

3 Roger Transcript Summary

0.10 (4 First Qual) Have you always been a researcher, or in academia?

Roger worked for six years in the NHS on a general management career track, after a degree and masters in Sociology. He left his last job (for a variety of reasons) to do MSc in Health Informatics. His dissertation was Information Strategy for an NHS Trust, gathering interview data from senior manager. Looking back he realises that it was a qualitative project. He had no methodological training and would not have been able to theorise it in those terms. He hadn't realised that one could work in the academic field of nursing without being a professionally qualified nurse, but informatics was a gap that was being recruited to, so he applied to Schools of Nursing as well as the NHS.

He didn't do research initially and it took a while for both sides to figure out what he could do. It was only as he registered for a PhD that he started his formal training as a researcher. He reflects that it is 25 years since, and he still doesn't feel very experienced, but he must have learnt something in that time. Being a researcher seems a strange thing to be.

6.03 (5 Learnt) Tell me more about what you learnt from doing your PhD?

He did his PhD where he worked (as registration was free for staff). He found a Reader in Sociology who was interested in technology, and health, and they proceeded on a sort of old-fashioned apprenticeship model; go and do some reading. Roger says he's of the generation where supervisors did not give guidance on what to read, and would have told you to go and find out by reading, if you'd asked. So he read, and then tested ideas through discussion. He'd done a lot of interviewing and focus-groups in his NHS role, so research interviewing wasn't difficult for him; he'd had a lot of practice.

Roger's theoretical understanding has come from teaching research methods and by doing research. He feels sad that in his position (as a full professor) he doesn't get to do field work and he misses it. He describes himself as envious of his research students. Talking to people and 'hanging around' in interesting places is fascinating.

10.24 (5 Learnt) What was the context of your PhD?

He says it is difficult to recruit people who work clinically to research, but because he worked in the School of Nursing he was seen as an insider. Roger says his PhD method wasn't remarkable – 3 case studies – but you it doesn't have to be. It just has to be good enough to pass.

12.44 (26 Process favourite) You said you miss being in the field. Which part of the research process is your favourite?

Roger confirms that it is being in the field, and would love the opportunity to do any kind of ethnographic work, but he is in a senior position now. He also enjoys presenting and talking about his work, and finds writing hard work. It's important but it is nice when it's finished. Roger does a lot of interdisciplinary work and enjoys figuring out the design and theoretical questions and how they can all work together. He will do the qualitative elements. He also enjoys teaching qualitative research.

15.30 (7,8 Teaching) Tell me about the teaching. Which faculty?

It's social sciences and on programmes for research council funded students who have mandatory training programme. He thinks it's ironic that he only had a day and half of training during his PhD. He also teaches qual research methods on the faculty programme and for his own school (Business). He rather self-effacingly thinks that there must be more knowledgeable people around, but they are not prepared to do it. Examples include elite interviewing, sample sizes.

17.57 (19, 20,21 Common paradigm) Do you remember what the topic was?

He describes being 'cross' about something he'd read about sample size, and thought the mature response was to explain in a scholarly way, why the other person it is wrong to ask for precise sample sizes in advance. He describes a common response he finds in medicine to smaller sample sizes, that you must scientifically drive sample sizes. He has learnt to be vague and use terms like 'let's see what comes out of the data'. His wife teases him when he gets cross. He was surprised when the sampling seminar went down well with his colleagues in the faculty of medicine. He enjoys talking to scientists about these problems.

20.35 (7 Who, 12 Challenging teaching) Do you teach any undergrads? What do you find challenging?

He only teaches post grads and although they ask difficult questions, and perhaps hope for definitive answers, he doesn't find it challenging.

21.54 (14 Students difficult) Do you think they are were searching for the 'right' answer?

He does. He considers that a PhD could have been deliberately to make people anxious. The source of their questions is a desire to get it right. Being ok with not having a definitive answer, but having a defensible and rigorous answer, that is appropriate and methodologically grounded in research is where is trying to get them to.

23.44 (14 Students difficult, 15 Stories) Do you have examples of the things people find challenging?

In healthcare it's the practical things; recruitment and actually talking to people who are busy and who are ill or who are carers. Getting permission to be in healthcare environments. Once you're in, it's not difficult because workers are so busy, but people worry about the observer effect. He comments on a colleague who said she made the observer effect 'go away' by putting on a 'nasty nylon overall.' Be of no importance – the cleaner. He uses this story in his teaching.

27.19 (15 Stories) Have you got any other stories, or cautionary tales?

One of his students had worked hard to get to know a group of staff. After over-hearing them talk she realised they didn't know/care about her research, but she was acceptable to them because she always brought biscuits to staff meetings, and that's what mattered to her; being accepted to a degree as 'biscuit lady'.

29.42 (14 Students difficult, 25 Process easier) We can go back to what people find challenging, if you like?

Even students with social science degrees find the epistemological foundations difficult, not just those from a professional background, because it's abstract thinking, which a lot of people are not very good at. Also interviewing people with perceived greater status. He wishes PhD students wouldn't get internalise the message that they are bottom of the heap, but recognises that it's easy for him to say that from his white middle-aged professorial position. He has to support his students through presenting their work, which has never found difficult. He refers again to the necessity of writing and how it can be physically and emotionally painful, knowing you are going to be criticised. If wonders if these categories might have been different five years ago.

34.34 (19, 20, 21 Common Paradigm) You moved departments recently. Is qualitative research common in this department?

He describes doing qualitative research in nursing as a struggle, and not a problem in the business school, where his colleagues are all social scientists and the atmosphere is methodologically chilled. Nursing is subject to the 'baleful presence of scientific research', seen as inherently superior. Rewards do not go to qualitative research. It's not as bad as it used to be. He wonders what 'tame economists' say behind closed doors, but they are polite in person about qualitative research. It feels positive to be with people who are comfortable with theory. Healthcare professionals are doers and are sceptical of theory. Sometimes, he wants to say hang on a minute and let's think about this, and they want to do. It can make interdisciplinary research tricky.

39.57 (22 Things changed) What has changed most since you first started researching?

Getting qualitative research funded by NIHR and charities is much easier (But harder from research councils), particularly if it's part of a bigger study, possibly because of difficulties in translating RCT research into practice; the questions are sociological as well as scientific. He doesn't think there's been gigantic methodological advances. The process of doing a PhD is more structured now, and the diversity of people is greater, but with a long way still to go. A least we know there is a problem and we need to do better.

47.14 (23 You changed) How do you think you've changed since you started out?

He thinks he wasn't particularly reflexive in the past. There is a paradox that he is much more aware of his affect on the research that he does, but this makes him more confident about his claims. He finds being clear about where he is coming from, liberating, because he knows he could be wrong.

49.58 (24 Do differently) Is there anything that you do differently?

He thinks because he has now done a lot of reading, he knows more and he is open to a wider variety of positions. He works with a much wider variety of people and researchers, and he wants to do more of that. In the past he might have thought what could he possibly add, now he thinks have a chat and find out. He accepts that it might not work but it could work in the future, and he would have already had a conversation.

54.11 (27 Advice) If you were to give your younger self a piece of advice, what would it be?

Roger calls it the Duran Duran principle – ‘you’ve got to find your own way’. You can only be you even if others think you should be like them. He likens being an academic to being an entrepreneur (but not in the money-making sense) and looking for opportunities, and thinking ‘how could I make this work for me?’. The lone genius is not, and never has been, true, but be the one that sets the strategy and brings together the team and gets funded, like a CEO.

1.01.43 (28 Voice) Is there anything that you want to have heard?

A lot of what he does as a researcher is very enjoyable. He gets to hang around with really smart people who do things differently to him, and ask important questions in interesting places. He genuinely enjoys spending time with them and finding out how they see the world. It’s a privilege but he does expect to get paid.