

## 5 Danni Transcript Summary

### Could you tell me a little bit about your career?

Danni did a book-based PhD in Social and Political Theory; an analysis of thinking. She did a PhD because she had loved her undergraduate and masters' studies. When she left sixth-form college she spent six years in industry in secretarial work for American Express and hated it; found it trivial, surrounded by people whose views (it was Thatcher's Britain) that made her feel uncomfortable, but she lacked the language to challenge them. She went to library to pick a degree and sociology was the one that interested her most.

### 03.21 (2,3 Teaching, 4 First Qual)

When she wanted to do a PhD, she got a fees bursary and did secretarial work for living expenses. She got teaching work too, straight away from academics attending seminars and then got a job. She felt one step ahead of the students but it was fantastic, doing a job that allowed her to work and learn. She moved to the Midlands because her partner got a job there. She was on maternity leave but decided to return to her job in the south, but the shuttling became too difficult and her mother couldn't manage looking after the baby, as originally planned. She did a lot of boxing and coxing to make her job work, but long term it wasn't tenable.

This decision was also affected by her experience of her treatment when she became pregnant. Suddenly asking to do things that made life difficult. The assumption seemed to be that she would follow her husband in his more senior academic position and would leave anyway. It speeded up the process. She did get hourly paid work eventually and was fairly depressed. She was expecting her second baby when she got the job is in now, (19 years later). It seemed counter-intuitive because it was in health sciences but wanted a sociologist and that's her background. It ended up being the ideal place.

She had never done empirical work before and had to teach herself how to do empirical research. She learnt on the job and was teaching people how to do research, without having been trained herself. She became the director of an MA in research methods. She was learning from colleagues and more experienced co-supervisors and has now honed her skills as a qualitative researcher.

### 10.42 So, how did you do that?

Her instinct to learn formally was changed by a senior colleague who encouraged her to learn experientially with a small project. She feels she made a lot of ill-informed decisions, and it was very hard. She started to teach on a philosophy course as she has a social theory background, and began to see how depending upon your epistemological position plays out in terms of decisions and framing a research question. She thinks it was a brilliant position to be in to learn and bring sociological theory to the data. But her experience is not typical where she works.

### 14.22 (19, 20, 21 Common paradigm, 2 Type, 7,8 Teaching) Tell me more about that context then.

Where she works everyone is either a health practitioner or health academic, but not a medic. She is employed as a sociologist to teach sociology of health to nurses. She feels lucky as she had no background in this but at first was teaching students who were on UG masters nursing programmes,

so they were bright and asked empirical questions. Again she was being paid to work and learn at the same time. During that time she was deciding what kind of qualitative researcher she wanted to be.

Working mostly with nurses she has seen how nursing seeks to emulate medicine, even though what nurses do is qualitatively different to what doctors do. They seek to frame what they do in terms that medicine will understand; quite positivistic, even in their understanding of how to do qualitative research (although she says it seems rude to say so).

#### 18.04 I check my assumption here. It sounds like she thinks those people are wrong.

She thinks it harsh of me but true. She values an RCT for what it can achieve, but that is a problem of the body. Most nurses have to consider the social body and this requires social questions not medical, or not even questions. She doesn't think it is right that UG nurses get taught a hierarchy of knowledge and that RCT is the Gold-standard along with systematic reviews. The hierarchy is dysfunctional if you deploy it for a question that doesn't fit that hierarchy.

#### 21.24 I apologise for asking and explain my need to check my assumptions.

She found it quite interesting to note her own response. It's been uphill for 19 years to defend an alternative knowledge and the value of qualitative research. The hierarchy of knowledge is nonsense because if you want the answer to an experiential question, you ask them about their experience, you don't experiment in a lab.

#### 22.53 (3 Changed, 19 Common paradigm) At what point do you think were you able to own that label and how strongly do you own it?

About seven or eight years in she realised that she wasn't interested in teaching young people to become nurses. She was surrounded by people who were passionate about that, but she was there to help them think critically. It was made more complicated because in nursing education there is a strong body of thinking that anyone who is not a nurse should not be there, so for her, being part of nurse education was not straightforward. She was appointed when the head of school thought that sociology was foundational to nursing. As she left, others 'like me' have left and she feels on her own. When they re-appoint, they appoint accredited health professionals. She'd wondered why she was teaching nurses sociology. She came to the conclusion that it was to help them see that there is a bigger picture than just being professional. Being professional isn't enough. She eventually concluded that she was interested in teaching nurses to become researchers. Already teaching the MA in research methods, she realised that it was a place that she could be more herself and teach things that she thought mattered; the more conceptual questions. In realising her role and recognising what she was doing in the school, she was able to call herself a qualitative researcher.

#### 29.17 (22 Things changed) Why do you think research is important, or is it the thinking that is important?

She sometimes feels the weight of futility of research. The REF has changed things we all have to be publishing endlessly, and affects promotion. Everyone has to pay attention to the REF. As part of working with health professionals, in a gendered profession that is under-valued and under-resourced, she knows that the more these good people who want to make a difference in a difficult job can speak about their knowledge and their lens, the more likely that they can wrest power or

resources from the dominant voice of medicine. She not anti-medicine or anti-measuring, but she sees knowledge as the route to challenging the power that medicine holds.

She speaks about the transformative power of MA in research methods and how NIHR funding models have impacted negatively on the experience as professionals are only released part-time.

### 36.29 (9 Who, 12 Challenging teaching, 14 Students challenging) Let's focus on the students and what they find challenging and what they most seem to enjoy.

She teaches with colleagues from sociology on the foundations in qualitative research module on the MA in research methods which master health professionals and doctoral students from across the social sciences and psychology take. She also supervises PhD students. She says it's very hard to teach qualitative research, partly because of all of the debate on how to do it and then the text books fall into a trap of stepping them through how to do it. Student questions are so phenomenologically complex that it is hard to relate to a student's needs. They end up choosing the one that has a framework to follow, like Grounded Theory. The other problem is that students have a degree but they haven't been taught to think critically; accepting the terms of debate as though they are self-evident. Students in nursing no longer have to take the philosophy module to progress to PhD. The students find it hard. It utterly overwhelms them for a while, but they recalibrate in a stronger position.

### 43.36 (14 Students challenging) Is that what the students find most difficult?

Danni says that if they haven't done the pre-PhD training, they approach qualitative research as a descriptive process with a surface analysis. Only the best students go for the deeper meaning. She speaks about a PhD is examined recently as the best example of qualitative and inductive that she has ever seen. It used Grounded Theory but it was creative. Qualitative research is an opportunity to be creative but that is difficult to teach. Reading other people's work critically.

She has been brought in (as a second supervisor) at a student's request from a colleague who has a mechanical way of doing qualitative work. It is making a difference because of how she translates the findings into bite-size pieces for practitioners, but this positivist voice is not feeling right for the student who is trying to come to a more sociological understanding. Her other supervisor doesn't recognise that different epistemological positions are incommensurable with some actions. This has been difficult for the student.

### 53.43 (Approach favourite) Do you have a particular favourite methodological approach?

She does not have a favourite. A recent piece of work which has taken a long time to get to publication, in part because it wasn't a funded study. She could have taken an approach focussing on their strategies for 'doing', but chose instead a meaning making approach with a thematic analysis. Another recent project was a textual analysis on books for men about pregnancy that a colleague asked her to come in on, as she was going round in circles. They took a feminist thematic analysis, before a reviewer suggested a specific lens for re-analysis. Although not happy she persuaded her colleague not to try a different journal, but to examine the suggested concept. When they looked again it suggested a whole new way of looking at the texts. That's why it's hard to teach qualitative research, and why as a supervisor she doesn't tell people what they should do. Thematic analysis is a

good starting point, but what themes to choose depends on the reflexive decisions of the researcher.

### 1.02.33 (27 Advice) Does that reflexivity belong in a doctoral thesis?

Yes, definitely. Research is co-constructed so the researcher's position within that process must be visible.

### 1.03.40 (27 Advice) How do you advise students to make that visible?

Students trot out 'reflexivity is really important' in the methodology chapter and then when Danni reads the rest it's not there. It doesn't matter where you put it, but you must show why it's important; the impact of you on the study.

### 1.06.14 (27 Advice) If you were to give your younger self a piece of advice what would that be?

Apply for more money to do qualitative research. It is hard because funders are often looking for you to know how you are going to fill a particular gap before you even know what the gap is. She felt uncomfortable with that. She ends up answering a different question to the one she posed, because the data posed more interesting questions. But not having money has affected her career; universities value money. Some funders are more or less sympathetic to qualitative research, some favour RCTs. More are now favouring mixed methods which is leading to complex unrealistic studies designs from PhD students, because they hear that mixed methods is the thing to do. Students tend to err on the side of old-fashioned ways of doing things.

Danni can't believe that the NIHR has recognised that students need research training but debating whether they need a qualitative hub. It seems to reflect thinking that 'any numpty can do it, so why do we need a hub', she sees it as the relentless message that qualitative research is less than, but is none the less gobsmacked. The hub went ahead and Dani joined, to find that it focusses on supporting qualitative researchers in their careers, because there is a recognition that they struggle.

### 1.12.33 (27 Advice) What's the advice to your younger self around mixed methods?

She believes it good, but it needs teams and people with expertise in qualitative methods. But students can be either. One MA student from mental health nursing wants to do quantitative and positivistic projects so she can arm herself with the kind of evidence that psychiatrists and medics will field, Danni admires that. Nowadays being a lone-scholar is no longer a functioning model, so work in teams and go for the money, as a survival technique.

### 1.14 .36 (28 Voice)

Finally, what she says to her students that it's not the absence of prediction that's the problem, it's the fact that human beings are unpredictable, even though they have patterned ways of behaving. We need methods that are sensitive to that unpredictability and to the people who sit outside the pattern as much as inside.