

QUALITATIVE RESEARCH

**A GUIDE TO DESIGN AND
IMPLEMENTATION**

FOURTH EDITION

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TABLE 1.1. EPISTEMOLOGICAL PERSPECTIVES.

	<i>Positivist/ Postpositivist</i>	<i>Interpretive/Constructivist</i>	<i>Critical</i>	<i>Postmodern/Poststructural</i>
Purpose	Predict, control, generalize	Describe, understand, interpret	Change, emancipate, empower	Deconstruct, problematize, question, interrupt
Types	Experimental, survey, quasi experimental	Phenomenology, ethnography, hermeneutic, grounded theory, naturalistic/qualitative	Neo-Marxist, feminist, participatory action research (PAR), critical race theory, critical ethnography	Postcolonial, poststructural, postmodern, queer theory
Reality	Objective, external, out there	Multiple realities, context-bound	Multiple realities, situated in political, social, cultural contexts (one reality is privileged)	Questions assumption that there is a place where reality resides; "Is there a there there?"

TABLE 1.2. CHARACTERISTICS OF QUALITATIVE AND QUANTITATIVE RESEARCH.

<i>Point of Comparison</i>	<i>Qualitative Research</i>	<i>Quantitative Research</i>
Focus of research	Quality (nature, essence)	Quantity (how much, how many)
Philosophical roots	Phenomenology, symbolic interactionism, constructivism	Positivism, logical empiricism, realism
Associated phrases	Fieldwork, ethnographic, naturalistic, grounded, constructivist	Experimental, empirical, statistical
Goal of investigation	Understanding, description, discovery, meaning, hypothesis generating	Prediction, control, description, confirmation, hypothesis testing
Design characteristics	Flexible, evolving, emergent	Predetermined, structured
Sample	Small, nonrandom, purposeful, theoretical	Large, random, representative
Data collection	Researcher as primary instrument, interviews, observations, documents	Inanimate instruments (scales, tests, surveys, questionnaires, computers)
Primary mode of analysis	Inductive, constant comparative method	Deductive, statistical
Findings	Comprehensive, holistic, expansive, richly descriptive	Precise, numerical

FIGURE 2.1. TYPES OF QUALITATIVE RESEARCH

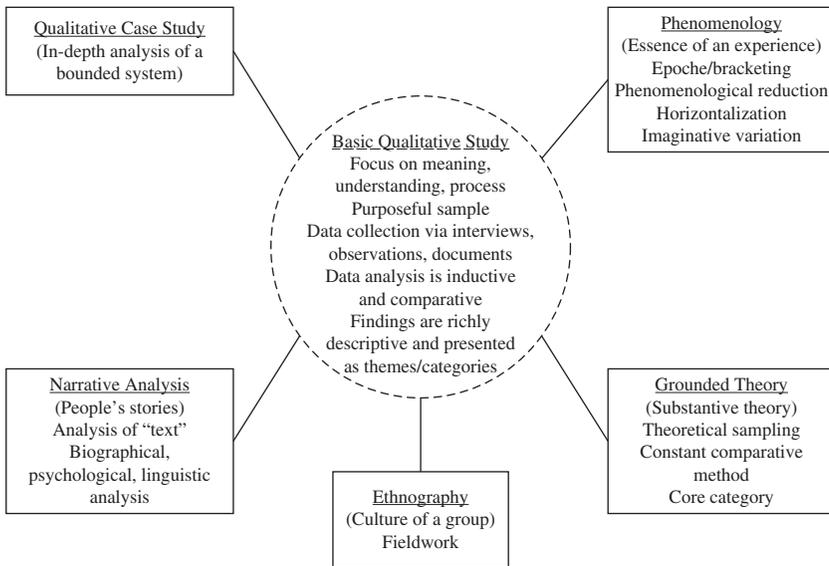


FIGURE 3.1. MY BROTHER'S KEEPER MOSAIC.



Source: Tyler (in press). Reprinted with permission.

EXHIBIT 4.1. PROBLEM STATEMENT: ENGAGING MOMENTS: ADULT
EDUCATORS READING AND RESPONDING TO EMOTION
IN THE CLASSROOM.

Statement of the Problem

Research in neuroscience indicates that emotional states are the starting point for all learning (Damasio, 1994a, 1999, 2003; LeDoux, 1996, 1999, 2002). There are thousands of states, each containing a unique mix of potential behaviors, feelings, and 16 emotions that can either enhance or impede learning. The literature in the fields of adult education and learning readily acknowledges that emotions influence the learning process (Argyris, Putnam, & Smith, 1985; Dirkx, 2001; Heron, 1999; Lovell, 1980; MacKeracher, 2004; Merriam et al., 2007; More, 1974), however there is surprisingly little research and/or literature on how this process plays out in the adult classroom. This study sought to understand and thickly describe the nature of the experiences of a group of adult educators and how they go about reading and responding to learners' emotional states in practice.

Context

Significance

Gap

Purpose Statement and Research Questions

The purpose of this study was to better understand the practices of adult educators in reading and responding to emotional states exhibited by learners. The study was guided by the following questions:

Purpose

1. What indicators do adult educators use to read and determine emotional states?
2. What actions do adult educators take in response to learners' emotional states?
3. What is the reasoning behind the actions taken?

Source: Buckner (2012). Reprinted with permission.

EXHIBIT 4.2. PROBLEM STATEMENT: THE ROLE OF SELF-DIRECTED LEARNING IN OLDER ADULTS' HEALTH CARE.

Statement of the Problem

Growing numbers of older adults are placing increasing demands on medical services systems and, subsequently, will affect the future direction of health care policy. In response to the increasing numbers, costs, and health care needs of older adults, the medical establishment has changed patient-care policies. For example, managed care provider reimbursement policies have created incentives to move patients quickly through the health care system and have pressured physicians to limit office visit time for dialogue and health education. In response to these changes, health educators have been promoting an active role for patients in their own health care (Berman & Iris, 1998; Keller & Fleury, 2000; National Centers for Chronic Disease Prevention & Health Promotion, 2002).

Context

Significance

The importance of understanding factors contributing to health maintenance is especially relevant for older adults, as it is this segment of the population who are most at risk. Those older adults who have taken control of their health care are self-directing their own learning. However, little is known about how older adults are using self-directed learning to gain access to health information and how this information is affecting their health care.

Significance

Gap

Purpose of the Study

The purpose of this study was to understand the role of self-directed learning in older adults' health care. The research questions that guide this study are as follows:

Purpose

1. What motivates older adults to take control of their learning regarding health care?
2. What health care behaviors are controlled by self-directed learners?
3. What contextual factors are controlled by self-directed learners?
4. What is the process of self-directed learning of one's health care?
5. How does self-directed learning affect one's health care?

Source: Valente (2005). Reprinted with permission.

EXHIBIT 4.3. PROBLEM STATEMENT WORKSHEET.

In your field, what topic is of interest to you that you could shape into a research study?

What are some of the things we *do* know about this problem/topic from the literature?

What is the *gap* in our knowledge/understanding of this phenomenon? That is, what is missing from the literature on this topic? This is the *problem* of your study. (Although we know x, y, z about this phenomenon, we *do not know* . . .)

Take the “gap” in our knowledge and turn it into a purpose statement. Complete this sentence:

The purpose of this study is to

What are the specific research questions that elaborate your research purpose?

FIGURE 4.1. THE THEORETICAL FRAMEWORK.

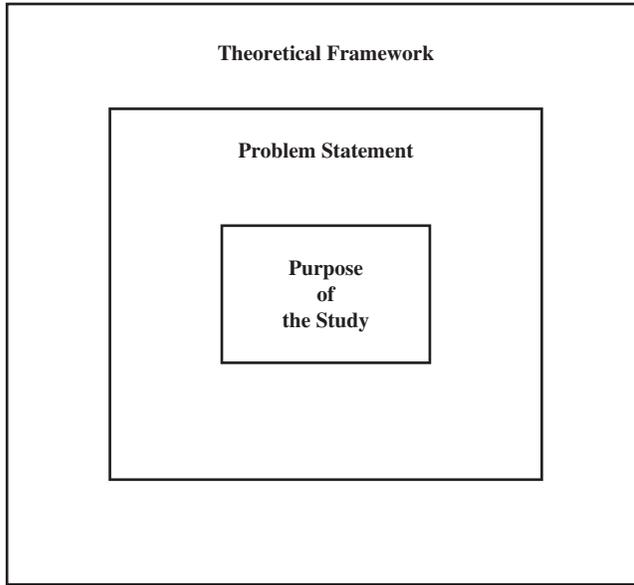


TABLE 5.1. INTERVIEW STRUCTURE CONTINUUM.

<i>Highly Structured/ Standardized</i>	<i>Semistructured</i>	<i>Unstructured/Informal</i>
<ul style="list-style-type: none"> • Wording of questions is predetermined • Order of questions is predetermined • Interview is oral form of a written survey • In qualitative studies, usually used to obtain demographic data (age, gender, ethnicity, education, and so on) • Examples: U.S. Census Bureau survey, marketing surveys 	<ul style="list-style-type: none"> • Interview guide includes a mix of more and less structured interview questions • All questions used flexibly • Usually specific data required from all respondents • Largest part of interview guided by list of questions or issues to be explored • No predetermined wording or order 	<ul style="list-style-type: none"> • Open-ended questions • Flexible, exploratory • More like a conversation • Used when researcher does not know enough about phenomenon to ask relevant questions • Goal is learning from this interview to formulate questions for later interviews • Used primarily in ethnography, participant observation, and case study

TABLE 5.2. FOUR TYPES OF QUESTIONS WITH EXAMPLES FROM
A JTTPA TRAINING PROGRAM CASE STUDY.

<i>Type of Question</i>	<i>Example</i>
1. Hypothetical questions—Ask what the respondent might do, or what it might be like in a particular situation; these usually begin with “what if” or “suppose.”	Suppose it were my first day in this training program. What would it be like?
2. Devil’s advocate questions—The respondent is challenged to consider an opposing view or explanation to a situation.	Some people would say that employees who lost their job did something to bring about being fired. What would you tell them?
3. Ideal position questions—Ask the respondent to describe an ideal situation.	Would you describe what you think the ideal training program would be like?
4. Interpretive questions—The researcher advances tentative explanations or interpretations of what the respondent has been saying and asks for a reaction.	Are you finding returning to school as an adult a different experience from what you expected?

TABLE 5.3. QUESTIONS TO AVOID.

<i>Type of Question</i>	<i>Example</i>
Multiple questions	How do you feel about the instructors, the assignments, and the schedule of classes?
Leading questions	What emotional problems have you had since losing your job?
Yes-or-no questions	Do you like the program? Has returning to school been difficult?

EXHIBIT 5.1. INTERVIEW GUIDE.

1. I understand that you are concerned about your health. Tell me about your health.
2. What motivated you to learn about your health?
3. Tell me, in detail, about the kinds of things you have done to learn more about your health. (What did you do first?)
4. Where do you find information about your health?
5. Tell me about a time when something you learned had a positive impact on your health care.
6. What kinds of things have you changed in your life because of your learning?
7. Whom do you talk to about your health?
8. Tell me about your current interactions with your health care provider.
9. Tell me about what you do to keep track of your health.
10. What other things do you do to manage your health?
11. What kinds of challenges (barriers) do you experience when managing your health care?
12. What else would you like to share about your health-related learning?

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EXHIBIT 5.2. INTERVIEW TRANSCRIPT.

(Excerpted from interview with Deepak, March 22, 2008)

1. *Swathi:* Could you tell me a little more about the check-up that you had,
2. you said it is for older people. Where was that?
- 3.
4. *Deepak:* Lyla Shoals, hospital, they, every year like they have prostate week or
5. something like that. At that time they all the doctors come and give free check-up
6. for 50 or old people, you know. So I just heard that and I said ok let me go and
7. get check-up because I'm 50 and it's free.
- 8.
9. *Swathi:* It's for the whole community.
- 10.
11. *Deepak:* Yeah, whole community. Anybody over 50 can go and have a check-up.
12. And there I think 4 or 5 doctors were checking over there.
- 13.
14. *Swathi:* And how did you find out about that?

(continued)

(Continued)

15.

16. *Deepak*: They were advertising on the radio and local newspaper and so I said

17. let's go. So after work I stopped by over there.

18.

19. *Swathi*: But you said they didn't do the blood test at that time.

20.

21. *Deepak*: No, they recommend. Because, you see, I lied on the questions. And you

22. know they take finger test and they checked it. They might have realized that I

23. might have little bit enlarged prostate at that time, but then they weren't sure so

24. that's why they recommend, PSA, take that test, blood test, positively it tell you

25. um that you have enlarged prostate or not. But then I didn't go. I thought it was

26. going to go away.

27.

28. *Swathi*: So, you mentioned that up until this point you hadn't gone to the

29. doctor at all. Why do you think that is?

30.

31. *Deepak*: Not yearly check-up, but also I wasn't that sick at all. Every year I knew

32. that I was getting cold, especially when I was living in New York, but then

33. Contac and those other kind of common cold medicines, I take it and I'm alright.

34. So I never was that seriously sick that I needed to go to the doctor or something

35. for anything, you know. That's why I've never been. At that time, it wasn't like,

36. we didn't know, that actually it's nice to go, even if you're not feeling good, it's

37. ok to go doctor and have physical check-up or something, it would be nice.

38. That's why I just didn't go, until it got worse. And then Sumie, my wife, says go

39. doctor go doctor check it out. And then I knew I had prostate problem so I

40. wanted to take care of that anyway. And lot of time I don't I didn't go because I

41. didn't have insurance you know. Sometimes you work on your own and then you

42. don't have insurance you don't want to go. And for what? I say, for what, nothing

43. wrong, what they going to check up? So 25, 30 years, I never had to go to doctor

44. over here. Only time you go to doctor for check-up if you have some problem,

45. you know. It's not like now, you should go every year and have physical check-up.

46. That concept wasn't there. I mean wasn't there means for me, yeah, nothing, you

47. don't have to go to the doctor.

48.

49. *Swathi*: Had you been to the doctor in India?

50.

51. *Deepak*: Only time if I got hurt or something. Yeah India, when I was small boy,

52. I used to get stay sick lots of time. So every month or two months I go to the

53. doctor, we have family doctor you know over there. So you go over there and say

54. doctor uncle this is what happens so doctor gives you couple of shot. I was sick, I

55. mean not sick but skinny, so always wanted to go and get fat. So I always tell

56. doctor uncle, give me something for fat. He said there is no such thing. You take

57. uh like some vitamins, not vitamins I'm sorry, you drink cod liver oil it's going to

58. be fine, those kind of things. So drink and it will be alright. And after we grew

59. up, and then high school we say we eat meat, eggs, or something like that then we

60. can get fat too. So even though we are Brahmin we are not supposed to, we,

61. friends we go to the Muslim, always the Muslim restaurants you know they serve

62. that and we eat that meat. But no, we didn't get fat (laughs). But otherwise, so

63. that's the only reason I used to go to the doctor. Couple of time I got, one time I

64. got, uh, not influenza, what they call it, then I was sick for a few days. When I
65. was in 11th grade I got small pox, when I was grown up. So, but then doctor,
66. usually then doctor comes to your home you know and check and nothing I can do,
67. just three or four days. You know, there is no cure. Otherwise no, after, like until
68. 3rd or 4th grade I used to get sick, but after 6th grade I never got sick even in India
69. so no need to go to doctor.
70.
71. *Swathi*: How did your experience with the doctor compare in India to here?
72.
73. *Deepak*: Well in India you have lot of friendly doctor because doctor is part of our
74. family you know. We call them Uncle rather than doctor you know. Don't feel
75. any scare or strange or something and um when we're kids, I mean I don't know
76. after that, when you go to doctor you have to go with your bottle you know your
77. own bottle and they give some medications in there. Every doctor over there you
78. go with the bottle and they give you some medication and then you have to take 3
79. times a day or 4 times a day, drink it. This doctor is very nice and I say give me
80. something sweet so medications are most of them not good. I don't know what
81. they mix it but he say ok and we go home and it's so tasty. So you take 3 times a
82. day and then next day you go again and they refill that same medication, 3, 4 days
83. you go there. So over there it was fine. Over here when you came and I went
84. there or when I saw other people you do doctor they don't have any. .. in India
85. they have doctor has whole lot of bottles and whole lot of medications right in
86. their dispensary, what they call it, in their office or they mix it and they give it to
87. you or they give you shot right there. When I came here doctor's office is like a
88. living room you know and then they prescribe you medicine and say go there. So
89. that was the big difference for me that I saw over here. And uh, over there you can
90. talk to doctor as long as you want or something. It is not just time and don't feel
91. that expensive either because it's on monthly account so you even don't know
92. how much you pay. Over here, that was the difference.

Source: Thaker (n.d.). Reprinted with permission.

EXHIBIT 6.1. KOREAN SENIOR CENTER FIELD NOTES.

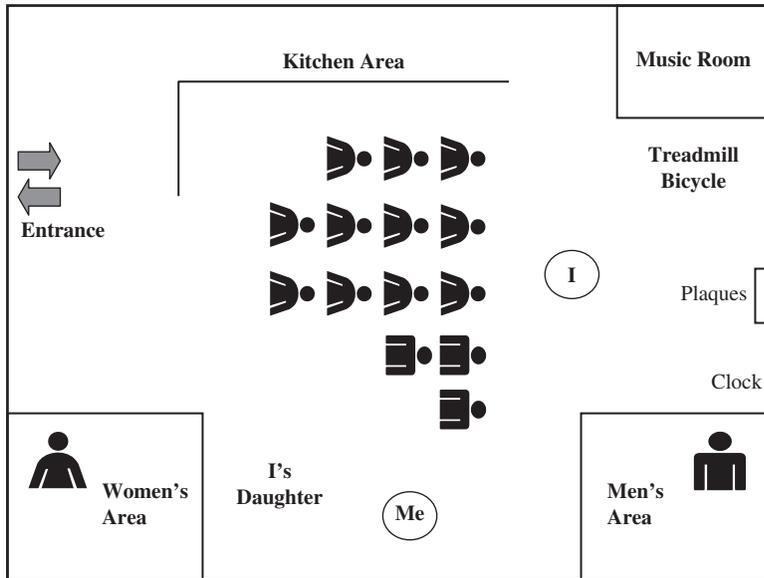
Researcher: Sharan Merriam

Place: Korean Senior Center

Purpose: To become acquainted with adult education for older adults in Korea

Date/Time: Friday, March 24, 2006; 3–4:15 P.M.

KOREAN SENIOR CENTER CLASSROOM LAYOUT.



When hearing about my interest in adult education and education for older adults, my neighbor invited me to visit the Senior Center close to our apartments. My neighbor is an exercise instructor three times a week at this center. My first visit I went to see what it was like and actually participated in the exercises. This second visit I went as an observer and did not participate. *The specific focus of my observation was on the instruction and student/teacher interaction.*

(continued)

(Continued)

The Senior Center is in a stand-alone building in an apartment complex near my apartment. In addition to the Senior Center, about half of the building houses a preschool day-care center. The building is quite new and the center has been open only about four months.

As we take our shoes off and enter the center, I notice a strong food smell. Apparently someone had done some cooking, perhaps using the kitchen, which is on one wall of the center (see the diagram). We enter a very spacious room, blond wood floors, white walls, four large plants (three near where I decide to sit); there are also two skylights, which help make the room quite light and open-feeling.

My presence is acknowledged with smiles and slight bows from several of the participants whom I recall seeing during my first visit. The instructor's daughter is also with us, and she seems invisible although she told me later it was her first visit. Everyone takes a chair and I sit off to the side. There are eleven women and three men. (OC—I assume the percentage of older females in Korea is greater than males as in the U.S. While I know these people live in the surrounding apartment buildings, I'm curious if these eleven live alone, with a spouse, or with other family members.)

The instructor bows and the students applaud. (OC—they seem happy to see her.) A boy I guess to be about three years old is wandering around and doesn't seem to be "with" anyone in particular. A couple of people get a chair for him. The instructor holds up a book and seems to be explaining what the overall plan of exercises is. The child runs around, runs out of the room, and returns to sit in the chair. (OC—I find out later that the child is the grandchild of one of the participants and goes to the day-care center next door—but at no time did I see any adult speak to him directly and although I guessed he might be from the day-care center, I did wonder why he was allowed to wander back and forth—maybe children/family members are OK to be at these classes?)

The instructor is now showing diagrams of the human body from a book, moving around the room so everyone can see; she is talking all the time. (OC—seems she is sensitive to poor eyesight of

some of the elderly; she also told me that she likes to have them understand what the exercises are trying to do with regard to their circulation, muscles, etc., that it's not enough just to do the exercises—she seems conscious of the holistic nature of learning, mind and body.)

All but one woman stands for some loose arm/hand exercises. Participants walk around the room swinging their arms. The instructor plays some relaxing instrumental music on a tape player and begins leading the group around the room—with each walk around one or two sit down until most everyone is sitting down. The three-year-old runs in and out of the adjoining room for the men, but no one seems to care or pay attention to him.

The next set of exercises has the participants standing behind their chairs, using the chair for balance for some of the exercises. The instructor occasionally turns with her back to the group so they can see exactly how to do the exercises (and don't have to transpose opposite sides of the body, etc.). The instructor gets the participants to count (I think they are counting) with her, which livens things up. Those who need to sit before the end of the exercises do so, with her encouraging them to do what they can from a sitting position. (*OC—clearly the instructor is aware of their physical limitations and builds it into her instruction, i.e., modifying a standing exercise to fit a sitting position.*) The instructor is constantly talking, making eye contact with individuals in the class, signaling a correction if needed. Her voice is very soothing and inviting; she smiles a lot and she does all the exercises with them.

At about 3:40 P.M. a man I recognize from a previous visit comes in wearing a suit. He goes into the men's area/room and returns minus his suit jacket and joins the exercise group. (*OC—he must be some sort of official, as during my first visit he produced a tape player; he also looks younger than the others—I'll have to ask about him.*)

At 3:45 P.M. the instructor brings out a bag of sponge balls, each about six inches in diameter. She demonstrates squeezing the ball, how to hold one's elbows. She points to different parts of the body, apparently saying what the exercise is designed to do. More exercises with the balls, like reaching from left to right toes and back. At 4 P.M. the group moves into a circle. The instructor collects every other ball and then tries to get the

(continued)

(Continued)

group to raise the ball up and under their leg and pass it on to the next person. There is some confusion here, but all the while people are laughing and joking with each other and with her. The group finally gets the hang of it, the exercise continues, and the balls move to the left. For the first time, the instructor is quiet and she lets them do the exercise, moving the balls to the left. *(OC—another example of how she varies instruction, keeping the attention of the group.)*

Now everyone is given a ball and the instructor places a bag in the center of the circle. She demonstrates how to toss the ball into the bag, exaggerating the arm swing. Everyone tosses at once; her daughter helps collect the balls and the “toss” is repeated several times. The four men in the group seem to be especially enjoying this—smiling, laughing, and clearly eager to toss more balls. At 4:12 P.M. the balls are collected in the bag, everyone claps, and the class ends. *(The instructor tells me later that the class is actually supposed to go 40–45 minutes, but “they seem to want more” and both times I visited, the class was a solid hour in length.)* Some participants leave, two men go into the men’s area, several of the women go into the women’s area/room off the main entrance. While the instructor is doing some paperwork, I ask her daughter to explain the plaques on the front wall.

Documents/Artifacts

The Senior Center contained a number of “artifacts” that I examined. First were the plants. There is a huge fern under the left front skylight. Near where I was sitting there were three plants in a row—a large green-leaf plant about six feet high, a smaller Japanese-looking plant next to that, and then a purple flowering plant next to that. These plants contributed to the comfortable, welcoming “feel” to the Center. In the left front corner there was a treadmill and a bicycle machine. I didn’t see either one being used at the time of my visit, but clearly they were there for use anytime. (I found out later most everything in the center has been donated, including a very sophisticated sound/TV setup for karaoke in a small room off the kitchen.)

The most interesting artifacts for me were a set of six wall plaques and one framed photo hanging on the front wall. Above the plaques was a framed picture of the Korean flag. To the right of these plaques was a wall clock, quite high up. Just below and to the right of the wall clock was what we would call a “grandfather clock”—a large standing clock (this was also donated). It was curious to me that the things on this wall seemed to be just “there,” with no particular aesthetic pattern in mind—no balancing of the plaques, and they weren’t in the center on the wall, but a bit to the right. The flag and wall clock were quite high. To me it seemed like a hodgepodge of things.

The Plaques and Photo

The instructor’s daughter briefly described what each of these plaques said (they were different sizes, but about a foot square on average):

1. The first plaque said “Let’s be respectable seniors.”
2. The second said something to the effect that “Let’s transfer seniors’ good experiences and wisdom to young people.”
3. This plaque is the Senior Center Registration Certificate.
4. This one was apparently a list of things older people should do:
Help our country
Enjoy our life
Be healthy
Participate, even if you are old
5. The next was a plaque about the person who is apparently chairman of the Society of Older Adults at this site.
6. The next was a framed photo of eight men, four lined up on each side of the entrance to this new Senior Center building—it apparently is a photo of the opening ceremony.
7. The final plaque was a statement of the purpose of the center—service to society and to help each other.

EXHIBIT 8.1. LEARNING REQUIRED AND HOW IT WAS BEING OBTAINED.

1. *Researcher:* Now let's talk about training. How did you learn what you do in your
2. business?
- 3.
4. *Participant:* You see, I did not get far with schooling. So I did not learn anything about
5. businesses in primary school. I just used my experience to start this business. In this *experience*
6. culture we believe that experience of others can be copied. I think I stole the business *copy others*
7. management system that I use in this business from the first shop assistance job that I
8. did. They taught me on the job how to treat customers, specifically that I had to be
9. friendly, smile at customers, and treat them with respect. I knew these things before but
10. I did not know then that they were important for the business. Also they showed me
11. how to keep track of what I have sold and things like that. Secondly, I learnt
12. a lot from my sister about how businesswomen in similar businesses like mine in *sister*
13. Gaborone operate theirs. This learning experience and my common sense were very *common sense*
14. helpful at the initial stages of this business. Once I was in business, well, you kind of
15. learn from doing things. For example you face problems and what works in what you *by doing*
16. keep in your head for the next crisis. As the business expanded I learnt a lot from other
17. women. I talk with them about this business, especially those who own similar *other women*
18. businesses like the ones I travel with to South Africa for our business shopping, those
19. who businesses are next to mine, employees, customers and family. You just have to
20. talk about your business and the sky is the limit with learning from other people.
- 21.
22. *Researcher:* Very interesting. Do other businesswomen learn from you too?
- 23.
24. *Participant:* Of course (laughs in disbelief). In this business I would not be where I
25. am without them. You see they made mistakes, suffered, and they do not want those who come
26. after them to go through that painful experience. I have been beaten by South African
27. robbers, humiliated by men who have power in this country over women and I have
28. sworn that I would not like to see any woman go through that experience. This is what
29. keeps me in business, that is to be there for other people either as a role model or a
30. security guard (more laughs). I make an effort to approach new businesswomen to
31. offer help and to let them know that my door is open for them to ask me for anything
32. that will make a difference in their lives and business.

Source: Ntseane (n.d.). Reprinted with permission.

FIGURE 8.1. DERIVING CATEGORIES FROM DATA.

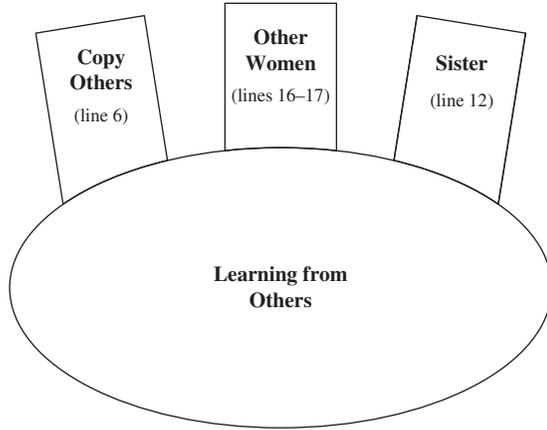


FIGURE 8.2. THE LOGIC OF DATA ANALYSIS.

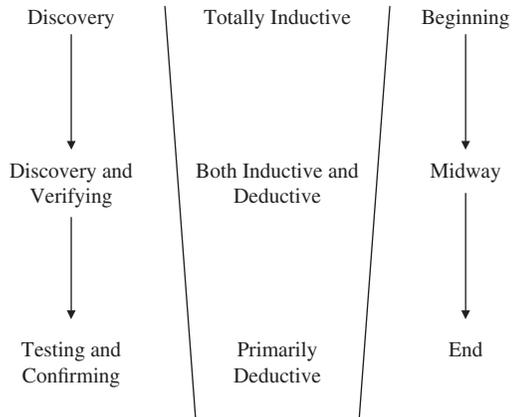


EXHIBIT 8.2. CRITERIA FOR CATEGORIES, THEMES, AND FINDINGS.

Must be responsive to (that is, answer) the research question(s) and . . .

1. Be *exhaustive* (enough categories to encompass all relevant data)
2. Be *mutually exclusive* (a relevant unit of data can be placed in only one category)
3. Be as *sensitive* to the data as possible
4. Be *conceptually congruent* (all categories are at the same level of abstraction)

EXHIBIT 8.3. FACTORS INFLUENCING ENTRY AND COMPLETION OR NONCOMPLETION.

Entry Factors

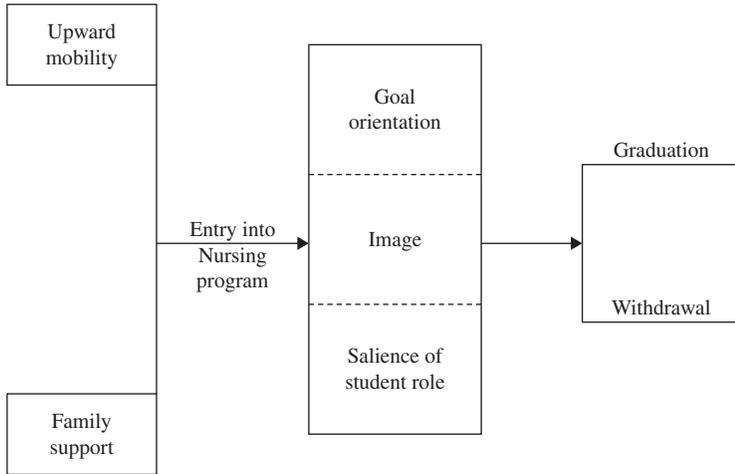
- A. Upward mobility
- B. Family support

Completion Factors

- A. Goal orientation
 1. Clarity
 2. Proximity
- B. Image
 1. Nursing
 2. Self as nurse
- C. Salience of student role

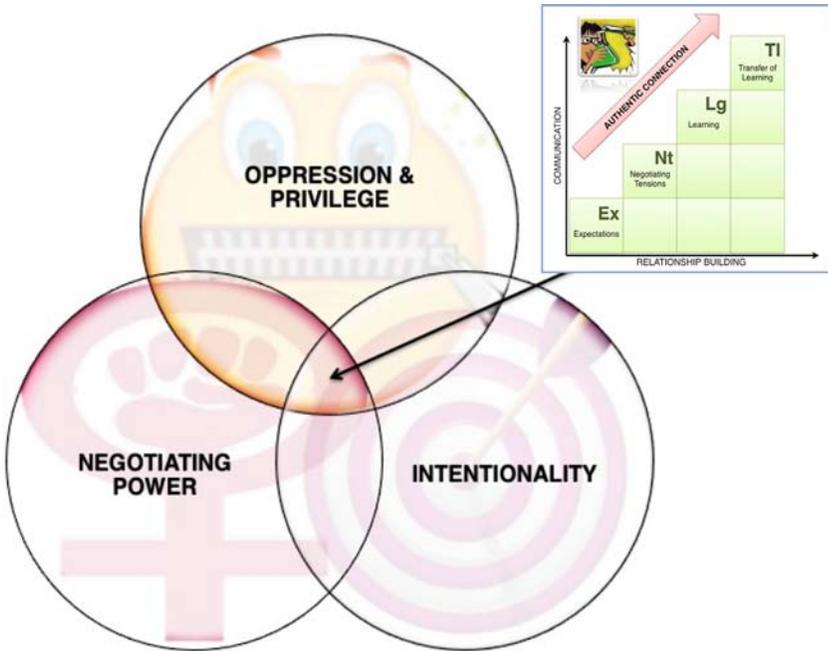
Source: Blankenship (1991).

FIGURE 8.3. MODEL TO EXPLAIN ENTRY AND PERSISTENCE
IN NURSING EDUCATION.



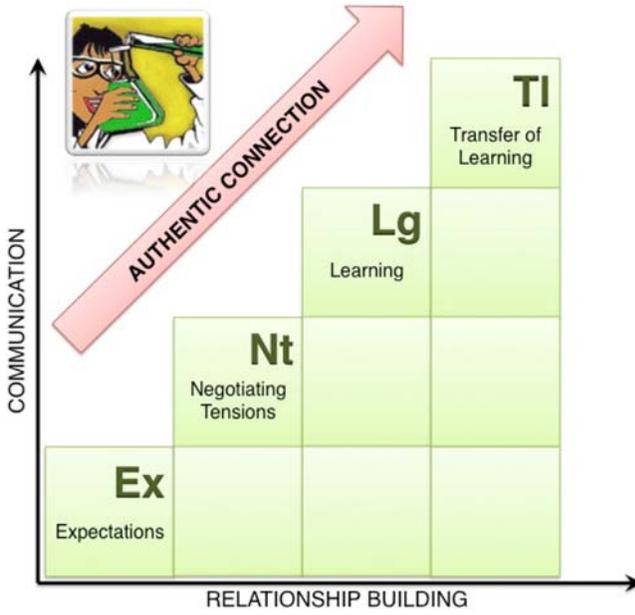
Source: Blankenship (1991).

FIGURE 8.4. CORE DIMENSION: CRITICALITY OF AUTHENTIC CONNECTION.



Source: Alston (2014, p. 119). Reprinted with permission.

FIGURE 8.5. CORE DIMENSION DETAIL.



Source: Alston (2014, p. 121). Reprinted with permission.

TABLE 8.1. COMPUTER ASSISTED QUALITATIVE DATA ANALYSIS SOFTWARE (CAQDAS).

	<i>Programs</i>	<i>Web Address</i>	<i>Features</i>
General information	Computer Assisted Qualitative Data Analysis Software (CAQDAS)	www.surrey.ac.uk /sociology/research /researchcentres /caqdas/support /choosing/index.htm	Practical information; discussions and reviews of 10 different CAQDAS packages, with links to other qualitative sites
	Qualitative Data Analysis	https:// digitalresearchtools .pbworks.com/w/page /17801694/Perform% 20Qualitative%20Data% 20Analysis	Digital research tools wiki that provides links for several qualitative software packages
Popular commercial CAQDAS programs	Atlas.ti	http://ATLAS.ti.com/	Free trial and training; for Windows or Mac
	NVivo	www.qsrinternational .com/products_nvivo .aspx	Free trial and tutorials; for Windows only
	MAXQDA	www.maxqda.com/	Free trial and tutorials; for Windows or Mac
	HyperRESEARCH	www.researchware.com/	Free version available with limited features for basic analysis; free tutorials; for Windows or Mac
	QDA Miner	http://provalisresearch .com/products /qualitative-data -analysis-software/	Free version available with limited features for basic analysis; free tutorials; for Windows or Mac
	Qualrus	www.ideaworks.com /qualrus/index.html	Free trial; best used on Windows, but can be used on Mac and Linux OS with Windows virtual machine
	Transana	www.transana.org /index.htm	For analyzing video, auditory, and still image data; free demo; for Windows or Mac

EXHIBIT 9.1. CHALLENGING THE TRUSTWORTHINESS
OF QUALITATIVE RESEARCH.

1. What can you possibly tell from an n of 1 (3, 15, 29, and so on)?
2. What is it worth just to get the researcher's interpretation of the participant's interpretation of what is going on?
3. How can you generalize from a small, nonrandom sample?
4. If the researcher is the primary instrument for data collection and analysis, how can we be sure the researcher is a valid and reliable instrument?
5. How will you know when to stop collecting data?
6. Isn't the researcher biased and just finding out what he or she expects to find?
7. Without hypotheses, how will you know what you're looking for?
8. Doesn't the researcher's presence result in a change in participants' normal behavior, thus contaminating the data?
9. Don't people often lie to field researchers?
10. If somebody else did this study, would they get the same results?

TABLE 9.1. MEMBER CHECK COMMENTS.

<i>Name</i>	<i>Comments</i>	<i>Action Taken</i>
Holly	<p>“I think your statements are an accurate reflection of what I said and what my experience has been.”</p> <p>The category you term “disorientating dilemma” puzzles me. That as a category doesn’t quite ring true for me. Perhaps it came across that way, although I should also say that I’m not sure what you mean with that term and how it fits into learning experiences. Do you mean my challenges in teaching have encouraged/discouraged my commitment to teaching EFL?</p>	<p>Write back and explain about meaning of “disorientating dilemma”</p> <p>No action needed to change research results</p>
Kate	<p>“It was kind of fun to see a bunch of my own thoughts already categorized into a graphic!”</p> <p>Change spelling of Bombera to Bambara.</p> <p>Clarification of two phrases used as coding: Getting a Masters in TESOL, and looking for more teaching experiences.</p>	<p>Spelling corrected; phrases need not be adjusted</p>
Grace	<p>“I would agree with your categorization of comments.”</p> <p>“I’d definitely agree with your conclusions.” Charts gave “me greater insight into my own thinking.”</p>	<p>No action needed</p>
Mary	<p>“Everything is right on! I have reviewed attachments and agree with what is written. The themes are accurate.”</p>	<p>No action needed</p>

(continued)

TABLE 9.1 (Continued)

<i>Name</i>	<i>Comments</i>	<i>Action Taken</i>
	“I really like the table; it was exciting to see my progression through your eyes.”	
Ann	“I’d say it’s pretty accurate. I can’t think of anything I would add, change, etc.”	No action needed
Shauna	“I do believe that the analysis rings true.” “It was definitely an enlightening read. . . . It reminded me of certain convictions the Lord had placed on my heart to enter the field in the first place, and I feel encouraged as I look ahead towards my next step in the profession.” “My commitment is first to God and His will for my life more so that [<i>sic</i>] my profession.”	Note comment of commitment first to God then profession
Bob	“Both documents look great.”	No action needed
Oliver	“When I left my interview with you I didn’t feel like I expressed myself well, but after looking at your documents I think what you have is fine and rings true.”	No action needed

Source: Crosby (2004). Reprinted with permission.

TABLE 9.2. STRATEGIES FOR PROMOTING VALIDITY AND RELIABILITY.

<i>Strategy</i>	<i>Description</i>
1. Triangulation	Using multiple investigators, sources of data, or data collection methods to confirm emerging findings.
2. Member checks/ Respondent validation	Taking tentative interpretations/findings back to the people from whom they were derived and asking if they are plausible.
3. Adequate engagement in data collection	Adequate time spent collecting data such that the data become “saturated”; this may involve seeking <i>discrepant</i> or <i>negative</i> cases.
4. Researcher’s position or reflexivity	Critical self-reflection by the researcher regarding assumptions, worldview, biases, theoretical orientation, and relationship to the study that may affect the investigation.
5. Peer review/ examination	Discussions with colleagues regarding the process of study, the congruency of emerging findings with the raw data, and tentative interpretations.
6. Audit trail	A detailed account of the methods, procedures, and decision points in carrying out the study.
7. Rich, thick descriptions	Providing enough description to contextualize the study such that readers will be able to determine the extent to which their situations match the research context, and, hence, whether findings can be transferred.
8. Maximum variation	Purposefully seeking variation or diversity in sample selection to allow for a greater range of application of the findings by consumers of the research.

EXHIBIT 10.1. FINDINGS PRESENTATION.

Alienated Consumers

These participants accepted the stigma of low literacy and felt shame . . . They suggested their low literacy skills socially discredited them, which was experienced as embarrassment and shame. This shame ranged in intensity from just “feeling bad” to panic and even “breaking out in tears every time I told someone.” Many of the alienated consumers shared stories of their experiences of prejudicial treatment, such as being called names like “stupid,” “slow,” or “lazy.”

You know a lot of people on the other side. When you are in a group and you're talking, they'll look at you and think, "What do you know?" especially these people with an education . . . And they really make you feel beneath them. (Sarah)

Market interactions were filled with uncertainty and the constant fear that their limited literacy skills would be exposed. These participants fit traditional deficit stereotypes of the adult learner as a failed decision maker who lacks power in his or her social encounters. One participant explained that when he was renewing a driver's license,

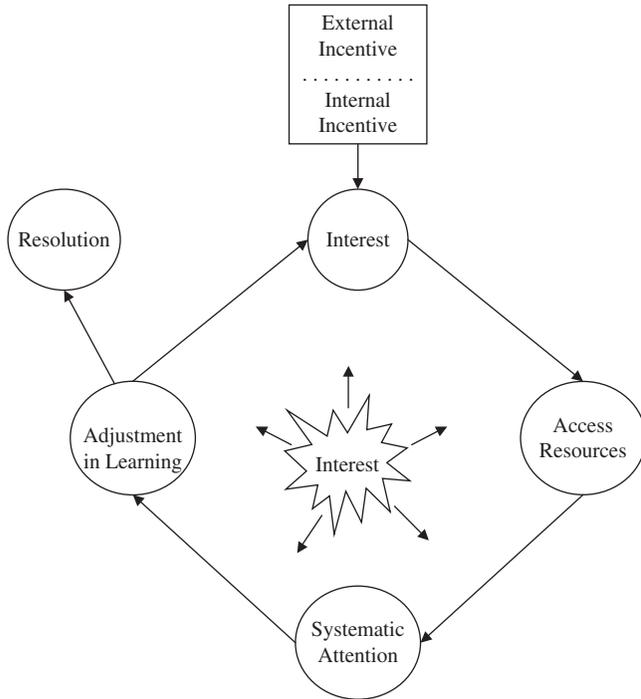
I went in and was told to fill out the paper. I said, "I can't." He wouldn't listen. He said, "Of course you can. Go over to that table, read it, and fill it out." Felt as if every eye in the room was on me. I looked at it and froze. I could read name, address, and phone, but I was so nervous and embarrassed, I couldn't even do that. Left and never went back. (Sarah)

Sometimes this negative treatment is unambiguous. Some sales clerks cheated the adults. But often, social interactions are vaguely menacing, and the adult learners are uncertain whether their limited literacy was actually revealed.

I know once at the Post Office . . . And I know it was me he was talking about. I wasn't sure of really what I heard all of it, but I know they was saying something about I couldn't read very well. (Olive)

Source: Ozanne, Adkins, and Sandlin (2005, p. 256). Reprinted with permission.

FIGURE 10.1. THE PROCESS OF SELF-DIRECTED LEARNING.



Source: Roberson and Merriam (2005, p. 275). Reprinted with permission.

APPENDIX

THE METHODOLOGY SECTION OF A QUALITATIVE RESEARCH STUDY

Sharan B. Merriam

A qualitative research proposal, whether it's a full chapter of a prospective dissertation or an abbreviated methods section of a proposal, must explain to the approving/funding committee the design of the study, how a sample will be selected, how data are to be collected and analyzed, and how trustworthiness will be ensured. The following is a template of the methodology section or chapter (usually the third chapter of a dissertation or thesis) for a *qualitative* research study. *Each section is keyed to a chapter in this book where you will find more detailed coverage of that topic.* This is only a general guideline; each study is unique, and what is included in the methodology chapter or section will vary according to the specialized circumstances of your particular study.

METHODS

The chapter begins with about a half page introduction reminding the reader of the problem and purpose of the study, followed by your research questions. You might also tell the reader what topics you plan to cover in this chapter (that is, design of the study, sample selection, and so on).

DESIGN OF THE STUDY (CHAPTERS ONE AND TWO)

Here you will tell us that you are doing a qualitative study, what the underlying philosophy is (for example, social constructivism), and what some of the defining characteristics of a qualitative study are. For example, you might tell us that in qualitative research the focus is on process, meaning, and understanding, that the researcher is the primary instrument of data collection and analysis, that it is inductive, and so on. You might tell us why a qualitative design is most appropriate for *your* particular study. If you are doing a basic qualitative study, this is all you need.

If you are using a *particular* type of qualitative design (such as grounded theory, narrative, phenomenological, ethnographic, or case study), here you will describe what this type of qualitative research is all about. Be explicit as to why you selected this particular qualitative methodology to deal with the problem of your study. For example, if your focus is on culture, an ethnographic approach makes sense; if you are doing an in-depth study of a bounded system, case study is appropriate.

SAMPLE SELECTION (CHAPTER FOUR)

In a qualitative study we usually use *purposeful sampling* or *purposive sampling* (sometimes the term *criterion sampling* is used). First, define purposeful sampling, then tell us the *criteria* you will use to select your sample, providing a rationale for each criterion (unless it's very obvious). Is level of education a criterion for who will be eligible to be in your study? If so, why? Years of experience? Age? Sex? Race? In a study of transformational leadership, for example, you would first have to decide what criteria you would use to identify transformational leaders. If your study is about successful businesses, you will have to establish criteria for what businesses qualify as "successful." Finally, tell us precisely how you will go about getting your sample, and approximately how many participants you will have in your study (committees recognize that you cannot determine this precisely ahead of time, but they like to have some idea).

If you are doing a case study, you will have *two* levels of purposeful sampling. First, tell us the criteria for selecting the case(s) (such as a program, an institution, an intervention). Purposefully selecting the case according to preestablished criteria is the first step. Then, unless you plan to interview *all* of the people in the case, or observe all of the activities, or read all of the documents associated with the case, you will also have to tell us how you will select your sample of people, activities, or documents *within* the case. For example, what criteria will you use to select those whom you will interview? You could even use random sampling within the case (such as teachers or students within a large school) if a cross-section of perspectives within the case is desired. More likely, however, persons to be interviewed or activities to be observed will be selected on purpose.

DATA COLLECTION (CHAPTERS FIVE, SIX, AND SEVEN)

Begin with an introductory paragraph identifying which data collection method(s) you will use in your study. Then have separate subsections for each method. Of course, if you are going to use only one method, there is usually no need for subsections.

INTERVIEWS

Tell us what a research interview is, the different types, and which type you plan to use. Most qualitative studies employ semistructured interviews, but you may also have a section that is structured, perhaps for gathering the same demographic data from everyone; likewise, some part of your interview may be quite unstructured and informal. Briefly describe the interview schedule or guide you plan to use, and refer us to an appendix for the specific questions. Tell us whether the interviews will be in person, via telephone, online, or some mix of the three. Tell us whether interviews will be tape recorded or video recorded and transcripts made. If there may be follow-up interviews, say so.

Often researchers will try out their interview questions with a friend or colleague or even someone who would qualify to be included in the study (or you may have conducted an interview on

your topic as part of a research methods course). Tell us about these “pilot” interviews here. Be sure to tell us what you learned from those interviews. In what way(s) has your interview schedule been refined as a result of pilot interviews?

OBSERVATIONS

Researchers who collect data through observations in the field are confronted with choosing the best times to observe, deciding how many sessions to observe, and so on. Many begin with informal visits to the site to become familiar with the context, the people, and the activities. Informal visits would then be followed by intense and targeted observations of the phenomenon of interest. Tell us how you plan to go about conducting observations. How will you gain access to the site(s) of your observations? Who has to approve your being there? Will you first acquaint yourself with the setting, or is this not necessary? What do you plan to observe? What will your role be (complete observer, participant-observer, and so on)? What will be the focus of your observations? (How you focus the observation will be directly related to your research problem.) Will you be using any type of protocol or checklist? If so, explain it and refer the reader to a copy of it in the appendix.

DOCUMENTS

Documents can be the main source of data for your study (see Chapter Seven). If that is the case, in this section you should give us a full and detailed description of the document database. Then tell us whether you plan to examine *all* the documents or whether you’ll be selecting a sample of documents. If you are selecting a sample from a particular documentary database, you would use purposeful sampling, establishing criteria to guide your selection.

If you plan to use documents as a data source to supplement interviews or observations, speculate as to what types of documents you might seek out. Official records? Student papers? Photographs? Personal documents (such as diaries, letters, and the like)? Or will you be asking participants to generate documents for the study (like critical incidents, reflections, even scales or measures of the phenomenon)?

ONLINE DATA

There is a great deal of uncertainty as to how to classify data collected online. Will you be “observing” online interactions? Are printouts of online discussions documents? Instead of trying to classify this material (with the exception of online interviews, which are clearly interviews), I suggest you just tell us what the online data consist of and how you plan to get these data. If you are going to do some interviews online, I recommend you handle it under the earlier “interviews” section.

DATA ANALYSIS (CHAPTER EIGHT)

If there’s anything a committee is likely to be puzzled about, it’s how you intend to analyze your data (and then once you’ve completed your study, how you *actually* analyzed your data). You begin this section by telling us what your data set will consist of, such as transcribed interviews, field notes, and documents and how you plan to manage and organize your data. For example, will you be using a particular qualitative data analysis software program, or will you adapt your word processing program?

All qualitative data analysis is inductive and comparative in the service of developing common themes or patterns or categories that cut across the data. Qualitative data analysis should also be conducted *along with* (not after) data collection. Tell us your plan to analyze your data as you go along, to the extent possible (data collection logistics sometimes interfere with the ideal here), and confirm that you will employ an overall inductive and comparative analysis strategy. The majority of qualitative theses and dissertations use the constant comparative method (see Chapter Eight). Tell us what this is and cite a couple of references. Tell us *precisely* how you plan to go about doing it. What will you do first? Second? After that? That is, tell the reader your step-by-step plan for analyzing your data. This is where you might talk about coding your data.

Although all qualitative data analysis is ultimately inductive and comparative, there are a number of additional strategies you can employ, depending on the type of qualitative study you are conducting. Phenomenology, narrative analysis, grounded theory, and so on have specific strategies that need to be explained in this

section if, indeed, you are doing a particular type of qualitative research. There are also analysis strategies that can be applied to different types of qualitative research, such as discourse analysis, content analysis, and analytic induction. If you chose to use one of these strategies, explain it in detail in this section.

PILOT STUDY

If you have conducted a pilot study or you intend to do one, tell us about it here. A pilot study entails more than trying out your data collection methods. You will have selected a sample based on some criteria, collected data, and analyzed the data. Tell us what you learned, or expect to learn, from this pilot study.

VALIDITY AND RELIABILITY (CHAPTER NINE)

What strategies will you build into your study to ensure that your study is *trustworthy*—that is, that it is valid and reliable? Triangulation is a common strategy, as is the audit trail and especially member checks. Tell us how to think about external validity (generalizability), because in a qualitative study the reader will not be able to generalize in the statistical sense.

RESEARCHER BIAS AND ASSUMPTIONS (CHAPTER NINE)

In this section, you tell us what you are assuming going into the study. What are your biases? What should we know about you, the researcher, that will help us understand how you are approaching this study, how you might be interpreting the data, what you are going to be sensitive to, and so forth? What is your relationship to the topic under investigation?

TRANSLATION ISSUES

If you are collecting data in a language other than English, you will need to tell us how you will handle translating the data into English.

There are typically two strategies students employ who interview in another language. In one strategy, a transcript can be prepared in the language and then translated verbatim into English; data analysis is then done in English. In the other, you work in the original language, including data analysis, and then translate the findings and supporting evidence into English. In either case, you will have to build in a “back translation” strategy as a check on your translation; that is, a bilingual person will be asked to translate some of your English back into the original language. The closer it comes to the original, the more reliable is your translation.