RESEARCH METHODS GUIDE

BJOG perspectives – qualitative research: role of theory and ethics

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1 | LEARNING POINTS

- Theory informs all stages of the research process and helps researchers move beyond surface-level description of social phenomena
- There are countless theoretical traditions; three often used in health research include grounded theory, phenomenology and feminist theory
- Researchers must follow ethical guidelines to reduce potential risks to those participating in research

2 | THEORY

Theories provide qualitative researchers with frameworks or ‘lenses’ through which to examine, understand and explain complex social phenomena. Qualitative health research that fails explicitly to adopt a theoretical approach often results in surface-level descriptions and understandings. Good quality qualitative research employs theory throughout the research process; drawing on theory to inform the design of the study, develop research questions, shape the analysis and interpretation process, and posit explanations and contribute to what is already known about the topic under study. To design a study, qualitative researchers employ theories developed in the social sciences and humanities, of which there are countless. Three approaches commonly used within the field of obstetrics and gynaecology (and health more widely) are grounded theory, phenomenology and feminist theory.

2.1 | Grounded theory

This approach, developed by Glaser and Strauss in the 1960s, sets out an inductive, systematic and rigorous process for generating conceptual categories and theory ‘grounded’ in data (Glaser & Strauss 1967. The Discovery of Grounded Theory: Strategies for Qualitative Research, Chicago: Aldine). Constructivism is a sub-branch of grounded theory that considers how data are co-constructed by researcher and participants, and shaped by the researcher’s own perspectives, social position and location (Charmaz 2014. Constructing Grounded Theory, 2nd edn. Thousand Oaks, CA: Sage).

2.2 | Phenomenology

This theory, developed by Husserl, seeks to explain how individuals attribute meanings to social phenomena in their everyday lives. This approach explores subjective ‘lived’ experiences and as such does not generate wider, grand explanations, but instead provides accounts of individuals in specific contexts (Schults 1967. The Phenomenology of the Social World. Evanston, IL: Northwestern University Press).

2.3 | Feminist theory

This theory encompasses a body of approaches that arose alongside the feminist movement in the 1970s centring on developing knowledge that is pragmatic, liberatory (improves lives) and reflective of women’s views and experiences. Feminist theory examines gender inequality and how gender is constructed (Olesen 1994. Feminism and models of qualitative research. In Denzin & Lincoln [eds] Handbook of Qualitative Research; 158–174. Thousand Oaks: Sage). Intersectionality is a sub-branch of feminist theory that explores how various social identities such as race, gender, sexuality and class overlap to contribute to experiences of discrimination (Thornton Dill & Kohlman 2006. Intersectionality: A transformative paradigm for feminist
theory and social justice. In Hesse-Biber [ed.] *Handbook of Feminist Research: Theory and Praxis*. Thousand Oaks, CA: Sage.

Researchers may use additional, and more specific, theories of which there are many (see Useful Resources below).

3 | ETHICS

Researchers must consider a number of ethical issues in order to minimise potential risks to those participating in a study and to themselves. Main issues include causing participants emotional distress if discussing sensitive topics, protecting participant anonymity and confidentiality, and safeguarding researchers conducting one-on-one interviews in private spaces such as participants’ homes. Researchers should incorporate and follow ethical guidelines for medical research set out by such bodies as the British Medical Association, the Medical Research Council or the British Sociological Association.

4 | USEFUL RESOURCES

*Example of use of grounded theory in an obstetrics and gynaecology study*

Srikrishna, S., Robinson, D., Cardozo, L. & Cartwright, R. (2008) Experiences and expectations of women with urogenital prolapse: a quantitative and qualitative exploration. *BJOG* 115, 1362–68.

*Use of theory in qualitative research and health research*

Reeves & Hodges (2008) Why use theories in qualitative research? *BMJ* 337, a949.

Kelly, M. (2010) The role of theory in qualitative health research. *Fam. Pract.* 27: 285–90.

*Ethical guidelines*

Medical Research Council’s Ethics Series: https://www.mrc.ac.uk/research/policies-and-guidance-for-researchers/

British Sociological Associations’ Guidelines on Ethical Research: https://www.britsoc.co.uk/ethics

**CONFLICT OF INTERESTS**

None declared. Completed disclosure of interest forms are available to view online as supporting information.

**DATA AVAILABILITY STATEMENT**

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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**SUPPORTING INFORMATION**

Additional supporting information may be found in the online version of the article at the publisher’s website.