

Midwifery research by midwifery researchers: challenges and considerations

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Abstract

This paper will discuss some of the challenges that may be encountered by midwifery researchers when conducting research where the research setting is familiar or study participants are known to the researchers. The paper identifies some of the key challenges that should be considered such as researching in a familiar culture, perception of participants, sample selection, finding space in the setting and interview dynamics. Examples are provided from three previous qualitative research projects conducted by the authors in educational and clinical settings with both pre-registration and post-registration midwives. Each of the key issues will be discussed highlighting specific issues relevant to each with further consideration of how these issues may impact on progress of the project, data collected and subsequent findings. Finally, these will be drawn together with recommendations for future research conducted by midwives or where the setting or participants are known to the researchers. Although the paper is focused on midwifery research, the issues raised may bear relevance in other areas where the setting or participants are known to researchers.

Key words: Qualitative research, role conflict, insider research, evidence-based midwifery

Introduction

Increasingly midwives are involved in both the planning and conduct of research projects where the focus is to facilitate further understanding of the profession, midwifery practice or education. Sometimes these are small scale projects incorporated into a programme of further academic study, for example at MSc level or may involve a larger project undertaken with the aim of leading to PhD qualification as more midwives choose this career pathway. Although not limited to qualitative research, often these types of project employ a qualitative approach, which for many reasons is advantageous, but may also present challenges for the researcher. Qualitative research seeks to further and deepen our understanding through capturing rich data from participants about their experiences, perspectives and emotions on a particular subject (Morse, 1991). Given the nature of qualitative research where often the quality of the data depends significantly on the skill of the researcher and the relationship with the participant, it is evident this may present some difficulty if the researcher is studying their own professional culture or as such conducting 'insider research' (Field, 1991). When the researcher is conducting research where the setting is familiar, for example in a clinical area or educational setting, it is pertinent for midwifery researchers to have an awareness of potential limitations with such an approach.

This paper will focus on combined experiences of the authors while conducting three separate projects. The aim of the first project (study one) was to gain further understanding of the perspective of midwives in relation to the provision of Down's syndrome screening in Northern Ireland (NI). In-depth interviews were conducted with midwives in a clinical setting in NI who were involved in offering Down's syndrome screening tests to women. Further details of the methodology and results are reported in McNeill et al (2009) and McNeill and Alderdice (2009). The second study (study two) was conducted with midwifery students undertaking a pre-registration programme at Queen's University Belfast where the aim was to elicit the experiences and perceptions of students who had been involved in caseload midwifery (Nolan 2010a; 2010b). Caseload midwifery was innovatively introduced into the pre-registration programme where midwifery students had responsibility (under supervision of a registered midwife) for the care of a small caseload of women during pregnancy, childbirth and the postnatal period. A SWOT (strengths, weaknesses, opportunities and threats) analysis was carried out on two cohorts of direct-entry students to ascertain if the learning outcomes of the module were being achieved.

The teaching team was particularly interested in determining if responsibility for 'caseload' midwifery during

pre-registration education was an effective model in assisting students to relate theory to practice and ultimately generate autonomous practitioners (Nolan, 2010a). Focus groups were used to examine student perceptions and explore their experience further. The final study (study three) referred to was a before and after case study of a group of registered midwives undertaking further education in relation to screening. Focus groups were used to examine perceptions of antenatal screening, in particular Down's syndrome screening, before and after the course was completed to identify any change. A brief description of the methodology for each of the research studies used as examples is outlined below, in order to provide context for some of the challenges presented in the paper.

Study one

The aim of this study was to explore the perspectives of midwives who were involved in offering Down's syndrome screening tests to women and used a focused ethnographic approach. Muecke (1994) identifies two different types of ethnography – mini and maxi. Maxi type traditional ethnographies are grounded in academic anthropology, which recognises there are several schools of thought about ethnography but generally all agree that it is a longitudinal study over time and emerges from the 'local context' (Muecke, 1994: 187). Mini ethnographies are those with a specific focus and aim to answer a question. They are referred to by Muecke (1994) as health sciences ethnography, of which the purpose is to 'improve cultural appropriateness of professional practice' (Muecke, 1994: 200). Health sciences ethnography is where the researcher has a specific question or topic and therefore particularly relevant to the application of ethnography in midwifery or nursing research. Health sciences ethnography is a type of 'rapid ethnographic appraisal' (Muecke, 1994: 198), which has been described using several terms; mini ethnographies (Leininger, 1985), microethnography (Germain, 1986) or focused ethnography (Morse, 1991). There has been an increase in the use of focused ethnographies in midwifery and nursing research mainly due to the applicability of findings that may be used to improve practice. In focused ethnographies, the number of subjects is limited and the objective is to secure data from people who have knowledge and experience relevant to the area of study (Muecke, 1994) and therefore deemed appropriate to use in relation to this project. In addition, this study evolved from a primary study investigating inequalities in antenatal screening (Alderdice et al, 2008) and therefore the topic area was known to the researcher, which facilitated insight into the direction further research should take. This is in keeping with the principles of focused ethnographies, which differ from traditional ethnographies in that the topic is specific and apparent before the study starts (Morse and Richards, 2002).

Study two and three

Study two and study three both used focus groups as a data collection method. Focus groups are a useful method to explore not only what participants think but the reasoning behind their

thinking (Morgan, 1988). Barbour (2005) highlights in her paper reviewing the use of focus groups in medical education that they can be useful to elicit the student perspective, helpful to study change, provide access to the hidden curriculum or aspects of student learning that are not easily evaluated and have a valuable contribution to help understanding of problematic areas in practice. The focus groups conducted in each of these studies consisted of six to eight participants who were all students (pre and post registration). In study two, a SWOT analysis was also used, where midwifery students undertook the analysis using flip-charts. This method of data collection aims to isolate the key issues that will be important in developing future trends, trends that subsequent planning will address (Mercer, 1996). The findings of the analysis have influenced subsequent delivery of the module along with impacting on curriculum planning. In study three, the aim was to generate discussion in the focus groups about antenatal screening and more specifically Down's syndrome screening. Down's syndrome screening could potentially be viewed as a sensitive subject, particularly in NI where the law on termination of pregnancy differs from the UK. Jordan et al (2007) used focus groups to research sensitive issues in NI and found it 'illuminated locally culturally appropriate ways of thinking and talking about the sensitive issues' (Jordan et al, 2007: 16) and therefore offered a valuable approach. Focus groups were undertaken with students at the start of semester one and on completion of the module at the end of semester two.

Challenges in conducting midwifery research

Familiar culture

There is some debate around midwives and nurses doing qualitative research in their own setting (Morse and Field, 1996). The risk of nurses and midwives conducting research within their own environment is that they may not be aware of normative behaviours and the importance or relevance of such, which as a result, may be taken for granted. Analysis of the data may also be affected as the familiarity with the setting may limit the depth of analysis. In one of the projects outlined previously, the setting was a maternity unit where one of the authors had been employed prior to undertaking a research position. The setting and staff were familiar therefore highlighting the challenge of seeing beyond the familiar and striving towards objectivity. In the other projects, both researchers were employed within the educational institution used as a setting and were involved in the planning and organisation of courses highlighting the potential for bias in the interpretation of results. Research conducted in a familiar area is often termed as 'insider research', which Kanuha (2000) defines as 'research populations, communities and identity groups of which the researchers are also members' (Kanuha, 2000: 439). Asselin (2003) suggests that one of the main problems of familiarity with the setting is that the researcher is unable to 'see' objectively and thus events, conversations or observations may be undervalued in the data analysis. Aamodt (1981) counteracts this notion by suggesting that although the researcher may be conducting

research in their own community, it does not necessarily mean they are a native of that community due to the sub-cultures occurring within cultures.

Perception

The perception held by clinical midwives of midwifery researchers can often present challenges within a project. Clinical areas are generally busy and often understaffed, so midwifery researchers may feel guilty that colleagues have limited flexibility and many demands on their time and yet at times the researcher role requires observation, sitting still and watching events unfold. Morse and Field (1996) highlight the importance of defining yourself as a researcher and not a clinician, which helps to avoid role conflict. In study one, there were many times the researcher was sitting around waiting in the recruitment phase and was aware of some undercurrents or tension. Although staff would not have expected help or assistance in busy times, the underlying perception of a midwife doing research or collecting data was that it was not really 'proper' midwifery and therefore raised questions over what type of work research actually was. It may also be difficult for colleagues to accept the researcher in a role different to that of a clinical one. At this time, one of the authors had left full-time clinical practice behind when the project started and was still perceived as a midwife and not a researcher. This was similar to observations reported by Simmons (2007) in her study of nurse consultants within the organisation where she was employed as a manager.

Simmons (2007) reported that during interviews, respondents would sometimes assume she knew about events or happenings because she was also a manager in the setting. In addition, this may create some role conflict for the researcher where he or she may wish to help colleagues in a busy period or when participants move between identifying with the researcher as a midwife and data collector, for example, during interviews in study one, when colleagues would say to the researcher 'you know what I mean' referring to knowledge she held as a midwife who had practised in that clinical area. Walker (1997) refers to the 'borderlands'; a metaphorical description of the tension experienced between the roles of academic and practitioner, and although Walker was both, she was neither simultaneously. This is a similar experience to that of the authors of this paper in that we were both midwives and researchers inhabiting the 'borderland' area when conducting research in familiar areas or with participants known to us. In study two and study three, it may have been difficult for students to distinguish between their lecturer as a teacher and as a researcher, which subsequently may have affected the dynamics of power in the relationship when collecting data. Ryan et al (2011) highlighted in a recent paper how the blurring of boundaries in researcher-participant relationships can create dilemmas and challenges for researchers and practitioners. Feminist theory can provide a critique of the subservient relationship between obstetrics and midwifery leading to the development of more women-centred care (Wickham, 2004; Wilkinson,

1999). The application of similar principles to research with midwifery students could facilitate empowerment and confidence to challenge the imbalance of power that can exist when their teacher and researcher is the same person. Ultimately, this has the potential to lead to a student-centred approach in teaching and research and hence redress the aforementioned imbalance. In addition, it is possible that midwives being observed in practice or asked questions about their usual practice may perceive the researcher has an agenda to undercover problem areas, potentially highlighting substandard practice, which may lead to a slight defensiveness. In addition there is the potential that behaviour may change under observation or events recounted in the manner the participants perceives acceptable to the researcher; often referred to as the Hawthorne effect (Pope and Mays, 1995). Sheridan (2010) however reported in an observational study of midwives that research was seen as positive and as a mode to highlight good practice, also supported by Kirkham (1989). One way to overcome this problem is for the researcher to be very clear about the purpose of the study and the aim of data collection. It is also important to reassure participants that 'finding fault' with practice was not the aim of the project nor would it be reported in the findings, but rather the focus was to explore current practice and gain further understanding about the 'how' and 'why'.

Finding space

An initial phase of ethnographic studies is 'finding space' (Morse and Field, 1996). This was particularly difficult in both stages of study one. In the primary study, when women were recruited from the antenatal clinics in hospital, it was not possible to have an identified room for interviews and the researcher relied on one being empty or unused while the antenatal clinic was running. This was sometimes frustrating as women may have consented to the study, but then had to wait for a free room to conduct the interview, impacting on the time that they had freely given to participate. A similar situation occurred with the midwifery interviews in the second phase of study one, although these generally took place when the clinic was less busy. Finding space is important as the researcher needs a space to conduct interviews, write field-notes and observe. In addition, the researcher is dependent on the availability of participants and, as a result, lack of space may impact on the recruitment of the study if there is no room free when the participant is ready.

In study one, midwives were given the option of where they preferred the interview to take place, either in an office that was separate from the clinic or in a free room within the clinic. The majority of interviews occurred within the clinical setting due to convenience, as they often were slotted into a less busy time in the clinic or at lunchtime. On reflection, interviews generally were smoother with fewer interruptions and participants were more relaxed away from the clinical area, maximising the opportunity for a 'better' interview. In study two and study three, the students were given no choice of space or venue as it was convenient to use the allocated classroom. The association of the classroom with formal

teaching, learning and assessing may have influenced the responses students gave and therefore limited the depth of data obtained. To counteract the formality of the classroom setting, refreshments were provided, which enabled students to relax and converse prior to the start of the focus group. Ideally the focus groups would have been conducted in a neutral environment and outside of official 'university time', which may have facilitated optimal responses from the participants, however in reality, compromises are often a necessity.

Herzog (2005) suggests that little attention has been given to the interview location in existing literature and that in reality the location should be considered as integral to the findings in relation to the social context of the interview. The usual approach is to facilitate participants and enable them to choose a location and time which is convenient for them (Warren 2002), however often this is not possible with the confines of all research projects. It is more difficult to facilitate participant choice of location for focus groups due to logistics and organisation of the groups however the choice for individual interviews should lie with the participant.

Sample selection

Purposeful sample selection is often used when conducting research with the aim of selecting participants who will best inform the study. In each of these projects, purposeful sampling was used. Morse and Field (1996) advocate that two principles should guide qualitative sampling: appropriateness and adequacy. Participants should be appropriately selected in that they have the knowledge or experience to contribute to the topic under investigation. Adequacy of sampling is evidenced by the amount of data generated to enable description and further understanding of the research topic. The midwifery students in study two were selected with the purpose of exploring their experiences of caseload midwifery, however, they may have felt that they had little choice but to participate, considering that the research was being carried out by one of their lecturers. This was also similar to the context of study three, where students may even have felt that it might be in their interest to become involved, as participation in the study could be seen by staff as a sign of motivation and commitment. It was clearly explained to all students that participation was voluntary and there was an option to withdraw at anytime. Written consent was obtained following written explanations of the reasons why the projects were being carried out. While it is hoped that this facilitated informed consent, acknowledgement needs to be made of the fact that inability to freely consent could have occurred. In study two and study three, all midwives were invited from a defined clinical or educational setting and it is recognised that while it was appropriate to select this group, all were known to the researchers. It is possible that participants may have been reluctant to decline based on a previous relationship with the researcher(s) and may have felt it was impolite not to participate. To overcome this difficulty around sample selection, it is recommended that at the outset it is very clear to those invited that this is a research project, participation is voluntary and withdrawal is always an option. An open and friendly attitude by the researcher when known to the participants is vital to ensure that individuals do not

feel coerced into the study and that they will not be judged or penalised for not being involved.

Interview dynamics

The context of an interview and interaction of the interviewer with the interviewee has the potential to affect or influence the data generated. In each of the research projects referred to here, the participants for the most part were known to the researchers. This situation may present several problems. In study two, there was a high level of familiarity between the researcher and the students and while this may have been valuable in the building of trust and relationships, it could also have influenced the discussion and responses. In the focus groups, flip-charts were used to list the strengths, weaknesses, opportunities and threats of caseload midwifery, which facilitated open sharing of ideas. However, some students potentially could have felt intimidated as anonymity within the group was not possible. While this method of data collection facilitated open sharing of ideas from the researchers' perspective, some students may have felt the level of confidentiality was threatened and therefore were possibly less willing to share their experiences. In study one, midwives who participated in in-depth interviews were for the most part known to the researcher. McEvoy (2002) suggests that interviews with colleagues are 'framed in the context of an ongoing relationship' (McEvoy, 2002: 52). This was evident throughout the interviews, as often midwives were reluctant to discuss contentious issues around the provision of Down's syndrome screening. As the researcher was a midwife known to participants, midwives may not have felt at liberty to discuss personal feelings given the relationship with the researcher and therefore may have 'held back' from disclosing sensitive information. Although in some cases the previous relationship may affect interviews negatively, in other cases, a shared background or familiarity may have assisted in extending the depth of discussion within the interview. The other potential issue when interviewing colleagues is that it may be difficult to discuss aspects of practice that do not meet required standards or conform to policies and guidelines. Interviewees may not raise these issues within an interview with a colleague, or alternatively, if they are raised and the researcher as a professional recognises substandard care, she/he is presented with an ethical dilemma regarding the information. It is challenging to interview colleagues and keep the interview focused in relation to the area of interest – this is largely influenced by the skill of the interviewer. It is essential for researchers to undergo training, particularly in qualitative data collection methods or communication skills and perhaps undertake a trial run with colleagues or friends before starting the study. McEvoy (2002) suggests there are specific aspects which need to be considered carefully when interviewing colleagues including the perspective of the interviewer, the dynamics of the relationship with the participant and the impact of disseminating findings which emerge. It is clear from the research used as examples in this paper that an important element was to consider the nature relationship with each group of participants carefully and the potential impact it might have on the data collection and analysis before starting data collection.

Conclusions

Despite the challenges outlined, it is clear there are benefits to researching within a familiar professional culture. Practical benefits such as access to the field or previous relationships and rapport with participants may assist in the progress of the study, however it is essential to maintain the delicate balance between subjectivity (from group involvement) and the objectivity required to see the environment as it is. The key argument against doing 'insider' research is the high risk of bias, which must be acknowledged as a legitimate risk. However there are measures that can be integrated into the design of the research project to ensure the risk is minimised and thus enhance the credibility of the study. These may

include having a colleague review the data analysis process ensuring openness and transparency, member checking with participants and developing a critical awareness of the dual role between researcher and midwife. There are also particular advantages relating to the applicability of insider research to advance or improve clinical practice. To achieve this, a robust methodology, facilitating credible findings is essential alongside recognition of limitations and a critical self awareness. In summary it is vital to consider and develop an awareness, at an early stage the nature of the relationship between the researcher and participant and between the research setting and the researchers considering how this will impact on the emerging data and progress of the project.

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The combined use of diaries and interviewing for the collection of data in midwifery research

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Abstract

Background. This paper discusses the combined use of diaries and interviewing for the collection of data, using examples from a PhD study that explored the feelings, perceptions and experiences of women in relation to their perineum following childbirth.

Method. A midwife-led antenatal clinic in the south of England was used as a base for the recruitment, which began following ethics approval from the local research ethics committee and NHS trust. Women were asked to keep a diary for ten days following the birth of their baby and describe what affect their perineum had on being able to carry out daily living activities. The same women were then invited to explore in more detail via interview the experiences they had described. Using a grounded theory approach, women were initially recruited by means of purposeful sampling, but as important issues emerged recruitment continued using theoretical sampling. Sample size was determined when theoretical saturation was reached, which was achieved after 14 women – six primiparous and eight multiparous – were recruited to the study.

Results. The diary: diary-interview gave women the opportunity to write about their experiences at the time they were happening, as well as enabling expansion of those experiences at a later date, through the interview process.

Recommendation. The diary: diary-interview is a useful research approach for seeking a more profound understanding of the experience of individuals in a healthcare setting.

Key words: Midwifery, qualitative research, diary: diary-interview, grounded theory, perineum, evidence-based midwifery

Background

Diaries and interviews are well-established methods for collecting data in the field of health and social research (Jones, 2000; Jacelon and Imperio, 2005). Both methods can be used where detailed information about an event or experience is being studied. Each method has its own advantages and disadvantages that need to be taken into account when deciding on the most appropriate method of collecting data in order to answer the research question. A less known approach, discussed by Zimmerman and Weilder (1977) is combining the diary and interview, which is known as the diary: diary-interview.

Midwifery is a practice-based profession where women, their babies and families are at the centre of care that midwives provide (Fraser and Cooper, 2009). It is therefore important to ensure that their voices and experiences underpin midwifery research, knowledge and evidence-based practice.

In my PhD study (Way, 2007), women were asked to record how their perineum felt following the birth of their baby and if this had an impact on their ability to carry out daily living activities, such as walking and sitting. The profile of women recruited included six who had given birth to their first baby; three women to their second baby and one each to their third and fourth baby respectively. Out of the 11 women, eight had a spontaneous birth while the other three had an assisted vaginal delivery; four had an intact perineum, four sustained a tear of varying severity and three has an episiotomy. The women kept the diary for the first ten postnatal days, which matched the minimum number of days a midwife must attend women following the birth of their baby (NMC, 2004). This timeframe met the parameters of the PhD study, to provide a basis for appropriate information-giving and planning of care for women in the postnatal period.

Activities of daily living (ADL) such as passing urine, walking and defecation were identified by Kempster in 1987 as being highly relevant for determining the impact of perineal pain and discomfort on new mothers and were used in this study because of their continued relevance today. Recent studies investigating and exploring perineal pain while undertaking ADL continue to evidence substantial problems for women (Steen, 2005; Williams et al, 2005), indicating the importance of this phenomenon and the need for more in-depth, sustained enquiry. In order to understand how these experiences may affect women following the birth of their baby, a grounded theory approach was used that utilised diaries and interviews as the method of data collection. Grounded theory is an exploratory approach that builds a complex, holistic view from the reports of participants with the ability to detail their experiences (Glaser and Strauss, 1967; Strauss and Corbin, 1998). The data collected reflects 'real life' or social context and when analysed, explanations are developed based on complexity, detail and context.

Grounded theory as a research approach is gaining popularity with midwives (Spendlove, 2005; Roberts, 2008; Fenwick et al, 2009) and is an important means by which women's views are heard and can be taken into account when working in partnership with women in order to meet their needs. It is more structured than other forms of qualitative research such as phenomenology or ethnography as it focuses on generating a theory from the research data (Rees, 2003) rather than generally seeking to describe or explain the phenomenon under question. The main theoretical idea that emerged from this study and derived directly from the data is that if women are able to successfully adjust to their new and often unexpected reality after the birth of their baby, and begin to reclaim their selves and their world, then they experience a return to their normality (Way, 2007).

Sampling strategy

Initially, women were 'purposefully' selected to provide information about the area being studied (Speziale and Carpenter, 2007). This meant that the selection of women was based on the researcher's first-hand experience about who was most likely to achieve a vaginal birth rather than a caesarean section. Charmaz (2006) identifies that the initial decision regarding sampling is the only one that can be pre-planned, since the selection of all other data sources is controlled by the emerging theory. As important issues emerge, theoretical sampling takes priority (Glaser and Strauss, 1967; Coyne, 1997). This provides the greatest opportunity to gather the most relevant data about the phenomena under investigation (Strauss and Corbin, 1998).

Recruitment

Initially, women were selected on the basis that they were planning to have a vaginal birth, regardless of them experiencing a straightforward pregnancy or one where they had complex needs. Personal contact was made with each woman to explain the use of the diary. It was also hoped that this contact would encourage women to complete it once started. A number of factors influencing response rates are cited in the literature related to diaries. Best response rates are achieved by personal recruitment and delivery of the diary, and regular follow-up and personal collection. This ensures good initial acceptance rates and increases the likelihood of the diary being returned (Corti, 1993; Gibson, 1995).

After recruiting four women to the study and analysing their diary entries, several themes began to emerge. Women who already had children described their experience as 'better than before'. It was also noted that although all the women had been classified as having 'minimal' perineal trauma in the record of the birth written by midwives, the pain the women experienced was variable. These emerging issues led to a more focused sampling of women who were having their first baby and women who sustained a greater degree of trauma to see if their experiences differed.

Data analysis

Grounded theory differs from other research methodologies in that consideration of the literature does not happen until data analysis starts and categories begin to emerge resulting in the literature becoming another source of data that is incorporated into the main body of the study (Bluff, 2006). This approach enables the simultaneous collecting, coding and analysing of the data in order to decide what data need to be collected next. It is known as the constant comparative method of data analysis. At this point, the literature becomes another source of data that is incorporated into the main body of the study. Reference to the literature continues throughout the research study, which means ultimately the literature is extensively reviewed. Data collection, literature review and analysis are therefore linked from the beginning of the research and interact simultaneously. According to Glaser and Strauss (1967), this constant comparative method focuses on generating and plausibly suggesting numerous categories, properties and hypotheses from within the data.

Early in the research process, each diary and interview were analysed enabling codes to be identified, which Strauss and Corbin (1998) refer to as substantive codes, so called because they come from the substance of the data. Each code was compared to all others for similarities, differences and general patterns (Strauss and Corbin, 1998). Similar codes were then linked together to form categories. This forming of categories moves the data to a more abstract level, generating further categories to explore in more detail with the participants. As a result, questions were generated from the data and one event was compared with another. Therefore the data were modified as directed by the advancing theory (Charmaz, 2006; Holloway and Wheeler, 2010). For example, after reviewing the analysis of several diaries, it was noted that women were describing some of their experiences as being unexpected such as Anne (second baby normal birth, first degree tear) and Brenda (first baby, normal birth, intact perineum):

"Worried that going for a wee (passing urine) would still sting and be uncomfortable, but to my surprise it didn't sting at all" (Anne).

"I feel surprisingly well today" (Brenda).

These accounts led to the instructions in subsequent diaries being updated in order to ask the women to comment if the experiences they were writing about had been expected. After the change to the diary instruction, further women who were recruited wrote about unexpected experiences that led to the category, 'experiencing the unexpected'.

Data collection, diary-keeping

Diaries were chosen as a method for collecting data as one of their advantages is that it provides the opportunity for the participant to write about their thoughts and feelings as near to an event as possible, so they do not have to rely on memory to recall past experiences (Holloway, 2008). This was relevant to my study as it took into account the wish to understand events that women experienced as they happened, rather than recalling an event that may have lost significance several months later. The diary also provides the researcher with an unobtrusive way of tapping into intimate areas of people's lives that may otherwise be closed (Polit and Beck, 2004). It was evident from the content of the diaries such as described by Sarah (first baby, forceps delivery, episiotomy) that women were not constrained in their writing, describing experiences such as sex, dreams and thoughts about their femininity:

"Keep having dreams that my husband had left me and slept with another woman. Really not good stuff. We laugh about it, but really not being able to use my equipment (have sex) plays in my mind while I sleep" (Sarah).

Diaries can be structured where participants are typically asked to monitor and measure the effect of certain interventions at particular times of the day (Sharp and Tishelman, 2005) or record specific information in relation to some aspect of an event or experience (Gonzalez and Lengacher, 2007). Alternatively, the diary may be completely unstructured where the participant is asked to record an item when it occurs detailing their thoughts, opinions and feelings at the time (Bowling, 2009). Clayton and Thorn (2000) argue that having any structure to a diary may reduce the spontaneity of the participant's diary

entries. Therefore, the decision was made to use unstructured diaries with an initial introduction about how to use the diary.

Meth (2003) argues that instructions about how to complete a diary may be difficult to understand, so it was crucial to the quality of the recorded information that the instructions to the women should be carefully prepared (Streubert, 2011). Initially, it was difficult to write the instructions to give a minimal amount of information while using a 'reader-friendly' language not loaded with professional jargon. Language often used by midwives and doctors can be controlling, giving an air of power and often not understood by members of the public (Phipps and Fletcher, 2010). Medical words such as perineum were necessary for women to understand the study, so trying to explain where the perineum was and what the study entailed was a challenge. After talking with several colleagues and women who were not midwives, the following was used: 'When you gave birth to your baby, your birth canal and surrounding area would have been stretched. It may also have torn or had to be cut. Every day, for ten days from the birth of your baby, please describe in your diary how this makes you feel. Please also describe if this is affecting your daily activities in any way. Daily activities include tasks like walking, sitting, eating, sleeping, as well as caring for your newborn baby.'

The women were encouraged to record whatever was important to them, even if they felt it might not be what was wanted. When analysing the diaries, it was clear the women were not inhibited in their writing or the amount they wrote at any one time.

Thought was given to the length of time it can take to complete a diary. Bowling (2009) identifies that it is only practical to use the diary method with a small number of committed participants to try and ensure completion rates are high. Pittman et al (1997), in preparation for their study to evaluate maternity care, also had concerns about asking women to keep a diary because of the commitment required. However, anecdotal evidence gained from local midwives before they started their study, found that mothers, especially first-time mothers, often kept their own diaries. After an initial pilot study, Pittman et al (1997) identified that diary-keeping by the women was not a problem.

To try and ensure that keeping a diary was not onerous for the women, especially as they had just given birth, careful consideration was given to the style of the diary to be used. It was attractive and the chosen colour green, not pink or blue which is often connected to the gender of the baby. It was A5 in size to make it easier to handle but was large enough to ensure good print size and spacing for instructions.

All women who started using the diary wrote in it for the required ten days and were collected personally, by arrangement, at their convenience. All diaries had been collected by day 15 following the birth. When collecting the diary, a date was agreed to return for the interview.

Ownership of the diary and what should happen to it after the data had been analysed was considered as part of the ethics in undertaking the research. As the women were encouraged to see the diary as their own, recording their own problems in their own words, it was appropriate the diary was returned to them after the content had been analysed. This was in keeping

with other studies such as Podkolinski (1996) and Pittman et al (1997).

There are disadvantages to using a diary for example, certain groups in society may find it difficult to participate, such as those where English is not their first language, are visually impaired or have poor literacy skills. This means that participant samples and results would not adequately represent these groups (Furness and Garrud, 2010). This is acknowledged as a limitation in my study.

Combining the diary with interviews

After analysing several diaries, it became apparent that greater depth and clarity from their content was needed and this could be achieved by using interviews as an additional research tool. Combining these two methods is known as the diary: diary-interview, explored in detail by Zimmerman and Wieder (1977) and discussed more recently by Clarke and Iphofen (2006). The combined approach is identified as being mutually supportive and can provide a rich source of data (Jacelon and Imperio, 2005). To illustrate this point Fran (third baby, normal birth second degree tear) wrote in her diary soon after the birth of her daughter, Abby: 'The bath felt nice to be clean.'

Reference to bathing and being clean occurred several times in the diary, but with little explanation as to why this was important to her. By following up this experience with an interview, further clarity was able to be given. Fran explained that bathing so early after giving birth had not happened following the birth of her previous two children. This enabled Fran to talk about her experience of feeling considerably more normal compared to when she went home previously. Being clean and feeling normal were explored in further interviews as well as the literature related to the cultural significance of being clean. Scott and Henley (1996) for example identify that washing extends beyond being just a physical task, but is a means of ensuring social acceptability and the person being comfortable with the way they present themselves. This led to the coding of 'wanting to be myself again'.

The interview is one of a number of different data collection tools used in qualitative studies and range from unstructured, semi-structured to highly structured techniques. The more unstructured the approach, the more likely the information gathered is from the perspective of the participant, whereas the more structured the interview, the more likely this is to reveal information from the perspective of the researcher (Steen and Roberts, 2011). As the aim of the interview was to explore in more detail entries in the women's diaries to aid understanding and clarity of their experiences, a semi-structured interview approach was used. The interview started with a general question: "Tell me about..." then questions extracted from the analysis of the diary were used as a prompt if the women did not spontaneously talk about the issues in more detail. During the interview, the women were able to refer to their diary, so it acted as an 'aide memoir' for events that were difficult to recall accurately or were forgotten. It was recognised that women could be preoccupied much of the time with caring for their newborn baby and that recall could be coloured by the new role and responsibilities women had.

Early transcribing of the interview allowed for preliminary

analyses of the data, which identified initial codes. These then formed the basis of the meeting with subsequent women, asking them to expand on experiences previously identified. This meant that the early interviews tended to be less structured, enabling flexibility and encouraging the interests and thoughts of the women to be expressed and heard (Holloway and Wheeler, 2002). Using a grounded theory approach meant that further analysis of subsequent diaries, interviews and the literature also had an influence on the questions asked resulting in the direction and questioning in the interviews becoming driven by the emerging categories. For instance, as the analysis progressed there was an interest to understand further the idea of 'returning to normal', and so some of the questions were related to this, asking women to expand on their perception of normality.

Georgina's diary entry day nine (fourth baby, normal birth, intact perineum): "*Everything feels nearly back to normal until I go out and I find I am walking quite gingerly and slowly. At least the bleeding has stopped. The only things I have avoided is lifting the baby bath and hoovering at the moment.*"

Researcher: "What sorts of things were normal to you? Can you explain what normal was?"

Georgina: "*Pause (um), being able to do things, really (um), um, before I was pregnant I think, yes. Because you do, I suppose you slow down in your pregnancy and then after the birth, you slow down even more. But there again having the swollen area, it does make you rest, whereas I tend not to rest very much.*"

By being able to explore this theme further in the interviews led to the core category, 'striving for normality'.

Each interview took place within two weeks of collecting the diary. It was hoped that this limited interval would enable women to recall events that would be useful to explore in more depth. This however, did mean that early analysis of the diary was important in order to be prepared in time for the interview.

The researcher needs to think about the most appropriate venue for the interview to take place, taking into account the needs of the participant as well as the safety of the researcher. Interviewing in the women's homes could result in unavoidable distractions such as a crying baby or telephone call. However, the need for the women to care for their babies was viewed as a priority and, in order to facilitate this approach, interviews in the home were offered to the women. This meant the women, if they wished, could have their baby with them to reduce any anxiety that may arise in trying to find someone else to baby-sit. The home was also seen as a safe environment for the women where they would hopefully feel relaxed and comfortable to talk. At the start of the interview, it was emphasised to the women to feel free to stop at any time if they needed to give attention to their baby. On several occasions, women would be breastfeeding at the start of the interview, or would be cuddling and settling the baby ready to put them down to sleep. This did not distract from the interviews and in some cases prompted discussion from the women about carrying out daily living activities such as feeding and sitting comfortably.

Personal safety needs to be taken into account, particularly when interviewing in people's homes. Tod (2010) identifies

that it is standard practice for the interviewer to inform an identified person of the location and time of the interview, which was duly done.

Discussion

This paper has discussed the use of the diary and follow up interview – known as 'diary: diary-interview' – as an approach to collecting data about women's feelings, perceptions and experiences in relation to their perineum following childbirth in the early postnatal period. It was known that diaries can be used as an intimate journal that gives account of thoughts and feelings, which had resonance with the topic area under study. It is evident from the literature (Thompson et al, 2002; Bick et al, 2009) that perineal pain and discomfort can give rise to commonly reported adverse symptoms related to urination and bowel movements, topics that women may not wish to discuss freely, but may consider writing about in a diary. The advantages of collecting data in this way has been that women can initially record information at the time it happens, rather than having to rely on recall at a future date. The interview provided an opportunity to explore the descriptions women had written about in the diary in more depth. The diary: diary-interview facilitated women to tell their stories from a perspective that was important to them, as well as adding to the information collected from the diary by using interviews. This approach has not been fully recognised in the midwifery profession as a means of collecting data for research purposes.

Women in my study appeared to welcome the opportunity to write about their birth experience, as well as using it as a tool to reflect on their journey of recovery during the early postnatal period. This was an unexpected outcome of using the diary and women were able to recognise for themselves the changes their body had made after the birth and the progress they had made towards recovery over a short space of time. For example, Amanda (first baby, normal birth, second degree tear) acknowledged in her diary:

"*Generally I'm really happy that everything is healing so much quicker than I expected and I just get on with things without a real thought – I couldn't have imagined that ten days ago.*"

Hall (2001) suggests that where birth has historically been a social event that included group participation of the women in the community, storytelling may not have been necessary as everyone would have known by being there, what had happened. Since birth has become an isolated event, women are now using different mediums to let people know about the events that took place during the birth. It was not the remit of the study referred to in this article, to explore the importance of the need for women to retell their experience of birth and there is literature that documents the advantages and disadvantages of such a process (Hammett, 1997). However, the use of diaries may be considered as another method to help facilitate women's understanding of their experience.

This PhD study demonstrated how useful the combination of diaries and interviews as a data collection tool appeared to be, when exploring women's experiences of daily living activities following birth and may have the potential to be used in other healthcare settings.

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