

Article

**The Contribution of Qualitative Methodologies to Rural Health Research:
An Analysis of the Development of a Study of the Health and Well-Being
of Women in Remote Areas**

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Abstract

Understanding the influence of rural social determinants on health can contribute to alleviating disparities between the health of urban and rural populations. Qualitative methodologies have made a substantial contribution to our understanding of rural health issues. However, there are few published case studies of the process of designing qualitative studies which can contribute to a better understanding of how to conduct and evaluate qualitative research. This paper adds to the methodological literature by describing the process of developing a methodology for a study of how women in remote areas achieve health and well-being. In the paper the author documents the process and illustrates an individual's search for a method that would suit her research problem and her personal and professional ideology. Metaethnography, constructivist grounded theory, and dialogic/performance narrative methods are identified as a qualitative methods particularly suited to health and other areas of rural social research.

Keywords: rural, health, women, social determinants, metaethnography, constructivist grounded theory, dialogic/performance narrative methods

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Introduction

The rural social context is an important determinant of the health of rural communities (Ryan-Nicholls, 2004; Smith, Humphreys, & Wilson, 2008; Thurston & Meadows, 2003). Understanding the way in which social context influences health has an important role to play in addressing disparities between the health of urban and rural populations. Although diverse, rural populations worldwide experience poorer health status than their urban counterparts across a number of measures (Australian Institute of Health & Welfare [AIHW], 2006; Averill, 2006; Ryan-Nicholls, 2004). In Australia, 34% of the population live in rural and remote areas (AIHW, 2006). People living in rural and remote areas of Australia have higher death rates, higher levels of socioeconomic disadvantage (due to lower levels of education, poorer access to skilled work, and lower incomes), poorer access to health services and higher levels of personal risk factors such as smoking than those in major cities (AIHW, 2006). Indigenous Australians, who have the poorest health of any subgroup of the Australian population, make up a large proportion of the population in remote areas (AIHW, 2006).

Qualitative research has the capacity to generate findings that explore the influence of social context on health (Dixon & Welch, 2000; Panelli & Gallagher, 2002; Thurston & Meadows, 2003). However, the rise of evidence-based approaches in health means that qualitative researchers need to be able to justify their methodological choices to enhance the rigor of their studies (Carter & Little, 2007). Yet, description and analysis of the early phase of the research design, which contains the foundation for methodological choices, is often omitted from published accounts of qualitative research. In this paper I contribute to the methodological literature in relation to qualitative rural health research by describing the early stages of the process of research design as I experienced it, in the design of a study of the health and well-being of women in remote areas of far north Queensland, Australia. My disciplinary background in social work and health promotion has informed the design of the study. Another researcher with a different disciplinary background and philosophical orientation may present a strong argument for a different methodology. I currently work in the field of remote women's health and am undertaking a doctoral study of how women in remote areas achieve health and well-being.

The purpose of this paper is to enhance understanding of the process of doing qualitative research by sharing my experience of developing a qualitative method. The paper commences with reflections on my practice in remote health and the identification of the research topic. This is followed by a chronological description of the process of methodological decision making with reference to the literature. Reflections on putting the methodology into practice are then included. In the discussion section, key methodological issues and turning points arising in relation to the study are discussed.

Reflecting on health practice

The idea for a study of how women in remote areas achieve health and well-being arose through reflecting on my practice as a health promotion officer in a multidisciplinary team providing primary health care services in remote northwest Queensland, Australia. Primary health care is based on principles of human rights, social justice, and working to address the underlying social determinants of health (Wass, 2002). Health promotion is central to the primary health care approach (Yeatman & Nove, 2002). Unlike the biomedical approach to health which is "individually focused, treatment orientated and expert-driven" (Hill & Harris, 2008, p. 311), the primary health care approach emphasizes working collaboratively with groups and communities

to identify and address health needs, thus fostering a sense of community ownership of solutions. These more participative approaches to health care often rely on the strong tradition of volunteering by rural women to sustain them (Hill & Harris, 2008).

I reflected on the assumptions and expectations that underpinned the involvement of rural women in new models of health care. With a background in social work, which is characterized by a critical approach to analyzing social inequality (Whiteside, 2004), I was concerned with ways in which broader systemic factors shaped how women lived their lives. Why was it primarily women who took on volunteer roles? What did living in a remote area mean to them? How did it influence their health?

A review of the health science literature revealed that “women in rural areas are in good physical health and have rather better emotional health than city women” (Lee, 2003, p. 6). However, little is known about the factors that promote rural women’s health (Brown, Young, & Byles, 1999). Strategies aimed at promoting rural women’s health focus on cancer screening programs, promoting healthy behaviors (Brown et al., 1999), and increasing access to female general practitioners (Greenwood & Cheers, 2002). There are few examples of approaches that take into account the social experiences of women, and women’s health issues tend to be overlooked in more general approaches to rural health disadvantage (Alston et al., 2006).

Finding a method

Little is known about the factors that promote Australian rural women’s health, and there are few published examples of primary health care approaches to promoting their health. Exploratory research is conducted in situations such as this where there is limited understanding of a phenomena and the purpose of the study is to generate new ideas that can help to refine a topic and inform future research design (Neuman, 2006). The aim of this study is to develop a better understanding of how women in remote areas achieve health and well-being.

A qualitative study was the most appropriate for answering the preliminary research question, How do women in remote areas achieve health and well-being? Qualitative methods such as interviews, observations, and document analysis have sufficient flexibility to enable topics to be explored in-depth and are suited to answering the open-ended research questions that characterize exploratory research (Corbin & Strauss, 2008). Statistical measures used in quantitative research are better suited to the measurement of disease than complex social phenomena such as health and well-being (Baum, 2008). However, there are a number of distinctive strategies or approaches to qualitative research.

Exploring qualitative research approaches

In the beginning, I thought that narrative inquiry would be a suitable method to achieve the study aim. Several features of the method appealed to me. Narrative inquiry is a holistic, context-specific process that involves people telling stories about their life experiences in ways that are meaningful to them (Ollerenshaw & Creswell, 2002). Privileging women’s stories and situating them within a particular social and historical context held the promise of a holistic understanding of women’s health and demonstrated respect for women’s ways of knowing that is consistent with my disciplinary background in social work and health promotion.

Narrative inquiry would enable me to obtain an in-depth understanding of how women made meaning out of their experiences of health and well-being. However, I was concerned that the findings might have limited utility for practice. What inferences could be drawn from the findings

that would be helpful to health practitioners working with women in a range of rural settings? I researched narrative studies related to health to find out what other researchers had done. Liamputtong and Ezzy (2005) have described a method of analyzing narrative data in qualitative health research based on plot structure. This method, derived from the study of traditional literary plot structures including tragedy, comedy, and romance (Gergen, 1988), is based on the idea that there are basic narrative prototypes on which more complex narrative structures are constructed (Gergen, 1988).

Gergen (1988) identified three basic narrative prototypes: stability, regressive, and progressive. The stability narrative is one in which there is an unchanging story line, whereas in progressive and regressive narratives, events become increasingly positive or negative over time. The peaks and troughs of these story lines can be represented on a graph to demonstrate an evaluative dimension of the impact of life events on a person (Gergen, 1988). Applied to qualitative health research, this method of analysis can help to shed light on particular turning points or critical events that influence the construction of the narrative as a whole (Gergen, 1988). Further, individual graphs can be combined to create a composite representation of the narrative structure of a study cohort (Lieblich, Tuval-Mashiach, & Zilber, 1998). In an exploration of unemployment and mental health, Ezzy (2001) graphically represented tragic, romantic, and complex job loss narratives for a cohort of 33 study participants. I was particularly attracted to the evaluative dimension of this type of narrative approach. I thought that the identification of critical turning points in a health narrative might assist practitioners to select particular points of intervention.

However, men and women construct stories in different ways. Lieblich et al. (1998) have contended that the typology of the good narrative (for example romance, tragedy, comedy) is more attuned to men's narratives and "more flexible criteria for good narrative need to be employed in the analysis of women's narratives" (p. 105). A further reservation identified by Lieblich et al. (1998) is "the artificial collapse of diverse material incurred by graphic representations of this type may be a deterrent to extensive use of the tool" (p. 103). I was concerned that women's voices would be lost in a study which presented findings as representational narratives. In the end, the desire to enable women to tell their stories in a way that was respectful and sensitive to women's life experiences led me to explore other methods.

Synthesizing the literature

My understanding of the topic deepened through the conduct of a metasynthesis of qualitative studies. One of my supervisors suggested I use metaethnography as a strategy for synthesizing the findings of some of the empirical qualitative studies on the research topic. Metaethnography is a method for analyzing and presenting the accumulated understandings from qualitative research beyond the "little islands of knowledge" generated by individual studies (Sandelowski, Docherty, & Emden, 1997, p. 8). The purpose of a metaethnography is to achieve a depth of understanding of a knowledge base and a level of conceptual development beyond that which is achievable by a conventional narrative literature review (Britten et al., 2002). The method of analysis involves a process similar to grounded theory (Noblit & Hare, 1988). The findings of selected studies are translated into each other through the process of constant comparison used in grounded theory. Inferences are then drawn about the relationship between studies similar to the process of generating a grounded theory (Noblit & Hare, 1988).

Searches were conducted of academic data bases using the keywords *rural*, *women*, *health*, *well-being*, *qualitative methods*, and *Australia* in multiple combinations. Six studies published in rural health, nursing, and sociology journals between 2001 and 2006 were selected for analysis based on auditability of the method and the rich description of the data. Findings from each study were

mapped on a grid. Identified concepts from each study were considered against each of the remaining studies, identifying common and recurring themes until all studies were considered. These themes were then considered in relation to each study and again mapped on a grid. The final stage of analysis involved considering the relationship between these themes and constructing new interpretations based on the synthesis. The themes identified through comparison and synthesis of the studies were isolation, belonging, managing adversity, and rural identity (Harvey, 2007).

The conduct of the metaethnography was a defining moment in terms of my understanding of the research problem and developing a method. My initial reading in the health science literature had led me to believe that the way to study how women achieved health and well-being was to ask them. This reflected a positivist approach in which there is a single, discoverable reality. However, the findings of the metaethnography revealed tension in women's stories between a sense of belonging to a close-knit rural community, and social and geographical isolation (Harvey, 2007). The metaethnography findings also revealed tension between adherence to a strong gendered rural identity that fostered a culture of stoicism and self-reliance, and feelings of resistance to societal expectations of coping with adversity (Harvey, 2007). I was concerned that asking women how they achieved health and well-being might replicate the dominant discourse of stoicism and self-reliance that reinforces stereotypical views of rural women and entrenches existing rural gender inequalities. My professional background as a social worker led me to conceptualize the research problem as a social justice issue, and I considered it imperative to explore the tensions in women's stories.

Exploring grounded theory

My reading in narrative research helped me to identify the epistemological position I was most comfortable with. Narrative research is associated with constructivist epistemologies (Gergen, 1988; Riessman, 1993). From a social constructivist perspective, people create meaning out of their experiences through interactions with others within a changing social and historical context (Creswell, 2007; Schwandt, 2003). Rather than viewing knowledge as external to the self and discoverable through objective study as positivist inquirers do, social constructivists contend that the researcher plays an integral role in the creation of knowledge through interaction with the interviewee (Charmaz, 2006). Being visible in the research was important to me because it enabled me to make explicit social work values which create a distinctive social work approach to research (McDermott, 1996). Supporting social work values in research involves "documenting inequalities in lives and analyzing precisely how social structures and social policies enhance and restrict opportunities for individuals and groups" (Riessman, 2001, p. 73). This focus on values helped me to identify critical theory as the theoretical lens for the study. Critical social research looks beyond surface appearances to uncover underlying structures that shape social relations with a view to social change (Neuman, 2006).

I created innumerable lists, diagrams, flow charts and tables to link concepts, show connections between ideas, and expose gaps in my understanding to suggest further methodological directions. I became frustrated with my attempts to create a visual image of a research design and returned to methodological texts to try and help me resolve my dilemma. I began by reading John Creswell's (2007) *Qualitative Inquiry and Research Design: Choosing among Five Approaches* again. On this reading, I familiarized myself with the grounded theory approach. Grounded theory involves building theory from data (Corbin & Strauss, 2008). The term *grounded theory* "refers to both the research product and the analytic method for producing it" (Charmaz, 2008, p. 397). I was particularly interested in Creswell's (2007) contention that grounded theory enables the researcher to move beyond description and generate theory which can help to explain a social

process. I thought that understanding the process of achieving health and well-being would be more helpful to health practitioners than the themes or stories generated by alternative approaches such as phenomenological and narrative research. However, the objectivist approach to grounded theory based on positivist traditions did not fit with my epistemological and professional value base. In objectivist grounded theory meaning is attached to the data. The researcher brackets personal values, beliefs, and assumptions to discover meaning through the rigorous application of research methods (Charmaz, 2006).

Further reading led me to a variant of grounded theory methods known as constructivist grounded theory based on the writing of Charmaz (2005, 2006, 2008). This is an approach to grounded theory that is sensitive to context, recognizes the role of the researcher's values and beliefs in knowledge creation, and explores categories related to feelings, assumptions, power, and values (Charmaz, 2005) that are congruent with women's narratives and a social justice perspective. Charmaz's (2005) contention that applying constructivist grounded theory methods to critical inquiry advances social justice objectives by generating theoretical statements that can strengthen the argument for change seemed to highlight the fit between this methodology, grounded theory methods, the research problem and the study objectives. This was another defining moment in which I decided that constructivist grounded theory would provide the overarching methodological framework for the study.

Constructivist grounded theory methods would enable me to explore the conceptual aspects of the data. However, to explore the tensions revealed by the metaethnography, I considered analyzing why women told their stories in a particular way. A colleague referred me to Riessman's (2008) work on identity construction through narratives. Up to this point, my examination of narrative analysis methods had focused on interpreting how stories are constructed. How a story is told is thought to originate at a deeper cognitive level than the decision about what is included in the story content and for this reason, to be more revealing of identity construction (Lieblich et al., 1998). However, my understanding of a narrative had shifted from an account composed of content and form to the process of meaning making described by Polkinghorne (1988) as a "tacking procedure" (p. 19) in which events and proposed plot structures are compared and revised until a "best fit" is achieved. This new understanding opened up other avenues of narrative analysis. Dialogic/performance narrative analysis involves both structure and content by interrogating "how talk among speakers is interactively (dialogically) produced and performed as narrative" (Riessman, 2008, p. 105). An analysis of a narrative performance is premised on the idea that when women tell stories about their lives, they are performing their identity for a particular purpose and for a particular person (the interviewer). This positioning extends to both the interviewer and the reader who bring their own "positioned identities and cultural filters to interpretation" (p. 111). The analysis enables the researcher to uncover issues related to power, gender, and ethnicity, which permeate the way women story their lives (Riessman, 2008).

I was particularly interested in Riessman's (2008) contention that category-centered methods such as grounded theory often edit out context through the process of line-by-line coding and categorizing data, and that combining these methods with narrative analysis can provide "different ways of knowing a phenomenon and each leads to unique insights" (p. 12). I weighed up contentions that grounded theory methods did not enable adequate portrayal of the sequential and contextual aspects of stories (Riessman, 2008) against claims that narrative methods valorized respondents' full stories, whereas grounded theorists use excerpts of their stories to build theoretical statements (Charmaz, 2008). I balanced the richness of a small number of extended narrative accounts against assertions that fracturing, coding, and categorizing data helped to prevent the researcher becoming immersed in anecdotes and stories and uncritically adopting respondent's perspectives (Glaser & Strauss, 1967, in Charmaz, 2000). I considered

combining constructivist grounded theory methods with a narrative analysis of a sample of two interviews to preserve the richness of the data by restoring women's voices to the study and locating the data within the broader social, historical, and economic context while also generating a theory.

The "fluid, evolving, and dynamic nature" (Corbin & Strauss, 2008, p. 13) of qualitative research methods had certainly been realized in my experience to date. I had been able to tolerate the ambiguity and complexity inherent in qualitative social research and gained confidence in the emergent nature of these methods to lead me towards a fuller understanding of the topic and how to study it. However, a confirmation seminar was looming, and this required a detailed study design to meet institutional requirements. I reflected on how each of the methodological components of the study fitted the theoretical framework I had developed and thought about how to integrate them into a coherent design. From this process of reflection, the structure of a three-phase study within the overarching framework of constructivist grounded theory emerged. Phase 1 is a synthesis of selected empirical, qualitative studies relating to the health and well-being of women in remote areas using metaethnographic methods. The findings of Phase 1 informed the design of Phase 2, which involves field work and data analysis using Charmaz's (2006) constructivist grounded theory methods and Riessman's (2008) dialogic/performance narrative analysis methods. Phase 3 involves the integration of the findings of the preceding two phases to generate a theory of how women in remote areas achieve health and well-being.

Some reflections from the field so far

The emergent, iterative process of developing a qualitative research methodology can be difficult to convey in academic forums that require a detailed, pre-planned approach which is more suited to quantitative research design. Miles and Huberman (2002) maintain that "methodological quagmires, mazes and dead ends" (p. 394) experienced in qualitative research stem from the nature of qualitative data. However, we do not have a lot of literature which illustrates the complex process of selecting and implementing sophisticated qualitative methods. In this study, a preliminary design was developed in order to meet institutional requirements. The design emerged in response to an ongoing review of the methodological and substantive literature, researcher reflexivity and responding to the findings of the metaethnography.

In practice, implementing the methodology in the field has presented some challenges. I considered how to reconcile the need to generate the detailed accounts required for narrative interviewing (Riessman, 2008) with the emergent yet focused and purposeful interview style of grounded theory (Charmaz, 2001). During a pilot interview, my initial open-ended question, "Tell me about your life out here," elicited only a brief response. I decided to change this to "How did you come to be living out here?" to encourage participants to start at the beginning of their story of living in a remote area and build narrative detail from there. More than 20 interviews have now been conducted using this initial question and the open-ended discursive interviewing style of constructivist grounded theory (Charmaz, 2001). Postponing theoretical sampling until later in the research to enable a range of data and analytic directions to emerge as suggested by Charmaz (2001) has also enabled detailed narrative accounts to be collected. These experiences have highlighted the compatibility of constructivist grounded theory and dialogic/performance narrative approaches in field work. The design of the interview protocol, the style of interviewing and the timing of theoretical sampling are all considerations relevant to an emergent design. Fieldwork is ongoing and further adjustments and considerations will no doubt arise through future phases of the study. Documenting these experiences and decisions is an important part of establishing the credibility and auditability of the research methodology (Creswell, 2007).

Discussion

This paper contains a detailed case study of the process of developing a qualitative methodology for a study of how women in remote areas of Australia achieve health and well-being. It highlights the capacity for qualitative research methodologies to contribute to an emerging research agenda focusing on the social determinants of rural health. In this section, key insights from an analysis of the process of study design which can have implications for qualitative researchers in other areas of rural social research are discussed.

I have described in this paper a qualitative method that integrates the study of women and their environment to gain a better understanding of how women in remote areas achieve health and well-being. The metaethnography conducted as Phase 1 of this study found that a range of individual, social, economic, cultural, and geographical factors shaped rural women's health and well-being (Harvey, 2007). Studies that attribute the apparent health and well-being of women in rural and remote areas to personal characteristics such as independence and self-reliance (Brown et al., 1999) and situational factors such as strong community support (Lee, 2003) might reinforce stereotypical views of rural women and idealistic notions of rural living (Allen, 2002). Understanding how women in remote areas achieve health and well-being involves beginning to unpack the interaction between social, economic and cultural dimensions of living in a remote location, psychosocial factors and health-related behaviors. Finding ways to conceptualize and study the relationship between the social context in which people live their lives, rural location and health and well-being has proved problematic (Dixon & Welch, 2000; Judd et al., 2002). Quantitative studies do not readily capture the complexity of the relationship between individuals and social contexts (Bell, 2008). Qualitative studies offer rich description, but often lack the capacity to theorize about the implications of the study findings (Cummins, Curtis, Diez-Roux, & Macintyre, 2007). A constructivist grounded theory approach to qualitative research in rural and remote locations has the potential to capture the complexity of interactions between individuals and their social context and theorize about how it influences health and well-being.

In this paper I have highlighted the way in which disciplinary perspectives influence epistemological and methodological decision-making. The social work profession has a dual commitment to achieving social justice through social change, and the pursuit and maintenance of personal and social well-being (Australian Association of Social Workers, 2002). The discipline of health promotion is also committed to social change as well as working with individuals to improve health (Wass, 2002). The hallmark of a constructivist grounded theory method is that the values and disciplinary perspectives of the researcher are made explicit, not denied as in objectivist approaches (Charmaz, 2008). A social justice orientation to constructivist grounded theory enables theorizing about "the conditions under which injustice or justice develops, changes, or continues" (Charmaz, 2005, p. 508) and can be used to strengthen arguments for change (Charmaz, 2005). By enabling the expression of social justice values, a constructivist grounded theory methodology is ideally suited to social work, health promotion and interdisciplinary research with a social justice agenda.

I have demonstrated that qualitative research design involves complex decision-making rather than the mechanistic application of a set of methods for data collection and analysis (Barbour, 2001). The study purpose, research questions, and epistemology inform the choice of methodology and methods, which, in turn, help to further refine the research purpose, questions, and methods until a unique design is created. Carter and Little (2007) have referred to this process as "iterative decision-making" (p. 1323). The overall aim is that the design will demonstrate methodological congruence (Morse & Richards, 2002, cited in Creswell, 2007). This is achieved by selecting a methodology and methods that are consistent with the chosen

epistemology (Carter & Little, 2007). In this study, a constructivist grounded theory methodology and methods, metaethnography and narrative methods are all consistent with a social constructivist epistemology. The findings of the metaethnography were critical to the framing of the research problem as a social justice issue, refining the research questions and guiding the selection of methods of data collection and analysis for subsequent phases of the study.

Conclusion

Qualitative research has much to offer rural health research relating to the social determinants of health. Constructivist grounded theory in particular has attributes that make it well suited to interdisciplinary studies aimed at developing a better understanding of the process by which people in rural and remote areas achieve health and well-being. By inductively generating theory from field data, constructivist grounded theory approaches have the capacity to capture the complexity of rural and remote settings and help to build an evidence base which can inform rural health policy and practice. This approach is particularly suited to disciplines with a commitment to social justice such as social work and health promotion. In this study, combining Riessman's (2008) dialogic/performance narrative analysis of women's stories with Charmaz's (2006) constructivist grounded theory approach is designed to ensure that the resulting theory preserves the voices of women in theory development and locates their stories within the broader social context.

Emergent methodology can be a disquieting approach to navigate for novice researchers and there are few documented examples of the process in action. Sharing examples such as this of the complex, iterative decision making process that characterizes qualitative research and reflections on its implementation can help to support a feeling of confidence that the approach will work and strengthen the quality and status of qualitative research in health and other areas of social research and practice.

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