QUALITATIVE RESEARCH

Writing up and presenting qualitative research in family planning and reproductive health care

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Introduction
This fourth and final paper on qualitative methods discusses the different ways that qualitative findings can be presented. We address the following topics: when to start writing up, considering the intended audience and the structure of the report/paper. We stress the value of being transparent and reflexive when writing qualitative results. Although we have confined ourselves largely to written results, this is the most common way of presenting findings, we briefly highlight some issues related to reporting photographic or videotaped data.

When to write
Writing is often considered the final stage of research, involving presentation of the completed study. It is often required at this stage to disseminate findings and meet the requirement of funding bodies. However, Richardson argues that 'in progress' writing is useful for focusing attention on important issues, which may have become sidelined during lengthy periods of fieldwork.1 Often researchers give presentations of work in progress to colleagues or conference audiences and these may serve the same purpose. Both quantitative and qualitative researchers aim to answer research questions using empirical data, but writing up qualitative research inevitably results in the emergence of new ideas and ways of viewing the data and hence plays a crucial role in the analysis process:

"I write because I want to find something out. I write in order to learn something that I didn't know before I wrote it – not to write until I knew what I wanted to say, until my points were organized and outlined … this static writing model coheres with mechanistic scientism and quantitative research … It ignores the role of writing as a dynamic, creative process; it undermines the confidence of beginning qualitative researchers because their experience with research is inconsistent with the writing model."

Often academics will tell you that they write several drafts or rewrite their paper several times. This is not simply to polish the style and make the words flow better; the actual writing helps to formulate ideas and, as such, is an intrinsic part of the ongoing analysis. Indeed, it is argued that you can’t start writing early enough,2 and then it is only when presenting a study publicly that ‘flaws and problems appear’ sometimes necessitating returning to the data.3

Audience and purpose of writing
It is useful to think about the intended audience before starting to write. The final report for the funding body will be very different from a paper for an academic journal or a book chapter, which in turn will be different from a one-page handout of the findings to be posted to the interviewees. Remember that academic journals differ in their audiences as well as submission requirements (e.g. word limit, layout, maximum number of tables, style of references, and so on). Experienced colleagues and reviewers can provide constructive criticism on drafts. Allow plenty of time between drafts for ruminating on the findings presented and reading relevant new material.

The word limit in many journals is challenging, particularly for qualitative research because the data presented are usually in the form of quotations, which take up much of the word allowance. Rice and Ezzy4 suggested that one aspect of the findings should be presented in each paper to allow for more comprehensive articles, but this is not always realistic and risks an accusation of so-called ‘salami slicing’! Fewer well-written and comprehensive papers may have more impact.

Structure
A standard structure for research reports or journal articles is to present an introduction, methods, results, discussion and conclusion. Sometimes it is hard to fit qualitative studies into this mould, as the results need to be discussed as they are presented. One possibility is to combine results/discussion into a findings section and then have a lengthy conclusion, which summarises the foregoing points. A paper examining autobiographies of multiple sclerosis patients omits all of the usual sections and combines results, analysis and discussion of relevant literature.5 Although grounded theory studies can be difficult to fit into the standard format where a background literature review is required at the start of the paper, the study by Kumar et al. on antibiotics in general practice successfully integrated their literature review into the discussion.6 The British Medical Journal, in its instructions to authors, highlights one possible way of presenting qualitative research: “You may find that presenting the results and discussion together, theme by theme, makes most sense.”7

The methods section should convince the reader that the sample is appropriate and that the qualitative method selected is the best available for the problem studied. The theoretical framework, sampling strategy and fieldwork should be described in detail.8 Readers should be told which steps were taken to ensure the validity (truthfulness), reliability (repeatability) and generalisability of the results.9 If a thematic approach has been used, sections may be organised to represent different concepts. Methods are still made explicit but priority is given to the emerging themes. For ethnographic studies the write-up may be organised more like a story.10 For example, Leppard presented her ethnographic study of a hospital in Bangladesh as a notional day in the hospital ward.11 In practice, most write-ups are a mixture of the standard structure described and thematic structures.
Using data in your argument

Qualitative research depends to a large extent on producing a convincing account.\textsuperscript{12,13} It is standard practice to support the interpretation of data with quotations from field notes, interviews or focus group transcripts. It is important to determine whether a segment of data is integral to your argument or whether it merely provides an illustration of it.\textsuperscript{13} For example, during interviews women may give reasons for their contraceptive choices, which the researcher uses to categorise the women as different types of users. The quotes chosen may illustrate why they were coded and categorised as they were, or how women of a certain type constructively account for the choices they have made in the context of a research interview (i.e. why the data have been interpreted as they have). As a clear distinction must be made between the data and its interpretation, each requires a different approach to the text in which the quotes are embedded.

A central decision in writing up is selecting which data to include and which to omit. The relationship between the quotations included and those not included must be made explicit so that the reader can see how representative those selected are of the whole. This may be done numerically (e.g. ‘eight out of ten interviewees saw the hospital redesign as a positive development’) or qualitatively (e.g. ‘this quotation is typical of those categorised as positive’).

Presentation of quotes

Quotes have typically been presented within the text, usually indented from the main text and with single-line spacing. The danger with this type of presentation is that readers will skip over the text, and Richardson advises that quotations should be in the same typeface as the main text.\textsuperscript{14} The text should be constructed so that the lead-ins and lead-outs around the quotation entice the reader to read them as part of the text.\textsuperscript{1}

Increasingly, tables or boxes are used to present data.\textsuperscript{14,15} These include all the quotes relating to a particular theme or opinion and can be useful when the word limit is restricted. Tables/boxes can also be used to summarise the different themes arising in comparison groups (e.g. between respondents in different countries or experiences of patients with different diseases).\textsuperscript{16,17} Complex concepts are more difficult to present in a bullet-style format but, depending on the purpose of the paper, this may be an effective way of supporting an argument and more likely to be read.

It is customary to use unique identifiers for each quote.\textsuperscript{18} For example, a focus group study of parents attending antenatal classes in different areas might identify a Liverpool mother as (Liv1F) or (Group 1 Liverpool female). When devising your identifier always ensure an appropriate balance between giving the reader as much information as possible about the participants and their context, and maintaining anonymity. In a study of drug misusing pregnant women in Aberdeen, the number of participants was so small that it was decided to identify women by number alone to ensure that they could not be identified.\textsuperscript{18} Unique identifiers have two main purposes. First, they show that the researcher has quoted widely from the available data. This should assure the reader that the author has not simply taken all the interesting, funny, and ‘good’ quotes from a limited number of interviews, focus groups or open-ended questions on questionnaires. Second, they help the reader put the quote in perspective. Qualitative methods try to discover the meaning of phenomena and to place them in context. It is important to know, for example, whether a particularly negative quote about genetic screening by maternity services for disease X is made by a woman who had undergone screening, a woman who had miscarried an affected fetus, a man with disease X in his family, or someone who knows nothing about disease X.

### Background information on study participants

As qualitative methods help us understand phenomena in their context it can be useful to provide the reader with a table of background information on the study participants. It is common to list demographic details in tabular form. For example, Madi and Crow\textsuperscript{19} included a table giving respondents’ ages, marital status, education and parity in a qualitative study of pregnant women’s needs for information, whilst Forrest \textit{et al.}\textsuperscript{20} provided the following overview of their interviewees’ status vis-à-vis Huntington’s disease and history of breast and ovarian cancer (Table 1).\textsuperscript{20}

#### Table 1 Status of identified participants as regards (a) Huntington’s disease and (b) history of breast and ovarian cancer

<table>
<thead>
<tr>
<th>Status</th>
<th>Female (n)</th>
<th>Male (n)</th>
<th>Total (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HD Carrier</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Non-carrier</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>50%</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Affected</td>
<td>5</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Spouse</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>14</td>
<td>37</td>
</tr>
</tbody>
</table>

HD, history of breast and ovarian cancer; HD, Huntington’s disease. Table modified and reproduced, with permission, from Forrest \textit{et al.}\textsuperscript{20}

### Grammar and readability

When transcribing and focusing texts it becomes clear that people do not speak in grammatically correct

#### Table 2 Content analysis: papers on closure of maternity units

<table>
<thead>
<tr>
<th>Paper</th>
<th>GP support</th>
<th>Increase in home births</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>+ 0</td>
<td>+0 -</td>
</tr>
<tr>
<td>1</td>
<td>NA 1</td>
<td>NA 5</td>
</tr>
<tr>
<td>2</td>
<td>2 1</td>
<td>2 1</td>
</tr>
<tr>
<td>3</td>
<td>11 2</td>
<td>11 2</td>
</tr>
</tbody>
</table>

GP, general practitioner; NA, not applicable. Table modified and reproduced, with permission, from van Teijlingen\textsuperscript{21}
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sentences. Punctuation has to be imposed and symbols agreed for marking pauses, laughter, interruptions, and so on. The authors have to decide whether to present quotes verbatim or to add words that aid the understanding and readability of a quote. Direct quotes can be disjointed and hard to read, as in the following examples from women describing their newborn babies:

“And he had had forceps marks on his, uhm, and you ken fa’it’s like [= you know what it is like], well, he had been born, uhm, and put into this [inaudible] so to speak and there was nobody there. He [husband] was distressed because the blood was coming out and he looked a bittie [= a little bit] bashed up.” (Woman, age 34 years, married, third child)

“There was a photograph but he looked so bad. I thought he looked like he had been in a car crash ... [sniffing] [5-second pause] But no ... because there was a bed ... I was put into this little room and I just felt so isolated and they never said [sniffig].” (Woman, age 23 years, single, first child)

Similarly, authors have to decide whether to include or partially translate regional dialects. The only rules are that the reader should understand what is being said and the researcher should make plain as in the above examples what has been added or changed for the publication.

Presentation of translated material

The use of an interpreter may have a significant effect on interviewees, the research process and findings.13 E Pitchforth and E van Teijlingen, unpublished observations. Presenting findings in a different language from that in which the data were collected also presents challenges. One of the authors (E.P.) relied on an interpreter for a study of obstetric care in Bangladesh. Interviews were conducted in Bangla and transcribed and translated into English. When another translator provided an alternative meaning in places, the author acknowledged these differences but chose to present the findings from the initial translation.24 Decisions regarding the use of an interpreter and translated language must be made explicit. Strong local dialects or words for which there is no equivalent in English can be left and a glossary provided.

Being transparent

As a key strength of qualitative research is its ability to “acknowledge bias, value it and make its impact on the research process as explicit as possible.”9 Transparency of the research process is very important. No matter how you choose to use data to support your argument, the systems you use to arrive at interpretations must be explicit.13

Reflective writing

In order to produce a reflexive account the researcher should self-consciously assess the likely impact of the methods used on the data obtained.25 Sufficient data should be included in the report so that readers can assess for themselves whether analytical criteria have been met. Mays and Pope point out that personal and intellectual biases affect the choice of topic and approach (also true of quantitative studies, of course), whilst age, sex, language, social class and professional status affect the ‘distance’ between the researcher and those researched and need to be acknowledged and possibly discussed.25

The reflexive researcher should also consider ethical issues, including confidentiality and the consequences of the research for those participating. Sometimes an interview can be an enlightening and cathartic experience for respondents but sometimes it can be distressing both for the researcher and the researched. When respondents’ behaviour or expectations are changed by the research process, the researcher must acknowledge this effect and any steps which have been taken to mitigate damage.

Final remarks

This paper completes the series on conducting qualitative research in family planning and reproductive health. Writing up and disseminating research findings are vital stages in the research process but can be challenging, especially in achieving publication in peer-reviewed journals. This emphasises the importance of treating writing not as a final stage in the research process but as part of the analysis and interpretation of data. Examples are given of different ways in which data can be used to support coherent arguments, and choices faced over the presentation of direct quotes or translated materials are described. As in the previous papers, the need to be explicit in any decisions made, either in methodology or writing up, is highlighted.

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References


QUALITATIVE RESEARCH/FACULTY EXAMINATIONS

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The MFFP Examination consists of:

**Part 1 (A or B) New format Multiple Choice Question paper (MCQ)**

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**Part 1B Examination:** For those who have passed the Part 1 MRCOG or have received exemption from Part 1 MRCOG and wish to be exempt from the basic science component of the Part 1A. This 1.5-hour paper consists of 45 MCQs based on clinical and applied science.

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  Submission of one Dissertation (10 000 words) or two Case Reports (2500 ± 500 words each).

Approval of the Dissertation or Case Reports titles by the Dissertation/Case Reports Convenor must be obtained before the candidate starts work on the Dissertation or Case Reports and before the candidate applies to sit the Part 2 (CRQ, MEQ, OSCE) component. Guidance notes and proposal form, plus exemption form/information, are available on request (see below).

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- **Part 2 – CRQ, MEQ, OSCE**
  Critical Reading Question examination paper (CRQ)
  Modified Essay Question examination paper (MEQ)
  Objective Structured Clinical Examination (OSCE)

Applications for the **Part 2 held in June 2006** must be received by 1 December 2005.

**Please consult the revised Examination regulations for changes to entry requirements.**

The qualification is subject to re-certification every 5 years.

**Revised regulations (June 2004), application forms and dissertation documents are available on application to:** Miss Denise Newell, Examination Secretary, Faculty of Family Planning and Reproductive Health Care of the Royal College of Obstetricians and Gynaecologists, 27 Sussex Place, Regent’s Park, London NW1 4RG, UK. Tel: +44 (0) 20 7724 5629. Fax: +44 (0) 20 7723 5333. E-mail: denise@ffprhc.org.uk. Website: www.ffprhc.org.uk

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