NCOD Approach to On-Site Interviewing, Scientific Rationale, and Good Practice Canons

NCOD's basic approach to on-site interviewing is qualitative: the final product is words rather than numbers. Qualitative approaches encompass observations and relationships between elements that are not adequately dealt with by traditional quantitative methods [2] --e.g., nonlinear causal relationships between variables that result from contextual sensitivity of data, or from cascading effects of minor events in large nonlinear systems. [3,4] Qualitative techniques are well equipped to adequately reflect such observations and relationships in contexts where traditional quantitative methods yield misleading or null results.[5,6] The qualitative (verbal) data format has been described as best adapted for studying human experience, which is a central concern of health services and administrative systems that manage health.[1]

Like in all scientific inquiry, the basic research strategy is comparing ideas (i.e. theoretical models, concepts, understandings) to empirical observations. [2] Good practices, as in any science, are based on reliability and validity. Reliability refers to the trustworthiness of observations or data.[2] Validity refers to the trustworthiness of interpretations or conclusions. [2]

NCOD specific procedures used in collecting, processing and interpreting the data are based on grounded theory methodology, [7,31-35] arguably the most established approach in qualitative inquiry. [36] Grounded theory is a method for developing a conceptual model explaining data of interest, which is grounded in systematic collection and analysis of the data. Constant comparative analysis is a central feature of grounded methodology: [7] the theory evolves during the actual research, and this is accomplished through continuous interplay between data analysis and further data collection. [31, 36] Examples of previous applications of grounded theory include (but are not limited to) such fields as: professional socialization, [37] policy, [38] remarriage after divorce, [39] interactions between builders and would-be homeowners, [40] management of hazardous pregnancies, [41] experience of chronic illness, [35,42] the work of scientists,[43,44] negotiation,[45] control of information,[46] recovery from addiction, [47] overcoming the disability status, [48] politics of pain management, [49] managing hazards in hospital care, [50] organization of medical work, [51] work at intensive care nurseries, [52] and others. Researchers in practitioner fields increasingly rely on grounded methodologies, both alone and in combination with quantitative methods. [36] The growing practitioner interest may be explained by the advantages of this method for studying conditions that affect behavior change. In grounded approaches, these conditions can be encompassed in observations and can be examined analytically, whether they are in the form of ideas, ideologies, new technologies, or evolving features of material environments. [36]

Standards of good qualitative practices[2] used to ensure reliability and validity include the following. With respect to reliability, the basic strategy of qualitative approaches is to enhance permeability (ability to adjust the existing account in order to incorporate new observations). The opposite of permeability is investigator bias (understandings that cannot be changed by new observations). Reliability in qualitative inquiry is fostered by enhancing permeability, rather than by restricting observations to aspects that different observers call by the same name. [2]

Specific practices that enhance permeability include: [2,7]

(a) immersion in the data (e.g., personal contact with participants, persistent observation, repeatedly checking participants' reactions to interpretations);
(b) iterative cycling between observation and interpretation, repeatedly re-examining interpretations in light of further evidence;
(c) grounding (systematic procedures for linking interpretations with concrete observations, e.g. data coding procedures that are explicit and detailed);
(d) seeking information that the participants have (i.e. asking questions that participants can answer, such as reporting things they did or perceived, rather than asking for their interpretations: asking "what", not "why"). [10,11]

To ensure validity, the qualitative strategies include the research consumers in the process of assessing how well the observations have permeated the investigator's understandings. This can be accomplished, e.g., by explaining the data coding process, or sharing samples of data that resulted in particular conclusions. [29,30] That is, validity in qualitative research is defined as trustworthiness of interpretations that is confirmed from multiple perspectives (e.g., by multiple people), rather than according to some universal or absolute standard. [2]

Specific practices include: [2,18]

(a) disclosing investigator's preexisting understandings, or *forestructure* (i.e. the starting orientations, purposes, values);
(b) explicating the context and circumstances of data gathering, and reflecting upon the participants' and investigators' assumptions that may affect the conclusions;
(c) disclosing the impact of the data gathering process on the investigator's forestructure: e.g., noting what seemed expected, surprising, or particularly meaningful, and how expectations and preconceptions were affected; [29]
(d) *bracketing*: i.e. the investigator sets the expectations aside and approaches the material as blank slate, ready to let the material show itself in its own terms. [5,14]

The following criteria strengthen validity of qualitative approaches to data: [2,18]

(a) coherence of interpretation (i.e. internal consistency, comprehensiveness of the elements and of the relations between elements, usefulness in encompassing new elements); [2, 13]
(b) the interpretation produces change in the reader's perspective and yields action. [13-6] The interpretation accounts not only for the observations reported in this research, but also for additional observations by the consumers; it offers a solution to the consumer's concern that motivated the inquiry in the first place.[2]
(c) Interpretations are presented to the respondents in some form, and their reactions are used as further information, to check validity of the conclusions.[2] Participants' direct agreement with the interpretations give evidence of validity[15,16] but so is their behavior consistent with or elaborating upon the interpretation's motifs (in effect, exemplifying the interpretation).[19]

The following are types of validity important for qualitative inquiry.

(a) Catalytic validity: interpretation produces change or growth in people whose experience is described. The findings reorient, focus, and energize participants; they react by taking more control. [14,18]
(b) Consensus: observations fit the theoretical forestructure of multiple investigators who find the interpretations convincing. [12,20,21]
(c) Replication (when new observations as well as the previous ones are encompassed by the interpretation): this is another form of fit between the observation and the investigator's forstructure.[2]
(d) Reflexive validity: whether the investigator's understanding (including formal theoretical model) is changed as a result of observations, e.g. yielding new ideas and goals.[2,23] The opposite of this in an interpretation that loses its power and becomes a slogan, no longer supporting change.
(e) Triangulation: seeking information from multiple sources, methods, and prior theories, and applying multiple validity criteria. Interpretations supported by converging sources are more trustworthy than those that are not. [2,13]

Other sources discussing validity in qualitative approaches to data[15,18,24-8] offer essentially similar or overlapping lists. With other conditions being equal, any conclusions are considered more valid when they meet any of these criteria than when they do not. [2]

**References**

1. Chamberlain, K., Stephens, C., & Lyons, A.C. (1997). Encompassing experience: Meanings and methods in health psychology. *Psychology and Health, 12*, 691-709.
2. Stiles, W.B. (2003). Qualitative research: Evaluating the process and the product. In S. Llewelyn and P. Kennedy, Handbook of Clinical Health Psychology. Chichester, England: John Wiley & Sons.
3. Barton, S. (1994). Chaos, self-organization, and psychology. American Psychologist, 49, 4-15.
4. Gleick, J. (1987). Chaos: Making a New Science. New York: Penguin.
5. Stiles, W.B. (1988). Psychotherapy process-outcome correlations may be misleading. Psychotherapy, 25, 227-230.
6. Stiles, W.B. (1989). Evaluating medical interview process components: Null correlations with outcomes may be misleading. Medical Care, 27, 212-220.
7. Glaser, B.G., & Strauss, A.L. (1967). The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago: Adline.
10. Silverman, D. (1989). Six rules of qualitative research: A post-romantic argument. Symbolic Interaction, 12, 215-230.
11. Linde, C. (1983). The Creation of Coherence in Life Stories. Norwood, NJ: Ablex.

12. Ailinger, R.L., & Dear, M.R. (1997). Latino immigrants' explanatory models of tuberculosis infection. Qualitative Health Researcher, 7, 521-531.
13. Treloar, C. (1997). Developing a multi-level understanding of heart disease: An interview study of MONICA participants in an Australian center. Qualitative Health Research, 7, 468-486.
14. Hill, C.E., Thomson, B.J., & Williams, E.N. (1997). A guide to conducting consensual qualitative research. The Counseling Psychologist, 25, 517-572.
15. Lincoln, Y.S., & Guba, E.G. (1990). Judging the quality of case study reports. Qualitative Studies in Education, 3, 53-59.
16. Lather, P. (1986). Research as Praxis. Harvard Educational Review, 56, 257-277.
17. Packer, M.J., & Addison, R.B. (1989). Evaluating an interpretive account. In M.J. Packer & R.B. Addison (Eds.), Entering the Circle: Hermeneutic Investigation in Psychology (pp. 275-292). Albany, NY: State University of New York Press.
18. Rosenwald, G.C. (1988). A theory of multiple case research. Journal of Personality, 56, 239-264.
19. Folger, J.P., & Poole, M.S. (1981). Relational coding schemas: The question of validity. In M.S. Burgoon (Ed.)., Communication Yearbook V. New Brunswick, NJ: Transaction.
20. Guba, E.G., & Lincoln, Y.S. (1989). Fourth Generation Evaluation. Newbury Park, CA: Sage.
21. Kotre, J. (1984). Outliving the Self: Generativity and the Interpretation of Lives. Baltimore, MD: John Hopkins University Press.
22. Bromley, D. (1986). The Case-Study Method in Psychology and Related Disciplines. Chichester: John Wiley & Sons.
23. Levine, M. (1974). Scientific method and the adversary model. American Psychologist, 29, 661-677.
24. Kuhn, T.S. (1970). The Structure of Scientific Revolutions. Chicago: University of Chicago Press.
25. Potter, J., & Wetherell, M. (1987). Discourse and Social Psychology: Beyond Attitudes and Behaviour. London: Sage.
26. Altheide & Johnson (1994). Criteria for assessing interpretive validity in qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds), Handbook of Qualitative Research (pp. 485-499). Thousand Oaks, CA: Sage.

27. Elliott, R., Fischer, C., & Rennie, D. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. British Journal of Clinical Psychology, 38, 215-229.
28. Kvale, S. (1996). InterViews: An Introduction to Qualitative Research Interviewing. Thousand Oaks, CA: Sage.
29. Leininger, M. (1994). Evaluation criteria and critique of qualitative research studies. In J.M Morse (Ed.), Critical Issues in Qualitative Research Methods (pp. 95-115). London: Sage.
30. Mishler, E.G. (1990). Validation in inquiry-guided research: The role of exemplars in narrative studies. Harvard Educational Review, 60, 415-442.
31. Miles, M.B. & Huberman, A.M. (1994). Qualitative Data Analysis: An expanded sourcebook (2nd ed.) Newbury Park, CA: Sage.
32. Huberman, A.M., & Miles, M.B. (1994). Data management and analysis methods. In N.K. Denzin & Y.S. Lincoln (Eds), Handbook of Qualitative Research (pp. 428-444). Thousand Oaks, CA: Sage.
33. Glaser, B. (1978). Theoretical Sensitivity. Mill Valley, CA: Sociological Press.
34. Corbin, J. & Strauss, A. (1990). Grounded theory method: Procedures, canons, and evaluative criteria. Qualitative Sociology, 13, 3-21.
35. Strauss, A. & Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, CA: Sage.
36. Charmaz, K. (1983). The grounded theory method: An explication and interpretation. In R. Emerson (Ed.), Contemporary Field Research (pp. 109-126). Boston: Little, Brown.
37. Charmaz, K. (1990). "Discovering" chronic illness: Using grounded theory. Sociology of Health and Illness, 30, 1161-1172.
38. A. Strauss & J. Corbin (1994). Grounded theory methodology: An overview. In N.K. Denzin & Y.S. Lincoln (Eds), Handbook of Qualitative Research (pp. 273-285). Thousand Oaks, CA: Sage.
39. Broadhead, R. (1983). Private Lives and Professional Identity of Medical Students. New Brunswick, NJ: Transaction.
40. Wiener, C. (1981). The Politics of Alcoholism. New Brunswick, NJ: Transaction.
41. Cauhape, E. (1983). Fresh Starts: Men and Women After Divorces. New York: Basic Books.
42. Glasser, B. (1972). Experts versus Laymen: A Study of the Patsy and the Subcontractor. New Brunswick, NJ: Transaction.
43. Corbin, J. (1992). Caregiving. Revue Internationale d'Action Communautaire, 28, 39-49.
44. Charmaz, K. (1980). The construction of self-pity in the chronically ill. Studies in Symbolic Interaction, 3, 123-145.
45. Clarke, A., & Fujimura, J. (Eds). (1992). The Right Tools for the Job: At Work in Twentieth-Century Life Sciences. Princeton, NJ: Princeton University Press.
46. Star, S.L. (1989). The structure of ill-structured solutions: Boundary objects and heterogeneous distributed problem solving. In M. Huhns and L. Gasser (Eds.), Distributed Artificial Intelligence (Vol. 3, pp. 37-54). Menlo Park, CA: Morgan Kauffmann.
47. Strauss (1978). Negotiations: Varieties, contexts, processes and Social Order. San Francisco: Jossey-Bass.
48. Strauss (1987). Qualitative Analysis for Social Scientists. New York: Cambridge University Press.
49. Biernacki, P. (1986). Pathways from Heroin Addiction. Philadelphia: Temple University Press.
50. Corbin, J., & Strauss, A. (1991). Comeback: Overcoming disability. In G.Albrecht & J. Levy (Eds.), Advances in Medical Sociology (Vol. 2), Greenwich, CT: JAI.
51. Fagerhaugh, S., & Strauss, A. (1977). The Politics of Pain Management. Mehlo Park, CA: Addison-Wesley.

52. Fagerhaugh, S., Strauss, A., Suczek, B., & Wiener, C. (1987). Hazards in Hospital Care. San Francisco: Jossey-Bass.
53. Fagerhaugh, S., Strauss, A., Suczek, B., & Wiener, C. (1985). The Organization of Medical Work. Chicago: University of Chicago Press.
54. Wiener, C., Strauss, A., Fagerhaugh, S., & Suczek, B. (1979). Trajectories, biographies, and the evolving medical scene: Labor and delivery and the intensive care nursery. Sociology of Health and Illness, 1, 261-283.