

Research Experience versus Research Theory: The Journey of a Novice Qualitative Researcher

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Abstract

A research process can be quite daunting especially for a novice researcher. This paper documents my initial entry into the world of graduate research as novice qualitative researcher. It demonstrates the disparity between what i expected and what i actually experienced. It highlights my personal journey as a researcher and the challenges faced as well as the lessons learned. The paper is therefore informed by both my personal experience as well as literature. It is my desire that by sharing these experiences, other researchers will be encouraged to not only document their personal experiences, but that other novice researchers will learn from the experiences as they chart their personal research journeys.

***Keywords:** Social networks, qualitative research, novice researcher, medication sharing, Somali Community, prescription medication*

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Introduction

The research process can be quite daunting especially for a novice researcher. As a novice researcher, the vast number of research methodologies can be overwhelming especially when one is required to select a suitable research design for a particular study. As a post graduate student enrolled in a Master in Public Health program, I

found this process especially challenging because my course work focused entirely on quantitative research whereas my limited background was in qualitative research.

The Master in Public Health program I was enrolled in allocated three weeks to research methodology with great emphasis on quantitative methodology. We only had one class lasting about an hour dedicated to qualitative methodology. My class mates and I, especially those of us who were interested in qualitative research felt cheated. The class on qualitative research was incredible basic, we did not even get a guideline on what qualitative research was and how to go about it.

This lack of preparation and guidance on qualitative methods meant that, I had to spend a lot of time on re-learning and re-researching qualitative methods than I would have had there been guidelines like those we had for quantitative methods. This lack of guidelines meant that the selection of research methodology and design was especially challenging because the course work leaned heavily towards quantitative research while my area of interest was more on qualitative research.

I tackled the lack of classroom preparation on qualitative research by reading widely and finally settling on a text that I felt not only summarised most of what I had read but also simplified the information. This was especially important because I needed to understand my research method to be able to convince my department to approve my research problem before I could carry out the research. A department whose emphasis, based on how content was taught, was on quantitative research.

The beginning

The first step in undertaking any research is finding an appropriate problem. The research problem should be something that will address an important question and advance knowledge. Sometimes finding a research problem can be difficult particularly for a novice researcher. I found my research problem through observing my neighbours. I noticed that they shared medicine and not just pain killers. They shared both over the counter and prescription medication. They also did not appear to withhold any information on ailments and type of medication they were taking as well as the medication itself. I thought this was a good potential area for research so i had a starting point.

I knew i wanted to study medication sharing among the Somali so the first thing i did was look for and read literature on the Somali community and medication sharing. Finding literature on the Somali community was challenging. There was a visiting scholar at the time who advised me to find and read a book by Ayan Hirsi (Ali, 2007). I was both surprised and delighted when i went to the book store and found the book i was advised to read as background reading on how the Somali community functions.

I found a few articles on medication sharing that detailed reasons why the practice can be harmful and why it should be discouraged. One of the things i noticed

about most of the articles was that they involved large numbers of research participants; the research was mostly conducted in Europe and the United States of America, though there was one conducted in Kenya. Furthermore, the participants in the research studies on medication sharing included adolescents, women and men. I decided to concentrate on women because i had observed the medication sharing behaviour amongst Somali women.

At the same time, i had to decide on whether my research would be quantitative or qualitative research design. I read many articles on research seeking inspiration, in the course of my research I came across two articles that greatly influenced my decision. The first article I came across was by Elizabeth Kendall, Catherine Marshall and Lauraine Ballow titled *Stories Rather Than Surveys: A Journey of Discovery and Emancipation* (Kendall, Marshall & Ballow, 2013). In the article, the authors explore the value of unexpected forms of knowledge, and the need to recognize the stories and narratives of research participants as valuable in themselves, rather than as something to be dissected or reinterpreted out of context. The second article was by Thomas Groenewold titled *A phenomenological research design illustrated* (Groenewold, 2004). In the article, Groenewold talks about his own research journey and the challenges he faced.

These two articles greatly influenced my own research because there focus was on letting the research participants' voices be heard and that was what I wanted with my research. Previous researches on medication sharing were mostly quantitative

studies which gave a picture of the practice of medication sharing in percentages. I wanted to capture the lived experiences of those involved in medication sharing.

The Research Backdrop

My research was concerned with two aspects, medication sharing and social networks. Medication sharing can be giving medication to someone else also known as loaning or taking someone else's medication also known as borrowing or both. A social network on the other hand is an on-going system of social relations around an individual, including who the contacts are and the nature of the ties that connect them (Bernadi & Klarner, 2014).

Most of the research on medication sharing i came across had been done on prescription medication sharing amongst individuals, prescription medication sharing amongst women of reproductive age, prescription medication sharing amongst adolescents' and prescription medication sharing among teenage girls as well as a study on over the counter pain relievers (Goldsworthy, Shwartz & Mayhorne, 2008; Petersen, Rasmussen, Daniel, Yazdy & Honein, 2008; Boyd, McCabe, Cranford & Young, 2006; Daniel, Honein & Moore, 2003). The studies on social networks and health the other hand, were mostly concerned with ties and how much or how little influence they exerted on an individual's decision and behaviour including health based decisions and behaviour (Rossetti-Ferreira, Amorim & da Silva, 1999; Bernardi & Klarner, 2014; Smith & Christakis,2008; Latkin, 2009; Simoni-Wastila,2000; Cohen & Lemay,2007).

A number of research articles on medication sharing i came across as mentioned before were mostly on prescription medication sharing. Prescription medication sharing which is prescription medication abuse in this context is not only using medication to get high, it also includes using someone else's medication for what seems like a legitimate health reason. However it is not only prescription medication that is shared. There are cases where people share over-the-counter medication. Sharing over-the-counter medication does not, at first glance sound like a particularly bad thing to do, but the same concerns that are highlighted with prescription medication sharing can also be highlighted with over-the-counter medication sharing.

First, any drug has the potential for abuse. When i was doing my undergraduate, there were those who would use marijuana during exam time to stay awake and study and aid recall. Now studies show that students use Asthma inhalers to get the same effect. Mouth wash which is readily available at most supermarkets, contains 22% ethanol which is a higher percentage than in beer or wine. Over-the-counter cough medicines such syrups, lozenges, tablets contain Dextromethorphan which can intoxicate (Hacker, 2008). Unlike prescription medication, over-the-counter drugs do not appear in one's medical records nor are they monitored by health professionals.

Secondly, studies have shown that women have a higher potential to abuse prescription medication compared to men. In addition, women of a reproductive age

are more likely to report medication sharing compared to men and women in other age groups (Petersen et al, 2008; Simoni-Wastila, 2000). This is especially worrying for two reasons. Firstly, women of a reproductive age, who engage in medication sharing have the possibility of potential teratogenic effects of the medication on pregnancy. Secondly, women are the ones who are most likely to make medical decisions in the home, so if they engage in medication sharing, it is possible for the rest of the members of the household to learn that it is okay to share medication. This is especially worrisome with children and adolescents learning that it is okay to share medication.

Finally, those who share antibiotics can develop resistance to the antibiotics because sharing of antibiotics means that no one person gets a full course of treatment. In addition, self-medication can increase the chances of an adverse drug event which is estimated to be the sixth leading cause of death world-wide (Hacker, 2008).

As i mentioned earlier, i decided to focus my research on women. Firstly, research has shown that women influence the medical decisions in the home. Secondly i had observed medication sharing behaviour among the Somali women. Lastly the Somali community has many layers based on social system such as clans which creates large diverse social networks.

Research procedure

Based on observation of my friends and neighbours, I decided that I wanted to do research on the practice of medication sharing and social networks among the Kenyan Somalis living in Eldoret. I needed a research design that would minimise my biases while at the same time highlight the observable practice. After some careful exploration, I chose phenomenology. I decided that a case study would be too limiting and that ethnography would take too long. I could not do a content analysis because I did not have any content. It took me a longer time to make a choice between phenomenology and grounded theory because I felt that both of them could allow me to meet my objectives. After further reading, I decided to go with phenomenology primarily because its main focus is a person's perception of meaning rather than the event itself (Leedy & Ormond, 2001).

Locating the research participants

During my research planning process I had decided on purposive sampling to identify primary participants and snowball sampling to recruit more participants. I had decided that this process would be two fold. The first part was that I would approach the women i knew and recruit them and they would, i hoped agree to identify other women. The second part was suggested to me by one of my chief research advisor (I refer to her as that because she was not one of my school assigned professors). She asked a friend to help me identify a few primary participants. She turned out to be the gate keeper and the plan ended up becoming a good plan because the women i

approached though eager to take part in the research were reluctant to help me identify other women. The gate keeper introduced me to 8 women who in turn, through snowballing introduced me to 33 other women. Of these, 30 agreed to take part in the research. The chart in the next page shows how the informants were recruited through both purposive sampling and snowballing.

I employed a multi-dimensional approach in my data collection using, in-depth interviews and field notes. Interview questions were directed towards the participants “experiences, beliefs and convictions about the themes in question” (Leedy & Ormrod, 2001). The interviews lasted between twenty minutes to one hour in length.

I had planned to audio-record my interviews but this did not go the way i expected. Most of my participants did not want to have their interviews audio recorded and i had to improvise by doing a lot more writing during the interview process than i had originally intended

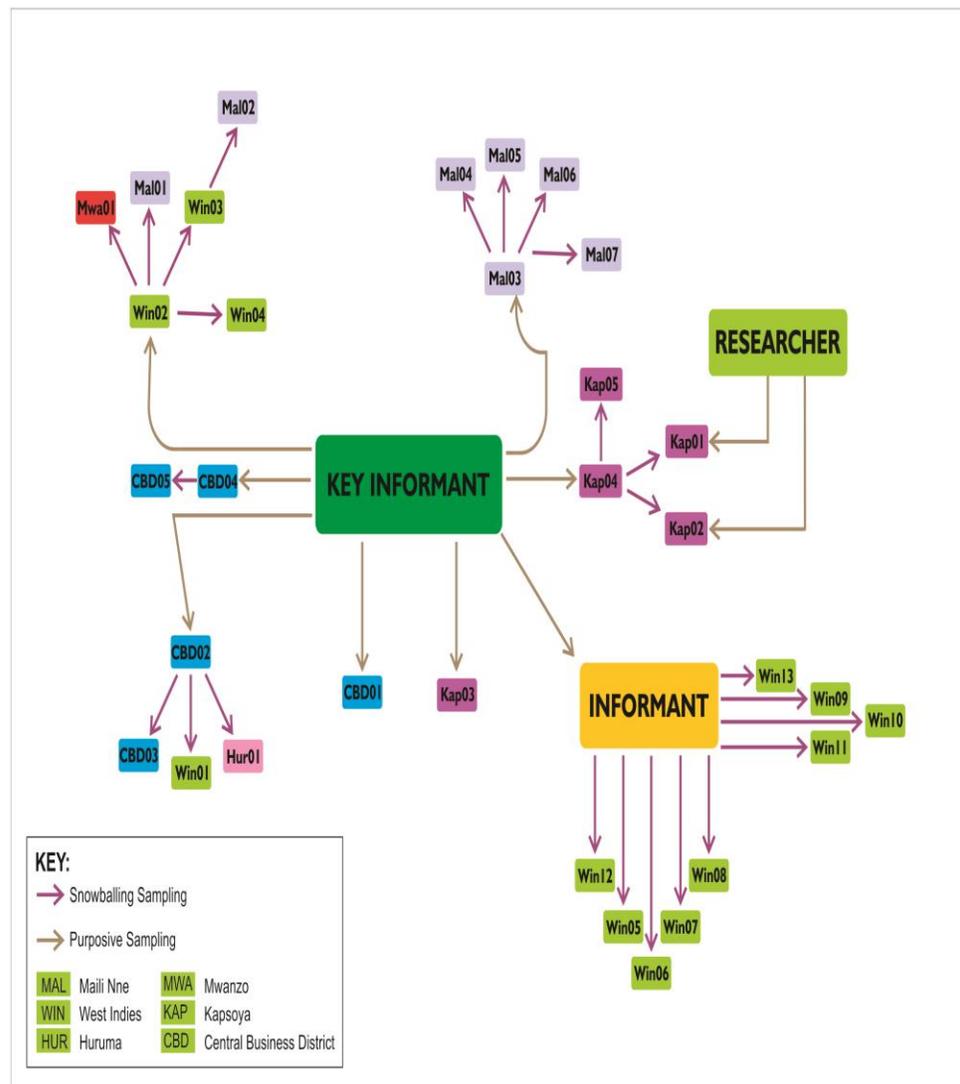


FIG. 3.1 Purposive and Snowballing Sampling Chart

The semi-structured in-depth interviews were first transcribed. After transcribing the semi-structured in-depth interviews, I took the following steps as recommended by Groenewold, (2004) and Leedy and Ormrod, (2001):

1. *Identified statements that related to the topic.* I did this by separating relevant from irrelevant information in the interview and then explicated (“investigation of the constituents of the phenomenon while keeping the context of the whole” (Groenewald, 2004)) the relevant information into small segments such as phrases and sentences that each reflect a single, specific thought.
2. *Grouped statements into “meaning units”.* I grouped the segments into categories that reflected the various aspect/meanings of the phenomena as they were experienced.
3. *Sought divergent perspectives.* I looked at and considered the various ways in which different people experience the phenomena. This included the literal way the phenomena were described, as well as the number of times it was mentioned.
4. *Grouped the units of meanings to form themes.* The various units of meanings were grouped together into clusters that described the phenomena.
5. Finally I *constructed a composite.* I used the various clusters identified to develop an overall description of the phenomena as people usually experienced them (Groenewold 2004; Leedy & Ormrod, 2001).

Validity and truthfulness

In keeping with the tests for rigour, I adopted the following approaches as recommended by Groenewald, (2004); Conroy, (2003); Patton, (1999):

1. Dependability was ensured by providing an audit trail or documentation which included field note accounts, audio recordings and transcriptions.
2. Confirmability of the data was demonstrated by “comparing and cross checking the consistency of information derived at different times and by

different means using qualitative methods” (Patton,1999, p.1192). This was done by collecting data using two different data collection techniques that is semi-structured in-depth interviews and field notes.

Conclusion

The whole research process was more time consuming than i expected. It was also exhilarating and enlightening. The sheer volume of data i generated was overwhelming and although i expected a large volume of data, expecting something and actually having something were, in this case, two different things. Novice researchers, especially those who choose to take qualitative research route should expect a large volume of data and should allocate adequate time to look through the data and extrapolate whatever information they are looking for. I also learnt that a good research plan is necessary whether doing qualitative or quantitative research but one should always be ready to adapt while in the field especially when doing qualitative research because the people you are interacting with have stories which they may or may not choose to share with you.

I also learnt that as a student, not just a graduate student, one needs to be ready to read widely because as I learnt, sometimes there are no guidelines provided and one has to make practical decisions during the learning process. It would have been extremely helpful for me as a student interested in qualitative research to have had similar guidelines in qualitative research like I had in quantitative research where the lectures included practical real life experiences. Because there are things you cannot learn just from reading and these are what I believe I missed out on in the classroom which would have better prepared me for research in the field. However, I was also fortunate to have had access to qualitative researchers whose input was invaluable to me.

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