Theory in qualitative research

Qualitative evaluation methods in health care

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Learning objectives

In this session, you will learn to:

- Understand the purpose of using theory in qualitative research
- Identify some of the most common theories used in qualitative research
Qualitative research and theory

Validity of methods is based on replicability of studies; applying methods as they are intended

Importance of theory is emphasised through understanding the history of qualitative research

Qualitative research gained recognition in the 1970 – origins from sociology and anthropology, gained momentum

Relatively new to be applied to health services research

Qualitative research contains many debates on which way to apply methods; whether quality should be assessed or not; whether theory is important. Though more mainstream, qualitative research contains controversy.
In health research, users are often interested in the conclusions we make about health topics and are not interested in “jargon”.

In evaluation, it’s not immediately obvious where theory fits and it does not

*Important! qualitative research both uses theory as a tool AND often generates theory*
What is theory?

Ontology = assumptions about the nature of reality – what there is

Epistemology = Theory of knowledge - how we come to know the world and our faith in the truth, or validity, of that knowledge

Theory is a lens through which we view the world

“Theories provide a complex and comprehensive conceptual understandings of things that cannot be pinned down: how societies work, how organisations operate, why people interact in certain ways” Reeves
Epistemology and theory

Epistemologies:
- Objectivist, Positivist
- Pragmatic
- Critical, Ideological
- Critical, Creative

Role of values:
- Facts exclude values
- Facts are values, inhere values

Illustrative methodologies (and findings)
- Inductive description (accounts, narratives)
- Interpretive description (actionable, pragmatic insights)
- Hypothesis testing, Experimentation (unfalsified causal hypotheses)
- Historiography, Case study, Qualitative description (accounts, narratives)
- Phenomenology (reflective narratives of experience and being)
- Ethnography (social, cultural narratives)
- Participatory action (collaborative insight, constructive action)
- Grounded theory (socially constructed, shared meanings)
- Critical theory, Feminist (emancipatory insight, voice, empowerment)

Disciplinary affiliations:
- Natural sciences
- Social sciences

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Theory in qualitative research

Qualitative research focuses on the why and how – instead of the what and how many.

Quantitative research = positivism – the assumption that there is an objective reality which can be objectively measured. Qualitative research, instead, is based on subjectivity – embracing that reality is culturally and socially determined.

These assumptions are important to specify because they influence our results – the researcher’s thoughts and preconceptions influence the interpretation of results. We have our own theories about the world!

Theoretical orientation differs from the programme theory – discussed later.

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So why use theory?

Theory helps generalise from the particular setting to the wider context.

Theory can help make interpretations of the issues behind the obvious findings – e.g. the unhappiness of staff may be related to power struggles within a healthcare organisation.

These insights can be understood by the researcher and translated to the policymaker.
From big theories to small theories and back again

It’s useful to categorise the level of theory you are using

Theories can be considered in three types – grand, mid-range and micro-level – microlevel, mesolevel and macrolevel

Picture: Reeves 2007

<table>
<thead>
<tr>
<th>Type of theory</th>
<th>Focus</th>
<th>Biomedical domain (positivist orientation)</th>
<th>Psychological domain (psychodynamic orientation)</th>
<th>Social domain (constructivist orientation)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grand theory</strong></td>
<td>Universal, societal level theories</td>
<td>Germ theory (Pasteur)</td>
<td>Psychodynamic theory—ego, defenses, etc (Freud)</td>
<td>Social construction of reality (Berger and Luckman)</td>
</tr>
<tr>
<td><strong>Mid-range theory</strong></td>
<td>Local systems; recognition of cultural or contextual variations</td>
<td>Droplet theory of TB infection (Wells)</td>
<td>Five stage theory of grief (Kübler-Ross)</td>
<td>Social interactionism (Blumer)</td>
</tr>
<tr>
<td><strong>Micro level theory</strong></td>
<td>Individual level action, interaction but local context also key</td>
<td>Theory of personal respiratory protection (Kennelly)</td>
<td>Individual formulation of illness and loss—psychodynamic life narrative (Viederman)</td>
<td>Phenomenology (Husserl)</td>
</tr>
</tbody>
</table>

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Think – what theories do you know? Have you used any? How did you use them? Where do they fit in this typology? Is it possible to be entirely theory-free/opinion, pre-conception free?

Would you have any theories implicit, what is your view of the world?
Some of the most common theories used in qualitative research

Phenomenology (micro-level theory):

- Concerned with the way people make sense of the world by giving meanings to things around them
- Aims to provide an account of the “lived” experience of individuals
- No attempt for wider generalisable accounts, but the accounts of individuals in their own context
- Data in-depth semi-structured or structured interviews or diaries
More examples of theories

Interactionism (mid-range theory)

- Focused on collective behaviours and experiences
- How meaning is created and modified through their social actions, interactions and reactions
- Data: participant observation, interviews

Critical theory (can be applied at all levels)

- Aimed at critiquing and changing society as a whole
- Study how the construction of knowledge and the organisation of power in a society can lead to the oppression of groups, individuals or ideas
- NB: Equity and justice
- Not specific to a method

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Other theories from health services

Normalisation process theory (http://www.normalizationprocess.org/)

A variety of behavioural change theories originating from psychology
- information-motivation-behavioural skills used in motivational interviewing
- Health belief model
- Transtheoretical model of change

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What is the difference between theory and a conceptual framework?

Theoretical framework: General representation of relationships

- More formal and established
- Consider as a “road map” for what you will study

Conceptual framework:

- To clarify concepts and propose relationships
- Specific direction in which research will be undertaken
- Concepts presented in a logical manner
- Less formal structure
Programme theory

Key to programme evaluation

Can help you identify the areas to which you will target your data collection

Programme theory is usually collected through reviewing programme documentation; discussing with programme designers

Different people in the programme might have different ideas on how the programme works!
Further on programme theory

- Programme theory does not only focus on what is done with the programme – but how the actions done in the programme result in desired outcomes.
- Explains how planners think that objectives are reached.
- Can offer hypotheses that can be tested and developed.
- Can guide the evaluation – “theory-driven evaluation” to areas that the researcher might not have thought about.
Case study: programme theory

• Read pages 13-17 in the case study document
• Can you identify the programme theory from there?
For the exam:
Reeves, S Why use theories in qualitative research? BMJ 2008; 337

Brazil et al 2005 From theory to practice: improving the impact of health services research

For interest:


Giacomini – Theory matters in qualitative health research.


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