my own mind of what would or should be found in 'proper' research which meant that everything outside this had a different value. In refining the categories further, I have attempted to remove this block and to express the range and diversity of the sorts of research activity that can be found within our research reports without making judgements based on positivist expectations of how this should be presented. I have also accepted that others may question my interpretation of the categories and that there are many more ways of seeing and interpreting our work as a whole, but hope that readers will recognise that I also have a wish to champion our work and to raise the profile of the School in investigating and bringing to the fore what it is we do well.

Diversity of activity

My hope is that the categories that have been developed emphasise the diversity of the subjects or topics of our research activity and also the range of methods and foci of our work. The research activity in IHCS has a much broader remit and purpose than might be expected, since it engages with the real world that is made up of service users, practitioners, employers, educators, and a whole host of other groups who need access to knowledge to plan and provide services. This 'grounding in the real world' of health, social work and social care shapes the research activity we engage in and how and to whom it is presented. The capacity to produce reports in a variety of ways for different audiences should be seen as a very positive attribute of the work and skills of IHCS rather than an issue of standards that have no 'fit', ethically or practically, with the requirements of the social world we occupy. There is an area of developing knowledge and expertise here which is independent of specific research methodologies or paradigmatic positions and which needs to be promoted and explored further, outside the remit of this particular review.

There are other skills and capacities revealed through the reports that we can harness and use effectively in our capacity building and consultancy work, such as project management (which features strongly in the education and practice development sectors) and mixing or combining research methods. There is evidence of expertise in accessing user perspectives and in the development of creative methods to enable participants to have a stronger influence, not just on research findings but also on the methods adopted and questions posed. In education and practice development, we have found new and effective ways of facilitating learning for professionals in a variety of fields and pioneering work has been done in interprofessional education and work-based,

practice-based learning. All of these would benefit from taking stock of what we have learned and publishing our findings (and processes) so that others (institutions and professions) can apply the knowledge created here. A brief perusal of the list of peer-reviewed publications in books and journals tells us that some of these areas have already received wider exposure and been instrumental in leading practice in the field. A more thorough reading of the Academic Activities Report combined with the conclusions from this review might produce a robust action plan to address these areas of expertise within the context of health and social care, while also contributing to any HEFCE or RAE objectives/targets. There will be further discussion about potential areas for development in the Conclusions section of this report.

Quality Issues

Quality standards

> Most of us can look back and point to work that many people feel to be of good quality. While there may sometimes be a feature in common to several studies that has helped produce this perception of value, the feature may be absent in other good studies. (Seale, 1999, p. 7)

The subject of quality has been much debated in recent years, particularly around qualitative methodologies which have been trying to establish their value and worth in a research world dominated by the positivist paradigm and its attendant rules concerning validity. Guidelines for the evaluation of quality in qualitative studies abound (see references for some examples) – while they are all potentially helpful in their own ways, many seek to justify the validity of the paradigm as whole, or of particular methodologies within it (e.g. ethnography) rather than supporting the rigour with which evidence is gathered and knowledge claims made. One of the key drivers in the development of standards for qualitative research in health and social work/care has been the need to incorporate qualitative findings into meta-analyses or meta-syntheses to produce evidence for practice.

> As interest in the possibility of synthesizing qualitative health research has been, in part, prompted by the development of quantitative meta-analysis, this inevitably raises concern that such an endeavour is simply an attempt to develop functional qualitative equivalents of meta-analysis. (Campbell et al., 2003, p. 672)

All current attempts to synthesise diverse findings in a particular subject area are built around a hierarchical assumption that certain methods

possess innate quality characteristics that assure their position in the pecking order of 'robust evidence': their capacity to supposedly tell the truth. The gold standard has been openly awarded to RCT (random controlled trials) methods and all else falls below this standard. In trying to synthesise evidence from a variety of sources, we are therefore placed in the position of having to set up grading systems for other forms of evidence. Numerous processes have been established to do this (see the Cochrane and Campbell websites for particular examples in health and the SCIE website for resources in social work/care) and are based on the assumption that qualitative evidence is less reliable for a number of reasons than that established through quantitative measures. This supposition has led to a widespread need to justify qualitative thinking and methods in quantitative, so-called 'scientific' terms and an interrogation of the foundations of these methods (Seale, 1999; Morse et al., 2001; Spencer at al., 2003; Anastas, 2004). It is interesting to note that while the critique of qualitative methods in terms of reliability, validity and generalisability has continued to produce lively debate and justification, the rigour and trustworthiness of quantitative methods (and their application) has received little attention in the academic press or in policy terms.

> The curiosity, surely, is the absence of these checklists and kitemarks across the mainstream of science. Where are the published inclusion criteria for '*Assessing Research Quality in Particulate Physics*'? Where are the quality checklists for the '*Assessment of Mathematical Proofs*'? (Pawson, 2002, pp. 7-8)

'Joined-up' findings

The plethora of quality standards has thus been established to improve the utility of qualitative findings and to integrate these with other findings, rather than as a way of judging the intrinsic value of this research. In this review of our own research, each study has unique intrinsic value as part of the developing body of knowledge that is evidence of our engagement with research processes in IHCS. There is no integration of data or findings here and no search for a 'gold standard' in the sense of defining some work as better than others. The standards for defining quality are not helpful to this current project because they have been developed to meet very different purposes and are applied in very different circumstances and contexts to this current study. Each report reviewed here may have a contribution to make to the evidence base for a particular topic (e.g. interprofessional education, crime, drug/substance abuse, and housing) and, for the purposes of synthesising the findings, judgements and appraisal of their comparative quality might need to be undertaken. For the purpose of this review, however, the issue of quality is important primarily because it might tell us about how our competence and skills have grown over time and in which particular aspects.

The activity being carried out in this review has grown clearer as it has proceeded. Indeed, initially it was difficult to decide whether to call it a meta-synthesis or meta-analysis but in the end I have chosen 'review', as this describes more precisely what has been done. Both meta-synthesis and meta-analysis proved unsatisfactory because the processes involved seek homogeneity in the research activities which are being 'joined up', whereas what was needed here was to view each research report as a discrete that was part of a highly textured and patterned whole, as a body of knowledge that had a story to tell. So, we were not intending to synthesise or to analyse 'like with like', which is where the recent thinking around quality takes us. Separating meta-analytic processes from the issue of quality allows for judgements to be made about quality that are not tied to a specific (and narrow) purpose. A starting point here would be that research quality cannot be judged outside its context.

The value of research activity

Ray Pawson (2002) holds the view echoed by many others in the social sciences that 'synthesis and quality appraisal are one and the same thing' (p. 15) since it is only when research begins to have an impact (on policy or practice) that its effectiveness and therefore its quality have any relevance. This would seem to go against the notion of research for its own sake, in that synthesis here is interpreted as the stage when the findings of any particular research study are tested against other findings from other studies which may or may not have reached different conclusions. But research can have value or impact in terms of other criteria: it may have aesthetic or evocative qualities that are highly influential; it may advance methodological thinking or challenge our world-view, construction or understanding of a particular phenomenon in ways that are irreversible. Research can create transformative change in the researcher and the researched (topics and people) through the process and the subsequent findings and conclusions. For example, we can never go back and think 'the earth is flat'; our perception and thinking about ourselves in relation to the world is now premised on this 'fact' that none of us can validate or challenge personally. This 'fact' influences how we place ourselves in relation to the world, both physically and emotionally, and underpins all knowledge generation about the world and its physical characteristics.

In reflecting on our own collective body of knowledge as represented by our research reports, the importance of 'quality' lies in what it might tell us about how the context has shaped what we do and how we do (or have done) it, rather than making judgements about what might be considered good or bad. Synthesis may not be appropriate for all research and its value may lie outside its capacity to be merged into a consistent message.

Risk

The frameworks established for judging the quality of research have proved to be unhelpful for this review as each defines quality in terms of the use to which the research is put. Research that has a strong impact on the health and wellbeing of individuals carries a high risk in terms of outcomes and responsibilities, especially so in the health and social work/care fields, particularly in medicine, where its influence or impact might be a matter of life or death. The question here is not 'does our research reliably or safely impact upon practice?' (which would require a judgement about each individual report and its context) but 'what does each report tell us about the quality of our work as a whole entity?'

Perhaps what is being searched for in this review is something of our collective qualities to help us understand the context, the drivers and constraints, and the skills and interests of a particular community of people over a period of time. The contexts within which we work shape the research agenda for our disciplines and professions and also the judgements we make about the quality and purpose of our research. The standards that might be applied now to judge quality are not the same as they were ten years ago, nor do they judge the same elements. It is not a case of deciding on fitness for purpose here, but of allowing the reports to tell us about how the purpose has been revealed at particular points in time.

It has to be acknowledged that the collection of works explored here is not a static one: it has been generated over a ten-year period where many issues about research and the context of health and social work/care have impacted on the sort of research being carried out, the methodologies and methods used and the particular impact or influence intended in each study. The quality of our research, it could be said, has been defined by all of these things and the passage of time has influenced both the context and the results of our work, making the task of describing such a moving target extremely difficult.

So the search for 'quality' has been a difficult task in practical terms and one that leads me to reflect on whether quality (as defined within the context of health and social care) was identified as one of the essential components of this review because of its significance to the context we are placed in rather than for its part in the emerging dialogue or understanding of our work over a period of time. By that I mean, did its inclusion emerge from concerns about demonstrating that our work is of a high quality (as defined through various means that now seem inappropriate) or has the pressure for quality that has become part of the context for our research placed it on the agenda? Reviewing the literature on quality has highlighted the latter rather than the former and has

provided few clues about judging quality, except for where research has been applied to certain purposes, e.g. synthesis of findings. The literature and guidance around quality is enmeshed at this point in time with concern about meta-syntheses, systematic review techniques and other ways of combining findings from research.

What is research?

I have found, however, that reading the discourse on quality has raised my awareness of the factors that have influenced my decisions in this current study. These factors have shaped the categories that have emerged and also my reading of individual reports in terms of what I might have expected to find within them. It has raised several issues of concern for me and I conclude this section with a discussion about the process of exploring quality as an issue in our work. A neat table that focuses on the quality of our work and grades each report with a score using one of the many formulas that have been developed will not be found here, because these mechanisms were not fit for purpose in this review.

The first point I want to make concerns the issue of expectations. I have grown aware that my expectations in reading these reports were shaped by my own disciplinary/professional background, which has similarities with the health field but also differences. I made assumptions that the research reports would be uniformly structured and that this structure would mirror that found in academic writing in the social science disciplines. I took it for granted that this was the ‘right way’ to do research writing and that those reports not presented in this traditional manner were, in some ways, of a lesser quality than those which were.

Thus, the category of Research emerged in which the presentation of the report had certain features structured in a particular sequence and where inclusion in this category was based on a judgement about this particular style of presentation rather than on an appraisal of whether the research was ‘good’ or not. The internalised model of research which highlighted structure as an indicator of quality was nonsensical, since it could not account for the diversity of presentation styles that were found. However, labelling those reports that had a traditional or classic structure enabled me to differentiate them as a group from the others, thereby producing a category. It cannot be assumed that the reports classified under Research are of any particular quality or that those not included are not research – they are just presented in a different way. I became aware that the framework influencing the process of reading and creating categories was inadequate for describing the range of methods and topics encompassed within the body of work. The internalised pecking order that had influenced my thinking was not only inaccurate but also

unfair because it limited the description of our work in ways that were not owned or acknowledged.

Further categories such as Analysis emerged when it became clear that no new empirical data had been collected; these were reports that analysed particular strands of existing documentary evidence around topics such as housing policy or workforce issues. The Commissioned category came about because I wanted to see whether the structure was in any way defined by the commissioners or funders of particular studies or projects, but there was only a tenuous link between work that was commissioned and the presentation, topic or methods used. I also realised that there was actually something strong and positive about the wide range of presentation styles that were found.

Writing reports

This brings me to the second point I wish to raise here. The methods available for judging quality in research mirror the existence of a hierarchy, which we might want to question in terms of where it places certain methods and methodologies. Equally importantly, this hierarchy demands that research be written in a particular way in order for these judgements to be made. Take, for example, the work of Clive Seale et al. (2004, pp. 7-9), which makes the point that frameworks for evaluating quality should be ‘used judiciously and with due regard to the local context of the particular research study to which they are applied’. He goes on to propose that a good qualitative study should exhibit certain qualities, including:

- Aim and purpose explained and set in context;
- Rationale for the design;
- Depth, diversity, subtlety and complexity;
- Data or evidence actively and critically interrogated;
- Claims supported by evidence.

Meeting these criteria means presenting research in a certain style that does not take into account the audience, the context or the purpose of research. Furthermore, a distinction needs to be made between the conduct of research (how it is carried out) and the presentation of research (the written report or other end product). The development of quality criteria is built on the notion that the quality of a particular research study coincides with the research report and that ‘good writing’ therefore equals ‘good research’ and vice versa. In relation to this review, the notion of ‘good writing’ is closely allied with producing relevant reports suited and shaped to particular audiences, and does not necessarily lead to the conclusion that the quality of writing can be used to judge the quality of the research activity. In fact, one of the lessons for me from this review has been that these two concepts need to be disentangled from

each other and that separate and distinct judgements need to be made about the quality of the writing and the quality of the research. Judging the quality of the research can really only be attempted here when the style of presentation used follows the traditional (positivistic) model, which has little utility for qualitative work or for research that is written up for different purposes or audiences.

Making research accessible

What is clear from reviewing IHCS research is a high level of expertise (and a wide variety of styles) in making findings and processes accessible for a wide range of purposes and audiences. In addition, the term ‘research’ covers a variety of activities including practice development, analysis of documents and so-called ‘grey’ literature and action research, leading to practice/policy change among others. These activities may combine research activities seamlessly with other outputs and purposes and reflects the health and social work/care contexts within which the activities are located. Health and social care research, unlike that of other disciplines and practices, has strong alliances with practice and this strongly influences the type of research activities carried out and the style of report produced. This issue is discussed further in the next section, and the range of writing styles within our work is explored in relation to disciplinary and practice contexts.

However, in terms of the variety of styles and modes of presentation and the different audiences that our work is aimed at, we could cautiously conclude that the reports examined show both creativity and innovation in making research activities meaningful and accessible. It is also interesting to note that in the category of Research, where the structure of the report allows for the best fit with any of the quality frameworks, the type of research carried out is wholly classified as Qualitative. There are a number of possible explanations for this which are explored in the next section.

Developmental and Contextual Issues

> It’s the same in any field, with any method. When the field is young there is variation in quality as folks learn the skills and try things out. Then after a number of years the field stabilises, standards become implicitly and explicitly agreed upon, and the field settles down. Until the next person comes along to stir things up again! (Kuzel & Engel, 2001, p. 140)

One of the main aims of this review was to provide a historical overview by tracking changes in practice demonstrated through the reports and linking this with what we know about significant events during the ten

year period represented here. The reports roughly span a time of specific research activity in IHCS and also a time of challenges and change in the fields of health and social care. To provide a coherent narrative, it was essential to supplement messages that might emerge from exploring our reports with other ‘knowledge’ about the context, to seek explanation from what might be known about trends and events both in the University and in health and social work/care sectors. The way I have carried this out is supported with evidence from various sources (including past Academic Activity Reports) but I also acknowledge that my interpretation of events is a subjective one and that others may have differing perspectives, because each of us is situated differently in relation to our work and its context. My intention in this section, therefore, was to provide the impetus for a wider dialogue about our history and plans for the future, and for ownership of the debate to be transferred to the wider community in IHCS. This was one of the original intentions for this piece of work but, because of the review at the end of Stage 1, further data collection through email contact and interviews with key personnel, such as the Head of Research, has not taken place.

Research narrative of IHCS

The Institute of Health and Community Studies was established at Bournemouth University in 1992 when nursing and midwifery education was transferred to higher education institutions in a UK-wide policy initiative from the Department of Health. Bournemouth University itself was new, having only recently gained University status and awarding powers. The early years of the Institute were particularly focused on developing resources around delivering professional education programmes for nurses, midwives and social workers. By 1996 we had begun to see the influence of a number of new staff (including Kate Galvin, Iain Graham and Clive Andrewes) who brought experience and qualifications in research and practice development and who were significant in the enterprise of widening the activity base of IHCS.

This growth can be seen in the Academic Activities Report 1999-2000 (Macdonald 2000), which highlights the establishment of the first research centre in IHCS (and one of the first in the University) in nursing and midwifery. Alongside this research activity went the development of networks and alliances with local health service organisations and bodies and the beginnings of some long-term and mutually profitable relationships. The links between research, practice and education have always been close in IHCS and these links were clearly the foundations for the way that the School would carry out its business and develop its expertise in areas that are now clearly evident in what have become the centres of excellence in the Institute. Positive working relationships with local health organisations that were developed in the early years continue

to be sustained and profitable in terms of all IHCS activities such as education, practice development and research and consultancy. The period between 1994 and 2000 is characterised by these growing relationships, as witnessed through the topics and methods used for the research reports produced during this period.

1997 marks the point at which the Midwifery Academic Group first produced a research report through IHCS, with a study of blood loss in postnatal women (Alexander, Garcia and Marchant). Both of the midwives who worked with Jo Alexander on this project are now high profile researchers in their own right in other organisations (Jo Garcia – National Perinatal Epidemiology Unit, Oxford University; Sally Marchant – Chair of the Iolanthe Trust). The social care group produced an evaluation of management training in social services in 1997 but the majority of the reports that would fit into the social care category were produced by researchers from the research team and not by academic staff from the Social and Community Studies academic group. In terms of developing an academic profile, Nursing has had considerable success across the time span 1994–2004, and Midwifery has also done well proportionally in terms of the size of the staff group. The fact that social work and social care have not developed well should be a cause for some concern, but the essential analysis to identify the causes and cure for this are beyond the scope of this present study.

Research Assessment Exercise 2001

The steady growth in the number of reports being produced annually between 1995 and 2000 (still no explanation to be found for a nil result in 1996) is paralleled by an increase in competence and outputs in terms of peer-reviewed articles, books and book chapters which exposed the work of IHCS to wider and possibly more critical external audiences. This was essential in terms of developing a traditional academic profile and, through this, generating work and income. It was also a crucial step in being sufficiently positioned to enter Nursing in the HEFCE Research Assessment Exercise (RAE) in 2001. The table following this section shows a year-on-year increase in the number of reports produced, with the highest number found around the time of the RAE in 2001. A similar rise can be seen in the Academic Activities Report for 2000–2002 (Somner, 2002).

I think we might tentatively conclude that the period immediately prior to the RAE 2001 was focused on activities that would contribute to IHCS achieving a good starting grading of 3a in Nursing, i.e. peer-reviewed journal articles, evidence of esteem and a strong research culture/environment. While Midwifery could be closely allied to Nursing in this endeavour, Social Work played no role in this achievement and was

not able to make a submission under its own subject heading. As this is my own disciplinary area I feel strongly that there would be value, in terms of possible future submissions, for IHCS to examine more closely the developmental trajectory for social work and the possible lessons that could be learned from the experience of the Nursing submission in 2001. The 2001 Research Assessment Exercise identified a number of positive points, including the note that a ‘substantial part of our work was of national and even international significance’. We were particularly commended on our strengths in ‘qualitative research, user focus and research into women’s and infants’ health’ (Somner, 2004, p. 7), and the research centres in these two areas were developed shortly after the RAE in response to this praise.

Developing expertise in qualitative methods

The development of expertise in qualitative research methods, the establishment of a biennial international conference on these perspectives and an international network is an achievement worthy of closer inspection, given the trends in health and social work/care during this time. While patterns in workforce development and changing roles in health and social care have provided a fertile ground for the Centre for Practice Development’s activities, the drivers of evidence-based practice and the consequent emphasis on the quantitative paradigm have led to an environment where qualitative approaches have generally failed to flourish in the disciplines and professions allied to IHCS. While other disciplines have embraced the qualitative paradigm enthusiastically, progress in our disciplines and professions has been more cautious and there has been a reluctance to engage in the debates around the presentation of research and its political and cultural contexts. Denzin (2002) provides a narrative of qualitative inquiry across the decades and refers to the years during which we have been developing our research capacity as the ‘seventh moment’, characterised in the following ways:

> The transformations that gained momentum in the 1990s continue into the first decade of the new century, The narrative turn is now taken for granted. It is now understood that writing is not an innocent practice. Men and women write the worlds of everyday life differently. Many social workers, sociologists and anthropologists are exploring new ways of writing ethnography, and some are writing fiction, drama, performance texts and ethnographic poetry (see England, 1994; see also Chambon and Irving, 1994). Anthropology journals are experimenting with various forms of critical ethnography. (p. 27)

Professional and disciplinary contexts

There is little evidence in our own work of these new ways of working and writing qualitative research and little interest in showcasing them in the journals we most frequently submit articles to for publication. There is a

tension here between the urge to engage in new ways of working and being constrained by the disciplinary and academic structures (such as journals) that remain very conservative in terms of methods and presentation. The question of whether or not health and social care has actually reached the seventh moment remains to be answered, despite the encouragement from Denzin who feels that social work in particular is uniquely situated to provide the critical edge to this venture.

> In the seventh moment there is a pressing demand to show how the practices of critical, interpretive qualitative research can help change the world in positive ways. This is the traditional calling of a critical social work. (Denzin, 2002, p. 27)

In health and social care we therefore deal continuously with a number of competing agendas and are accountable to a whole range of stakeholders, some of whom we depend on for funding and survival. This has led to a risk-averse culture in both the professional environments we work in and the academy, which is held responsible for providing the evidence for practice in health. Social work and social care have followed this pathway in producing a hierarchy of methods for the production of evidence and it would not be an exaggeration to suggest that qualitative methods have struggled to remain valuable in this hostile world.

Taking the decision to invest in this range of perspectives also carries with it risks in terms of the funding and commissioning of research in health and social care. Indeed, the reputation and status of the Institute and the University may also influence this choice, as the wider field has allied itself strongly to quantitative methods and 'safe' practice which might be better placed to provide a steady income.

> …it is our impression that agencies that fund health research are still more skeptical of qualitative work than are journal editors or programme committees for professional meetings. (Kuzel and Engel, 2001, p. 129)

The evidence from the review of research reports supports the notion that we remain traditional in the way we carry out and write our research and that qualitative methods are more often combined with others in our research. The review also shows that the majority of reports which were classified as Research, because they were structured in traditional ways, used qualitative methods – a situation that can be interpreted in a variety of ways. It could perhaps be that the pressure to demonstrate rigour and to compete with the dominant quantitative paradigm shapes the structure of our reports and also our choice of methods. It could be that the reports we have examined here do not show a complete picture in terms of all

our research writing and that other sources, e.g. journal articles, might refute this idea. However, the success of the Centre has probably taken place despite, rather than because of, the professional and disciplinary cultures within which it sits. Negotiating the various tensions and conflicts between a methodological position and the contexts they are applied to can be positive in that they raise awareness of the needs and wants of the various stakeholders and contribute to our skills in understanding the existence of ‘multiple truths’, the strength of situated knowledge and their synergy. This is an area that would profit from further debate within IHCS via the Centre for Qualitative Research (CQR).

The Centre for Qualitative Research is, however, only one of a number of successful research centres and groups established in IHCS and strategically (and metaphorically!) this means the School has not put ‘all its eggs into one basket’. The work of the Centre is closely linked with values about the need to engage with service users and others, and to develop methods of research that enable their voices and choices to be heard in terms of practice and service delivery in health and social work/care. This complements and feeds into the work of other Centres, such as the Centre for Practice Development. The Academic Activities Report 2002–2004 (Somner, 2004) lists a total of seven research groups or centres that have been established in IHCS over a short period of time. At the time of writing (end of 2005) anecdotal accounts suggest that they are all productive, well supported and are contributing to IHCS strategic outcomes.

Our story, then, is one of achievement in the face of competing and conflicting trends in both methodological terms and also in the disciplinary and professional contexts in which we are situated. This does not include the pressures that have been clearly evident for Bournemouth University; of surviving as a new higher education institution in an increasingly competitive environment that demands increases in outputs with little or no increase in resources. Our primary income source continues to be from teaching and learning activities, although we have built up a good reputation in terms of the employability of our students. Research activities are often perceived as a luxury activity only to be engaged in by a select few within Schools[3]. However, we have a growing number of research active academics within IHCS who are nationally or internationally recognised as experts in their fields, such as phenomenology, grounded theory, user perspectives and engagement, pain and nursing knowledge, theory and practice. We have an excellent local and regional reputation for engaging collaboratively with relevant

[3] As I see it – I am open to challenge here as I have been unable to collect data that might have confirmed, refuted or replaced my own experience over the past 15 years in IHCS.

organisations around diverse agendas, including education, research and practice development.

My hope would be that this review might contribute to IHCS's plans for the future and help inform our strategies and aims, not by making specific recommendations but by promoting a dialogue within IHCS about the longer term. Our development so far enables us to have choices for the future in terms of which areas to focus on and develop further. Currently, we face another Research Assessment Exercise in 2008 and we continue to function in a practice environment of rapid and continuous change in terms of policy, funding and demands for services. This review would suggest that we have the capacity to handle this dynamic environment and perhaps to use our experience of it so far to inform how we might shape our own destiny for the future.

Table 8: Key events within IHCS since its establishment

Year	Event	No. of research reports
1992	• IHCS established	
1993		
1994		
1995		1
1996		0
1997		3
1998	• University Research Centre in Interprofessional Nursing and Midwifery set up	3
1999		5
2000	• First Academic Activities Report published (1999–2000)	7
2001	• HEFCE Research Assessment Exercise	8
2002	• Second Academic Activities Report published (2001–2002)	11
2003	• Centre for Qualitative Research (CQR) launched by Don Polkinghorne* • WOMB (WOMen, Babies and their families) Research Group launched	10
2004	• Seven research groups/centres: WOMB; Pain Management; Biomedical and Clinical; Mental Health and Primary Care; Social Care and Welfare; Centre for Qualitative Research; Centre for Practice Development • Third Academic Activities Report published (2002–2004)	1

*See Biennial Academic Activities Report 2002–2004 (Somner, 2004).

Final Summary

The 'So What?' Conclusions and Recommendations

In this final section I will try to summarise the conclusions reached around each of the aims and objectives for this study, including a reiteration of the findings from the first stage of this review, which informed the tasks and the focus in the final stage. The aims and objectives for the study are used as headings to organise the summary and bullet points are used for brevity.

1. A description of the range of topics, methods and methodologies

- A wide range of methods and topics has been identified through an analysis of the research reports, both collectively and individually, and our strong areas, as indicated by quantity at least, lie in education and practice development (topics studied) and qualitative methods (particularly when combined with others).

- The development of expertise in methods and topics is supported by data from the biennial Academic Activities Reports (Macdonald, 2000; Somner, 2002; 2004) which list peer-reviewed articles, conference papers and books.

- The majority of our work is located in the disciplinary and professional contexts of health (38 out of 49 reports) and a number of areas for potential study/research activity are under-represented and offer further potential for development. These include social work/care in general and work around children. There is strong interprofessional potential around older people and the recent restructuring of services in this area encourages multidisciplinary work. Services around children and their families are currently undergoing changes and this offers opportunities for engagement in the future.

- The review has demonstrated skilled capacity in producing reports for a diverse range of stakeholders and purposes and this is an issue worthy of further inspection and development as the appropriateness of the traditional research report structure is called into question in the contexts in which we work.

- Our expertise in engaging with stakeholders in terms of methods (action research and practice development models particularly) and

also standpoints (emphasis on the value of user perspectives and experiences) is also strong and could be highlighted or supported through publication.

- A 'seamless' characteristic has been observed in our work around practice development and education practice – in other words, our ability to combine these two strands in ways that complement and strengthen each other are innovative and original and this work deserves a higher profile. Our strengths as interprofessional education providers would be further enhanced by an analysis of how we have developed this work and perspective.

- The description and analysis found in this review can be sharpened up considerably by applying the same methods to analyse the story that is told in the Academic Activities Reports and combining that with these findings and conclusions. It has only been possible to investigate these reports and their relationship to this review in a brief and perhaps superficial way.

2. A historical analysis of the development of our research activities

3. An examination of the influence of the health and social care context on methods, etc.

- A narrative account of our development since the early 1990s has been produced which links key events and trends to the direction our work has taken. The two aims outlined here were linked to produce a more robust account of our work to date.

- It is both impractical and futile to attempt to draw up this narrative without due regard to both the context in which we are situated and the influences of the wider social and economic world.

- It is accepted, however, that the positioning of the narrator in such an endeavour is also crucial and not impartial. My positioning within IHCS and my own personal and professional ideas and constructs shape what is observed and how it is interpreted. The analysis of our developmental trajectory is therefore offered as a starting point for further discussion across the academic community, not as a single 'truth'. There are potential benefits to be achieved here from a more panoptical view of our work but it was not possible to fulfil these components of the proposal.

- The story given here should be seen as a celebration in that we have been successful during a period of great change and upheaval, in terms of the disciplinary and professional contexts that influence our progress. We should bear in mind when judging our 'progress' that Bournemouth University is a young institution and that the School also shares these characteristics. It is true to say that the disciplines

and professions we are allied to are also young and struggling to establish their own theoretical understanding of issues around knowledge, research and practice, with a strong focus on ethical practice and values guiding and shaping the work being done.

- The perspective developed here could be used to encourage dialogue (and possible challenges) that can be used to inform our strategic thinking about our academic community and the nature of scholarship within the health and social care fields. It is to be expected that any such dialogue which allows a wide range of competing interests to be heard might be challenging but creative and our experience of working with diverse views and stakeholders in research and other activities can be fully utilised here.

4. Recommendations for future development of qualitative methods in IHCS, including the issue of quality

- Frameworks for assessing quality have been considered and further work is needed to develop an appropriate framework that takes into account the contextual issues in health and social care and that is distinct and separated from the processes used in systematic reviews and the qualitative equivalents of meta-syntheses and meta-analyses. The benefits of narrative techniques should be explored further in terms of their methodological and ethical 'fit' with our work.

- The issue of measuring quality obscures the richness and diversity of purposes for our work and does not make visible the range of ways of presenting and writing research that are displayed in our reports.

- Drawing conclusions about the quality of our writing based on this present sample ignores the quality that might be displayed for a different set of audiences in the work that is produced at conferences, in journals and in books and book chapters. Any assessment of quality must examine all of this and place the issue of contexts, purposes and audiences at the forefront. One of the key characteristics to emerge from this review has been the idea that writing for different audiences is one of the things that we are good at and that this is an essential part of our task in research within health and social care. The influence and impact of our research is necessarily wide and writing styles change to fit diverse needs and audiences. There would be value in exploring further exactly how this is achieved and in making this knowledge accessible to the wider world.

- Our research reports reveal skills in using a range of methods and also in combining them, making writing a difficult task in itself. There

may be further benefits to be gained from looking more closely at how using different methods for the collection and analysis of data are distinguished and justified in the reports, as this may pinpoint new ways of working within different paradigms.

Further Points for Discussion

Specific areas of expertise

There are several areas for potential development that have been noted during this review which are not directly linked to the aims described above but which merit further consideration and discussion.

- Clusters of expertise around a number of topics and themes have been identified and offer potential for further work in terms of gathering together what has been learned so far and producing texts or articles that provide detailed summaries. These include:
  - The synergy between education and practice development, especially applied to interprofessional learning;
  - User perspectives and writing research for different audiences and purposes;
  - Combining and mixing methods – methodological dilemmas;
  - Developing methods for the synthesis of qualitative research in the contexts of health and social care;
  - Work around social exclusion/engaging with marginalised groups, through issues such as crime, housing and social support;
  - Issues of risk in health and social care;
  - Project management – the reports show a high level of expertise in managing projects and stakeholders and yet this information is at a 'taken for granted' level and should be highlighted.

Communicating research

- There are issues about how we might make our research more accessible to our own community within IHCS and make more widely known the expertise, skills and knowledge that this review has revealed. There is no strong evidence that the body of knowledge in IHCS is directly utilised in teaching or that staff in IHCS and partner agencies/organisations are making good use of this potential. It may be worth exploring further how this evidence might be obtained. Anecdotally we believe that the work is well known and utilised, but my own personal experience as a member of staff for 15 years suggests that, beyond idiosyncratic alliances between colleagues, the body of knowledge is underused and not widely publicised.

- Dissemination of our work is a wider issue than making it accessible locally to colleagues and in the academic press. The debates around making research findings and processes more accessible to citizens and users needs to be articulated as part of the ethical/values framework for our work. This articulation would help us in developing more sound frameworks around quality and also contribute to the quality of the writing, no matter what the intended audience or setting.

Reflections on Personal Learning

This project has enabled me to take stock of a body of work that was unfamiliar to me when I arrived in the research team in November 2003. In some ways this has been a privileged position and one that displays the trust placed in me by those who gave me permission and have supported me throughout this process: Professor Kate Galvin and Professor Les Todres on behalf of the Centre for Qualitative Research (CQR). On the other hand, it has at times felt like an intrusion into another world and I needed to bracket my own expectations and ways of understanding in order to fulfil the obligations of the study. I hope that both stages of this report can be used to stimulate a discussion about the academic community we want for the future and that the findings will be seen as a 'view from a hill', accepting and hopefully drawing out other views from other points and perspectives.

I am conscious that this is a view at a particular moment in time and that other times, past and future, will reflect a different body of knowledge and its context. Taking stock now would be a good opportunity for us to put into place a continuous process (perhaps reflected on in the Academic Activities Reports) that makes the workings more visible to the wider community. I have been made aware through this study of our obligations to a wide range of stakeholders (including ourselves) who have an interest or an investment in our activities or where our work impacts on the quality of life they might expect. These are onerous responsibilities and ones that must be addressed throughout our work and made part of our purpose in some way. I invite others to join me to discuss these issues further, since there are no right, wrong or final answers, only a continual movement and shifting in response to the environment we occupy.

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Appendix 1

Results of the 2001 Research Assessment Exercise

Institution: H-0050 Bournemouth University

No. of submissions: 9

Unit of Assessment		2001 rating	Proportion of selected staff	Category A and A* Research Active Staff (FTE)	Flagged research groups
10	Nursing	3b	F	9.5	
25	Computer Science	2	E	6.0	
26	General Engineering	3b	F	7.1	
35	Geography	2	D	6.0	
36	Law	3a	E	4.0	
43	Business and Management Studies	3a	E	14.0	
58	Archaeology	3a	C	12.8	
64	Art and Design	5	D	7	
66	Drama, Dance and Performing Arts	3b	D	8.8	

Appendix 2

Research Proposal

From:

Dr Carol Lewis, Senior Lecturer in Social Work, Institute of Health and Community Studies

Title:

Qualitative research in IHCS: a reflexive study

Background

Following the Research Assessment Exercise (RAE) in 2001, which highlighted the developing expertise in qualitative methods of enquiry in IHCS, the Qualitative Research Centre was established, with the aim of promoting understanding of qualitative methods and supporting and enabling engagement in qualitative research as an academic activity. In line with recommendations arising from the RAE, the Steering Group for the Centre is proposing to examine reflexively, the substantial body of work which has been completed to date and to critically explore the range and scope of its qualitative activities.

The study will include all published qualitative research reports produced by IHCS staff over the past ten years and this data may, if necessary, be supplemented by interviews with authors. The purpose of this would be to clarify the authors' choice of methods and perspectives, if this is not clear from reading reports. In order to provide an Institute-wide perspective about our engagement with qualitative methods, staff members will be invited to contribute accounts of their own experiences of qualitative research via the email system. Including the stories of those not already included acknowledges accounts of engagement. Finally, a small number of interviews may be necessary, again for clarification purposes, arising from the email response.

Sponsor

The work is being sponsored and directed by the Centre for Qualitative Research (CQR). Dr Carol Lewis has been responsible for the research design and she will be implementing the project (subject to necessary permissions and approvals) with support from members of the Steering Group, including Professor Les Todres and others. The project will be funded through internal RAE grant funding.

Aims

- To provide an overview of the range of topics, methods and methodologies demonstrated in the reports;
- To provide a historical analysis of the developmental trajectory which may be evidenced from the reports;

- To examine the ways in which the health and social care worlds we occupy shape choices and priorities in methods of enquiry;
- Draw some conclusions from the overall findings about the quality of our work and the factors which facilitate or constrain the development of expertise in qualitative methods of enquiry in this context.

Outline of project (including methods to be used)

The project will be carried out in three stages; each one informing the next and shaping the exact form it may take. Each stage will collect and order data for analysis, which will build in depth and complexity. For example, the first stage will be largely descriptive, while the final stages will examine the interplay of a number of complex factors (e.g. the contextual requirements of health and social work/care research) which will progressively emerge.

- An initial descriptive survey of the research reports published by IHCS over the past ten years (1994-2004) will be used to set the scene and inform the following stages. The information gathered here will be useful in terms of setting the parameters of the range of methods used, the methodological paradigms underpinning the projects and the topics these have been applied to.

- A detailed content analysis of the individual research reports will help identify any changes over time in choice/range of methods, perspectives and skills in qualitative research. The point of interest at this stage will be to identify any collective development of capacity and capability in handling qualitative projects, using Denzin and Lincoln's[4] idea of 'moments' to map any changes. These 'historical moments' will be used as a conceptual framework for the analysis and will be important for identifying the limits of our repertoire (the moments which are not evident in our developmental pathways) as well as highlighting those that are visible. This documentary analysis may be supported by collecting further qualitative data through interviews with a sample of authors, where the primary purpose will be to clarify or illuminate points raised. It will also offer researchers an opportunity to contribute personally and individually to the understanding being reached. The interviews will thus constitute something of a member audit and enhance the reliability of the findings so far.

- The collection and analysis of (email) research narratives from other members of the IHCS academic community, including postgraduate

[4] DENZIN N & LINCOLN Y. (1994) Introduction: Entering the Field of Qualitative Research. In: N Denzin & Y Lincoln (eds) *Handbook of Qualitative Research*. London: Sage.

students and staff. These will include those who may not have published through existing mechanisms or completed funded research on behalf of the Institute or University but, nevertheless, have engaged in qualitative enquiry and could contribute, therefore, to our collective narrative.

The stages outlined above will be cumulative and will provide information which can be analysed independently (in order that new ideas and themes can emerge) and also as a whole so that any contrasts and difference can also be identified. Methods used for analysis of written evidence (email) and interview material will include narrative techniques (how do individuals account for or 'story' their involvement and the choices made?) and grounded theorising (allowing themes to emerge rather than having or focusing solely on predefined conceptual understandings). The requirements for permissions, consents and ethical issues are outlined in later sections. The report of the study may contribute to future planning for the Centre for Qualitative Research (CQR) activities and may have implications for the wider community of IHCS and so dissemination of findings will be an important stage in itself, but one which needs to be finalised when the results of the reflexive study are known. There may also be opportunities for publication around methodology, qualitative research models and methods for health and social care, for example. Plans for dissemination will therefore be drawn up as the project progresses and will be agreed with the steering group.

Time schedule

The following diagram shows the methods of data collection, analysis, and the proposed timescale for each stage and the project as whole.

Stage	Method of data collection	Data analysis/approach	Dates
1. Survey of reports	Report reading	Descriptive	September/ October 04 Preliminary report to steering group: end of October 2004
2. In-depth analysis	Report reading + Interview data	Denzin and Lincoln's historical 'moments' + Perspectives on health and social care/work research development (literature based)	October 2004 to end of February 2005 Interim report: end of February
3. Story-telling	Email responses/ stories + Existing progress reports and analysis so far	Narrative analysis + Examining the findings so far through the perspective of the wider community in IHCS + Using the narratives to illuminate and contrast with findings so far and expand them	March to June 2005

Sampling

Stage 1

All of the reports produced by IHCS from 1994–2004 are in the public domain and available for analysis, but not all are qualitative, so from the total sample a selection will be made which will include all reports which utilise qualitative methods for the collection and/or analysis of data, including those using a mixed method approach. This will reduce the sample size.

Stage 2

Invitations for verbal dialogue about their reports (interviews) will be extended to selected individual authors whose work exemplifies a particular topic or qualitative approach within the range identified by the initial survey. The intention will be to collect detailed descriptions and to clarify/confirm points raised. Participants will also be offered opportunities to add to this agenda any additional issues they view as important for the project. This sample will be at least 10% of the selected number of reports in order to cover the range of work this encompasses.

Stage 3

This research study will be publicised through the email system across the Institute and all members of the IHCS academic community will be invited to share their stories about engagement/involvement in qualitative methods of enquiry. The email will give information about the study and its aims and give an assurance that individuals will not be personally identified nor will the materials produced be used for any other purpose. A copy of the email to be sent out is attached at the end of this proposal. It is impossible to predict sample size at this stage, but the significance of a limited or a very large response will form part of the findings, as will the overall view from all the stories received.

Consents/ permissions required

Stage 1

Approval from the Head of Research has been implied/assumed by her involvement in the CQR Steering Group, which initiated this study, but will be confirmed to avoid any confusion. No consents are required but as a matter of courtesy authors of reports will be informed that the study is taking place.

Stage 2

Participants who agree to be interviewed will be asked to confirm their agreement to the data obtained from interviews (in transcript form) being used for this research study and no other purpose. They will not be identified directly in the research report but we will make it clear that it may be possible (because they have used a particular method or researched a specific topic) to indirectly attribute their contribution.

Stage 3

Potential participants will be informed that their email responses will be printed and anonymised (roles will be retained e.g. PG student, Reader, etc.) before analysis and that consent to use their responses to the 'call' will be assumed unless they indicate otherwise. Emails will be acknowledged and participants reminded of the conditions and given an opportunity to withdraw if they wish before analysis begins. Emails will not be passed on or forwarded electronically to other IHCS personnel not involved in the study.

Potential risks/hazards

There appear to be no major health and safety risks attached to this study, in the sense that no direct intervention is proposed on participants and the major source of data will be documentary sources. However, the issues of consents and security for interview and email data are important, because those taking part are also employees of Bournemouth University and the Institute. The study could be jeopardised if participants are not assured that sensitive data will be used only for research requirements and clearly not for any other purpose, e.g. any employee/employer database or appraisal system. This has implications for the way that the project is publicised and for how data is stored and collected via the email system. It is proposed that once emails have been received they will be printed and anonymised and the electronic entry deleted. Interview materials, initially collected on audio tape and later transcribed, will be stored securely and tapes will be returned to participants. Any directly identifying features will be changed when transcripts are prepared, but because there is a slight risk that individuals could be identified (through reference to their work), this will need to be explored with participants, who will have the right to withdraw should this risk become a real one.

Ethical issues

A number of sensitive issues have been identified in the preparation of this research study and are fully detailed in the substantive document from which this proposal is taken. Points of concern include the need to be sensitive to professional and disciplinary differences and to ensure that the professional/disciplinary background of the researcher (myself) is declared and reflected upon throughout. Other potential issues might relate to changing standards in methodology and ethical constraints over time and may influence the choices of methods. This will be a reflective and reflexive study that will interrogate the issues as they arise.

Indemnity

University guidelines and policies around public indemnity and liability are confirmed.

Data protection

Usual University practice will be observed for the secure storage and control of access to data and findings from this study. Recorded tapes from interviews will be either returned to participants or wiped clean following publication of the final report and transcripts from interviews will be stored securely for the required length of time.

Confidentiality

The principle governing this study is one in which the identities of all participants will be protected, except where participants are named authors of published reports, where authors could be identified by association. Reference to individual reports (and indirectly to authors) will not be necessary for the first stage of this study and throughout the following stages participants will be required to give consent for any information to be used as data and the potential risks of identification pointed out to them.

Because participants are also employees of the University they will also be assured that no data will be used for other purposes or passed on to others in the Institute or University.

Proposed use/ dissemination of research

This study will be published through the usual IHCS mechanisms and full use will be made of the knowledge transfer potential which will arise from such a comprehensive research exercise, including the potential generation of new knowledge around health and social work/social care, or methodological precedents. The findings will primarily be used by the Centre for Qualitative Research (CQR) to inform its own strategic planning but may have wider implications which will become clearer when the work is completed.

Appendix 3

Table of Studies Published by IHCS

Title of work	Undertaken by: Name	Title	Published date	ISBN number
1. The effective performance of the clinical link lecturer role: Phase 2. The clinical nurses' perspective.	Gillian Skelton Jenny Jones		December 1995 Reprinted January 1999	1-85899-063-7
2. The BLiPP Study: Blood loss in the postnatal period – final report	Jo Alexander Jo Garcia Sally Marchant	Reader in Midwifery Midwife Academic Midwife	February 1997 Reprinted June 2000	1-85899-094-7
3. An exploration of interprofessional working and learning in the operating theatre	Clive Andrewes Martin Hind Kathleen Galvin Dawn Jackson Susan Platt-Mellor		July 1997 Revised August 1998	1-85899-027-0
4. An exploration of knowledge underpinning nursing practice: The experience of a nursing development unit	Iain Graham Alison Dumbrell Clive Andrewes Kathleen Galvin Sharon Waight Lisa Clark	Head of Nursing Researcher Practice & Development Co-ordinator Research Co-ordinator Clinical Leader Senior Primary Nurse	October 1997	1-85899-029-7
5. BLiPP 2: Blood loss in the postnatal period	Jo Alexander Sally Marchant Jo Garcia	Reader in Midwifery Academic Midwife Midwife	January 1998 Reprinted June 2000	1-85899-095-5

Title of work	Undertaken by:		Published date	ISBN number
	Name	**Title**		
6. An evaluation of an Introduction to Management course within a social services department	Ann Sharples Kathleen Galvin Immy Holloway Keith Brown	Researcher Research Co-ordinator Reader	July 1998	1-85899-042-4
7. The effective performance of the clinical link lecturer role: Phase 3	Gillian Skelton Christine Partlow Clive Andrewes Kathleen Galvin Dr Jenny Jones	 Research Co-ordinator	July 1998	1-858699-054-8
8. An evaluation of the Second Chance arrest referral scheme	Kathleen Galvin Holly Crossen-White Dawn Jackson		January 1999	1-85899-061-0
9. The changing nurse: nurse practitioners' perspectives on their role and education	Clive Andrewes Philippa Potter Kathleen Galvin Immy Holloway Bernie Edwards	Practice & Development Co-ordinator Researcher Head of Research Reader Senior Lecturer	March 1999	1-85899-045-9
10. Outlooks Family Centre NCH Action for Children Project: Perspectives of parents and professionals	Dawn Jackson Kathleen Galvin	Researcher Head of Research	June 1999	1-85899-081-5
11. The future healthcare workforce. Second report	David Cochrane Margaret Conroy Tessa Crilly John Rogers		October 1999	1-85899-085-8

Title of work	Undertaken by:		Published date	ISBN number
	Name	Title		
12. Giving hope in brain injury. An exploration of families' experiences of the Brainwave organisation and therapy + Executive summary	Alison Dumbrell Farnaz Heidari Dr Kathleen Galvin Dr Immy Holloway Alison Dumbrell Farnaz Heidari Dr Kathleen Galvin Dr Immy Holloway	Researcher Researcher Head of Research Reader	December 1999	1-85899-084-X
13. Bournemouth Churches Housing Association evaluation of the floating support scheme	Ann Sharples Sarah Gibson Kathleen Galvin	Researcher Researcher Head of Research	January 2000	1-85899-089-0
14. Evaluation of group clinical supervision in a community hospital	Wendy Benbow Sophie Marchal	Senior Lecturer Primary Care Research Assistant	January 2000	1-85899-064-5
15. From concept to implementation: the nurse consultant	Christine Partlow Iain Graham	Researcher Head of Midwifery	February 2000	1-85899-091-2
16. Practice Professional Development Plan (PPDP) pilot project	Steven Keen	Research Analyst	November 2000	
17. An exploration of shared mentorship for newly qualified doctors and nurses	Clive Andrewes Iain Graham Sarah Le Grice Rebecca Pendlebury		December 2000	1-85899-112-9
18. Evaluation of clinical risk assessment and management in mental health. Executive summary	Rory Stemp Siobhan Sharkey Kathleen Galvin Ann Sharples		December 2000	
19. Nottingham drug treatment and criminal justice partnerships. Executive summary	Holly Crossen-White Kathleen Galvin Sarah Gibson Farnaz Heidari Octavia Morgan	Researcher Head of Research	Estimated at 2000	

Title of work	Undertaken by: Name	Title	Published date	ISBN number
20. Residential burglary in Weymouth & Portland	Octavia Morgan Mark Redmond Paul Fulbrook Dr Kate Galvin	Researcher Senior Lecturer Senior Lecturer Head of Research	January 2001	
21. Clinical supervision for nurses. Review of feedback from clinical supervision course for nurses implemented in a specialist mental health service	Rory Stemp Farnaz Heidari Sophie Marchal Dr Siobhan Sharkey	Researcher Researcher Researcher Senior Lecturer	January 2001	
22. Patients' experience of cataract surgery	Martin Hind Mandy Cripps Dorothy Field Teresa Keane Jane Read	Senior Lecturer Researcher	January 2001	1-85899-114-5
23. Making it happen. Evaluation of the Nursing Team Co-ordinator role in a GP surgery (Endless St)	Sarah Gibson Eloise Carr Clive Andrewes	Researcher Senior Lecturer Practice & Development Coordinator	April 2001	1-85899-113-7
24. The development of occupational standards for the link lecturer role. The effective performance of the clinical link lecturer role: Phase 4	Sabi Redwood Mary Burrows Julie Childs		May 2001	1-85899-120-X
25. Improving pastoral care	Peter Wilcock Dawn Jackson Octavia Morgan	 Researcher Researcher	June 2001	1-85899-125-0
26. Eating good food: A collaborative research project between Bournemouth University and Alderney public health action area	Alison Dumbrell Kathleen Galvin David Wilkins	Researcher Head of Research Researcher	June 2001	1-85899-126-9
27. Clinical risk management in mental health: Team based learning. The development and evaluation of a learning pack	Siobhan Sharkey Ann Sharples Holly Crossen-White		August 2001	1-85899-131-5

Title of work	Undertaken by:		Published date	ISBN number
	Name	Title		
28. Professional development for nurse leadership	Prof. Iain Graham Christine Partlow	Academic Head of Nursing Research Assistant	February 2002	1-85899-134-X
29. Report of supporting continuing professional development in primary care. Commissioned by the NHSE South West, 2000–2001	Howard Nattrass		February 2002	1-85899-138-2
30. The RIPE project: A Regional Interprofessional Education Project co-ordinated by Bournemouth University	Dianne Hinds Les Todres	Research Fellow Reader	March 2002	1-85899-137-4
31. Executive summary of the RIPE project: A Regional Interprofessional Education Project co-ordinated by Bournemouth University	Les Todres Dianne Hinds	Reader Research Fellow	March 2002	1-85899-137-4
32. Making it better: Improving health and social care through interprofessional learning and practice development. Readings from the Bournemouth University Regional Interprofessional Education Project	Les Todres Kate Macdonald	Reader Editorial Assistant	March 2002	1-85899-129-3
33. Shared learning and mentoring for newly qualified staff: Support and education using an interprofessional approach	Farnaz Heidari Clive Andrewes Kathleen Galvin Rebecca Pendlebury Iain Graham		July 2002	1-85899-140-4
34. Child Health Initiative for Practice Placements and Supervision Project (CHIPPS)	Practice Education Research Unit	Poole Hospital NHS Trust and IHCS	August 2002	None

Title of work	Undertaken by: Name	Title	Published date	ISBN number
35. The Bemerton Heath Breastfeeding Support Group, incorporating The Bemerton Heath Bosom Buddies	Tricia Anderson Mandy Grant Jo Alexander Dawn Jackson Jill Sanghera		August 2002	1-85899-145-5
36. Beyond closing the gap: An evaluation of the lecturer-practitioner role	Sabi Redwood Julie Childs Mary Burrows Marion Aylott Clive Andrewes		August 2002	1-85899-147-1
37. Educational facilitator project report	Sue Elston		August 2002	1-85899-148-X
38. Prevalence and patterns of anxiety in patients undergoing gynaecological surgery	Sandra Allen Richard Barrett Katrina Brockbank Eloise Carr Christina Cox Nigel North		December 2002	1-85899-153-6
39. Preceptorship rotation programme evaluation report	Kathleen Galvin Farnaz Heidari Carol Wood		January 2003	1-85899-157-9
40. An ethnography concerning supplementation of breastfed babies	Michelle Cloherty Jo Alexander Immy Holloway Kate Galvin		April 2003	1-85899-155-2
41. Responding to homelessness in North Dorset	Wendy Cutts Dr Mark Redmond Chris Ricketts		April 2003	1-85899-158-7
42. A review of homelessness and homelessness services in Weymouth and Portland	Wendy Cutts Dr Mark Redmond Chris Ricketts		July 2003	1-85899-169-2

Title of work	Undertaken by:		Published date	ISBN number
	Name	Title		
43. A review of homelessness and homelessness services in East Dorset	Wendy Cutts Dr Mark Redmond Chris Ricketts		August 2003	1-85899-168-4
44. Vulnerable adults & community care: A reader	Keith Brown		2003	1-85899-167-6
45. Views and opinions of community mental healthcare workers in the South of England on community mental health care	Eleanor Jack		September 2003	1-85899-163-3
46. The PHRIPE project. Public Health Regional Interprofessional Education Project final report	Gillian Taylor Les Todres		October 2003	1-85899-159-5
47. Executive Summary. The PHRIPE Project: A Public Health Regional Interprofessional Education Project co-ordinated by Bournemouth University	Les Todres Gillian Taylor		October 2003	1-85899-177-3
48. Factors influencing attendance for cardiac rehabilitation	Ann Hemingway		June 2003	1-85899-164-1
49. Preventative strategies in homelessness. Report for Purbeck District Council	Dr Mark Redmond	Head of Community Development Academic Group	April 2004	1-85899-181-1

Appendix 4

IHCS Mission Statement 2004

The Institute of Health and Community Studies is committed to working in partnership and developing close alliances with other agencies, and believes that this should take place in an environment of continual learning and scholarly activity. Our mission is to develop existing strengths and research activity within IHCS through:

- Enhancement of our research culture;
- Joint ownership and collaboration in research activity with stakeholders and users;
- Pursuing research which has application and relevance to health and social care.

Our aims are:

- To develop a distinctive research profile for IHCS;
- To identify and develop a range of approaches to explore and advance practice;
- To publish and identify other strategies of dissemination which address the requirements of evidence-based practice;
- To develop and disseminate knowledge as it relates to practice in at least one of the areas listed below with a view to achieving a grade 4 in the next research assessment exercise.

Our approach to achieve the above aims is:

- To combine and concentrate research effort working in a number of distinctive research groups;
- To be responsive to research potential, changing practice development and policy issues;
- To support advancement of discreet professional approaches alongside interprofessional approaches;
- To develop academic roles in relation to research and pioneer new models of integrating research, consultancy and teaching;
- To support staff to produce research output in peer review articles, chapters and books.

The IHCS Research Strategy reflects the University mission statement and incorporates the values and mission of the Institute.

The Institute has identified a thematic structure to focus and develop its research portfolio. Five core themes provide a global focus to research activity while allowing flexibility to build on existing work and relationships with external agencies:

- Experiences of health, illness and disability;
- The development and context of new professional roles;
- The development of knowledge underpinning practice;
- The development and evaluation of practice;
- The development and evaluation of primary health care.

Appendix 5

Authors and the Reports to which they Contributed

Name	Report numbers	Total
1. Alexander, J.	2, 5, 35, 40	4
2. Allen, S.	38	1
3. Andrewes, C.	3, 4, 7, 9, 17, 23, 33, 36	8
4. Anderson, T	35	1
5. Aylott, M.	36	1
6. Barrett, R.	38	1
7. Benbow, W.	14	1
8. Brockbank, K.	38	1
9. Brown, K.	6, 44	2
10. Burrows, M.	24, 36	2
11. Carr, E.	23, 38	2
12. Childs, J.	24, 36	2
13. Clark, L.	4	1
14. Cloherty, M.	40	1
15. Cochrane, D.	11	1
16. Conroy, M.	11	1
17. Cox, C.	38	1
18. Crilly, T.	11	1
19. Cripps, M.	22	1
20. Crossen-White, H.	8, 19, 27	3
21. Cutts, W.	41, 42, 43	3
22. Dumbrell, A.	4, 12, 26	3
23. Edwards, B.	9	1
24. Elston, S.	37	1
25. Field, D.	22	1
26. Fulbrook, P.	20	1
27. Galvin, K.	3, 4, 6, 7, 8, 9, 10, 12, 13, 18, 19, 20, 26, 33, 39, 40	16
28. Garcia, J.	2, 5	2
29. Gibson, S.	13, 19, 23	3
30. Graham, I.	4, 15, 17, 28, 33	5
31. Grant, M.	35	1
32. Heidari, F.	12, 19, 21, 33, 39, 40	6
33. Hemingway, A.	48	1
34. Holloway, I.	6, 9, 12, 40	4
35. Hind, M.	3, 9, 22	3
36. Hinds, D.	30, 31	2

Name	Report numbers	Total
37. Jack, E.	45	1
38. Jackson, D.	3, 8, 10, 25, 35	5
39. Jones, J.	1, 7	2
40. Keane, T.	22	1
41. Keen, S.	16	1
42. Le Grice, S.	17	1
43. Macdonald, K.	32	1
44. Marchal, S.	14, 21	2
45. Marchant, S.	2, 5	2
46. Morgan, O.	19, 20, 25	3
47. Nattrass, H.	29	1
48. North, N.	38	1
49. Partlow, C.	7, 15, 28	3
50. Pendlebury, R.	17, 33	2
51. Platt-Mellor, S.	3	1
52. Potter, P.	9	1
53. Read, J.	22	1
54. Redmond, M.	20, 41, 42, 43, 49	5
55. Redwood, S.	24, 36	2
56. Ricketts, C.	41, 42, 43	3
57. Rodgers, J.	11	1
58. Sanghera, J.	35	1
59. Sharples, A.	6, 13, 18, 27	4
60. Sharkey, S.	18, 21, 27	3
61. Skelton, G.	1, 7	2
62. Stemp, R.	18, 21	2
63. Taylor, G.	46, 47	2
64. Todres, L.	30, 31, 32	3
65. Waight, S.	4	1
66. Wilcock, P.	25	1
67. Wilkins, D.	26	1
68. Wood, C.	39	1

Appendix 6

Research Methods Used in IHCS Reports

Report no.	Research method	Other details
1.	QN	Survey, repertory grid
2.	QN	Survey, questionnaires
3.	QL	Focus groups, interviews
4.	QL	Narratives, interviews
5.	QN	
6.	MM	Matched case design, questionnaires
7.	MM	
8.	MM	
9.	QL	Interviews, documents
10.	QL	Semi-structured interviews
11.	Unclear – further analysis needed	
12.	QL	In depth interviews
13.	MM	Case study
14.	MM	Focus groups, documents
15.	QL	Interviews
16.	MM	Case studies
17.	QL	Interviews, documents
18.	MM	Focus groups, survey
19.	MM	Interviews, survey, documents
20.	Report n/a	
21.	MM	
22.	MM	Telephone interviews, SPSS
23.	QL	Interviews
24.	QL	Interviews, focus groups
25.	QL	Action research, interviews
26.	QL	Focus groups
27.	MM	Delphi, questionnaires
28.	Report n/a	
29.	Unclear	
30.	QL	Documents, interviews, phenomenological analysis
31.	QL	Documents, interviews, phenomenological analysis
32.	Readings	
33.	QL	Interviews, questionnaires, ethnographic approach
34.	Report n/a	

Report no.	Research method	Other details
35.	MM	Postal questionnaires, focus groups
36.	QL	Interviews, narratives, documents
37.	Unclear	
38.	MM	Interviews, scales
39.	QL	Focus groups, questionnaires
40.	QL	Observation, interviews, Glaser and Strauss
41.	Report n/a	
42.	Report n/a	
43.	Unclear	
44.	Reader	
45.	MM	Questionnaires
46.	Report n/a	
47.	Report n/a	
48.	MM	Documents, interviews
49.	Unclear	

Key
QN = Quantitative
QL = Qualitative
MM = Mixed methods