

CHAPTER 3

RESEARCH METHODOLOGY

The contents of this chapter include the research design, study context, informants, methods and procedures, ethical considerations, data analysis, and trustworthiness of the research procedures.

Research design

This research study employed hermeneutic phenomenology as a research methodology in order to elicit an in-depth understanding of the lived experience of chronically ill clients in using spiritual healing methods, as practiced in their daily life (*Dasein*).

Study context

The study was conducted in a southern province in Thailand, where there were many modern health facilities available free of charge under the support of the Thai government, using the 30 Baht Universal Health Coverage Scheme. There were also a great number of complementary therapies and folk medicines provided to the public by both governmental and non-governmental organizations. Chronically ill clients especially those who felt hopeless about modern medicine, usually relied heavily on complementary therapies and folk medicines.

Informants

Informants were mainly recruited from a holistic health center conducted by a nursing educational institute in Southern Thailand. A snowball technique was used to establish contact with as many informants as possible who could identify cases of interesting clients who knew one another and knew cases that could provide information which was used in this study (Marisno, 1996). Lindsey (1995) claimed that the goal of phenomenology is to understand everyday experiences, thus it is important to select informants among chronically ill clients who have extensive experience of using spiritual healing methods. The selection criteria for inclusion of informants in the study were as follows:

1. The person who has been diagnosed with chronic illness by a physician for a period of at least 3 months and was using spiritual healing methods as part of their daily life.
2. Having ability to communicate verbally.

The number of informants recruited for this study was 10. This number is considered appropriate, supported by Lincoln and Guba (1985 cited by Sandelowski, 1995) who stated that a sample size of 10 may be judged adequate to provide sufficient relevant data or if no new data emerge. Moreover, Sandelowski (1995) focuses on the qualitative method that "the adequacy of sample size in qualitative research is relative, a matter of judging a sample neither small nor large, but rather too small or too large for the intended purpose of sampling and for the intended qualitative product" (p. 179).

Instruments

In this study, interview guideline, fieldnote and tape recording were used to collect data during the interview. Therefore, the researcher prepared the instruments during data collection as follows: (1) interview guideline questions that consist of demographic data form and open-ended semi-structure interview guideline (2) tape cassette recording equipment and batteries that the researcher experienced in using efficiently, and (3) fieldnotes.

1. Interviews

The interview method was the primary source of data collection. All of the informants were interviewed in-depth face to face individually by the researcher in a convenient place that the informant would feel comfortable to provide a better response and at the same time the researcher observed facial expression, body language and emotional response of the informants. This aimed to gain complete understanding of clients' experiences living with chronic illness by using spiritual healing methods. The interview guide contained open-ended questions, semi-structure interview guides which was used to elicit, in-depth understanding and illuminate about the personal experience of clients using spiritual healing methods.

The interviews consisted of two parts; demographic data and semi-structured interview guideline. The interview guide was only an outline to guide or focus on the interview. The interview data was recorded in audiotape and conducted in Thai language. The tape recorded interviews were transcribed verbatim. Non-verbal information and additional information relevant to the study were taken in the researcher's fieldnotes.

1.1 Demographic Information

Demographic information consists of individual information, and includes age, gender, religion, marital status, educational level, occupation, monthly income, diagnosis and illness history, vital signs, kind of spiritual healing method (s) used and the length of time used. This consists of 12 items in structured interview format (APPENDIX C). This interview format is to enable the researcher to know the background of the informants in order to enhance an in-depth understanding of the phenomenon under study. Furthermore, the names of informants were recorded at the first interview and would be kept confidential. Each informant was asked to supply information and complete demographic data at the first interview.

1.2 Semi-structured interview guide

A semi-structured interview guide was conducted in Thai. All interviews were tape recorded with the informants' permission. The questions were developed through literature review, and nursing experience. The tools consisted of five open ended-questions (APPENDIX E). These open-ended questions could help the novice researcher to elicit the feelings, thoughts, internal meaning and in-depth experience of living with chronic illness, using spiritual healing methods from the informants' perceptions and perspectives as well as information from the informants' general conversation, which might not be relevant to this research. The researcher could continue with other questions that were modified during interview for data collection. Furthermore, this was the best choice for use in this situation as the researcher had limited time, opportunity or skill in interviewing informants (Bernard, 1988 cited by Songwathana, 1998). This interview was conducted in conversational language, that was without fixed wording or order of questioning (Minichiello,

Aroni, Timewell & Alexander, 1995) allowing informants to talk about their experiences freely, naturally and in-depth in their own words. In addition, during the interviews, questions were asked, if necessary, or probing questions were used such as “Could you explain what you mean by spirituality?”, “Could you tell me more about spirituality?”, “ or “ Could you tell me why spirituality is important to you?” to deepen and clarify the answers and content in order to achieve the purpose of this study. There should be a good relationship between the researcher and informants to elicit data about the clients’ lived experience (Minichiello et al., 1995).

2. Fieldnotes

Fieldnotes were recorded for all observations after each interview as soon as possible to assist with accuracy and clarity in the data analysis. The contents of the field notes included actions, behaviors, comments, interactions, situations, and researcher’s insights (APPENDIX G). The researcher used field notes to formulate a context for interpretation.

Data collection

The data collection process consisted of two parts, the first was the preparation phase and the second was the intervention phase.

1. Preparation phase

1.1 In this qualitative research, the researcher was the principal person responsible for gathering and analyzing the data (Lincoln & Guba, 1985). The following steps had to be taken:

1.1.1 Gaining knowledge about the topic of study. The researcher searched for documents on theory or concept and read a substantial body of literature reviews, both Thai and English, which were relevant to this study of living with

chronic illness by using spiritual healing methods and attempted to gain understanding of the context of the study before setting out to do the study.

1.1.2 Researching knowledge about phenomenological methodology.

The researcher needed to know about the philosophy of phenomenology, objectives of study, ethical considerations, data collection and data analysis which helped her to understand and process through each step correctly.

1.1.3 The researcher had to build a relationship with informants. The researcher spent time to meet with clients in the holistic center where they usually gathered so that she was able to introduce herself to each of them in a natural setting and observed the activities that they practised.

1.2 The researcher sent an official letter to explain reasons and objectives of the study to the director of the holistic center, asking for permission to collect data from the informants.

1.3 The researcher developed a set of semi-structured interview guideline for data collection in this study based on literature review and nursing experience.

1.4 A pilot test was carried out to test the appropriateness of the data collection technique. It was carried out with two informants who were used for the subsequent study, because revision of data proved unnecessary. This pilot study enabled the researcher to gain experience in the necessary skills required to conduct interviews. This was important because the quality of data generation largely depended on the skills and expertise of the interviewer (Lincoln & Guba, 1985). The instruments were tested for content validity by three nurse experts from the Faculty of Nursing, PSU, two phenomenological nurse experts and one expert in caring for chronically ill clients. The researcher translated the instrument from English to Thai, and then asked a Thai-English expert to approve the translation. In addition, a nurse

who had experienced more than 10 years in caring terminally ill clients was asked to make some amendments to the instrument to make it appropriate for use in a Thai cultural setting.

2. Intervention phase

In this study, the research aimed to explicate a deeper understanding of the lived experience of using spiritual healing methods by reflecting the chronically ill clients' point of view. This phase required the researcher to enter the field and make contact with the original experience. The researcher conducted the study using in-depth interviewing method at a convenient place where informants felt comfortable enough to provide better responses such as at the informant's home or at the holistic center. At the initial stage of data collection, the researcher collected demographic data and talked about general topics for example; the weather, news or families. This was important as it provided an overview of the informants and made the comfortable atmosphere. The demographic data record form and field notes helped the researcher to understand better the physical and social context of informants being studied. Streubert and Carpenter (1999 p. 16) stated that "more than one qualitative approach or more than one data collection strategy may be necessary to fully understand a phenomenon."

The researcher collected data through semi-structured questions as guidance when interviewing the informants regarding their lived experience in using spiritual healing methods. The informants narrated their experiences after the researcher asked any questions. The researcher interrupted only for the purpose of clarification or probing for further information. The interviews were conducted in Thai and were tape-recorded. The time set for each interview lasted approximately 60-120 minutes. This was to allow the informants to interpret, clarify, verify or confirm data.

According to Leininger (1985) this was very essential in an open-ended structure interview methods. The average length was one hour and 30 minutes. In general, the interviews with the 10 informants were conducted mostly in the morning between 9 am. to 12 am. on Saturday and Sunday. The time was considered appropriate, as they were usually free during this time and at home.

Data collection continued until the researcher believed that the data was congruent the research questions. This was carried out by reviewing the data collected after each interview session, and checking the data collected with the research questions in the study. The researcher also used different styles of questioning during the next interview session, till the same data was collected and no new data appeared.

Ethical considerations

A code for human rights was obtained from the Research Committee in Ethics at the Faculty of Nursing, Prince of Songkla University. Before the initial interviews, verbal information gave a full explanation of this research to the informants concerning the purpose, means of data collection and the risk and benefits to the informant. The informants were given opportunities to ask questions, and the researcher answered any questions about the study. Subsequently, verbal consent was obtained from the informants before the researcher began the interview as well as if they agreed to participate and agreed to be volunteers in this study then a written consent (APPENDIX A) was provided for them.

During the interview, informants could ask questions, refuse to answer any questions they did not want to discuss, or stopped the interview at any time. The interview continued only when the informants desired. In addition, the researcher had

to guarantee confidentiality and ethical considerations all the time during interviews. The informants were informed that they could withdraw from the study at any time or could refuse to take any further part in it. In order to guarantee confidentiality concerning the informants and the data, the informants' name was replaced with pseudonyms in transcripts and data reports. All of the written data including notes were kept in separate secure files and destroyed after the study was over. A list of the pseudonyms and the informants' names were known only by the researcher.

Trustworthiness

In this study, several measures were used to ensure trustworthiness.

1. To ensure the credibility of the study, the researcher returned the data collected from the study, and interpretations of these data, to each informant, asking if the interpretations were acceptable (member checking). Additionally, results of the study were validated by the researcher's major advisor and co-advisor who had experience in qualitative study and spiritual healing. This method assured the researcher of the meaningfulness of the findings and interpretations.

2. To ensure the dependability of the study, The researcher left a clear decision trail concerning the study from its beginning to its end. This involved detailed comprehensive records of all procedures and products related to data collection, analysis, and synthesis. Because of the recursive and inductive nature of qualitative research, and the primary role of the researcher as an instrument, it was critical that the records reflected a detailed account of all methodological decisions and rationales for decision-making.

3. To ensure the transferability of the study, inclusion criteria of the informants that could provide the most valuable insight to the phenomena being

explored were detailed. Thick description involved providing enough information / description of the phenomenon under study so that readers were able to determine how closely their situations matched the research situation, and therefore, whether findings could be transferred.

4. To ensure the confirmability of the study, the researcher carried out one pilot interview to develop interviewing skills. A tape recorder was used to record all interviews. In addition, field notes were written after each interview to assist with accuracy and extensive memos were kept throughout data analysis. The collection of field notes was used to make explicit researcher and informants' social background. Transcriptions also were reviewed for accuracy

Data analysis

The tape recorded interviews were transcribed verbatim as soon as possible after the interview by the researcher. The data analysis was conducted from Thai transcripts. Each line of the transcription was numbered, field notes were added in appropriate places of each transcription. All transcribed interviews in this study were kept within the source language (Thai) during open coding, in order to keep the original meaning of the narrative.

The second phase of data analysis was conducted after the researcher had withdrawn from the fieldwork. The analysis task in this phase consisted of developing informant profiles based upon demographic data variable descriptive analysis. Then the researcher proceeded to manual data analysis. When the findings of the study were finalized, all of the data was translated into the English version by the researcher and her advisor. Finally it was given to the advisor to check the information again.

The thematic analysis was carried out using a series of steps consistent with guideline for phenomenological research outlined by van Manen (1990). This included:

1. Turning to the nature of lived experience concerned with the exploration of the lived experience in retrospect. The researcher reviewed the literature and reflected on the nature of the experience of chronically ill clients who were using spiritual healing methods in their daily life. A person with chronic illness reflected through language which ties on lived experience and understanding together for explication of meaning and essences. The result of the experience provided a narrative of the phenomenon as perceived by the person who experienced it.

2. Investigating experience as we live it rather than as we conceptualize it. The researcher explored the phenomenon by collecting narrative data from the informants' experiences. To obtain descriptions of informants experiences, interviewing was suggested as one of the methods. The focus had to remain on the research question by asking specific questions and seeking clarification of particular points, as needed of lived experience of informants.

3. Reflecting on the essential themes which characterize the phenomenon, the researcher explicates the essential themes or structures of the lived experience of chronically ill clients using spiritual healing methods. Themes and essences were gleaned through reading and rereading the narrative information in order to interpret it. The researcher then began to form a conceptual framework for categorizing the informants' experiences. The informants lifeworld is complex because an informant has many roles (lifeworlds) and may inhabit different lifeworlds at different times of the day. Therefore, the researcher had to find commonalities for questioning,

reflection, and writing about the ways informants experience using spiritual healing methods.

4. Describing the phenomenon through the art of writing and rewriting. The researcher began to see and then show. For this research, it was an ongoing process of writing, uncovering, seeing, pondering the rewriting only to uncover and see more beneath, and return to pondering once again. It was the process of searching through meaning, diving deeper into the text to discover the depth of living with chronic illness using spiritual healing methods.

5. Maintaining a strong and oriented pedagogical relation to the phenomenon and to the fundamental question. This reflection allowed the researcher to become more thoughtful or aware of the informants' experiences. The researcher extracted phrases from the text that helped lend insight into the informants' experiences of using spiritual healing methods. Then, the researcher determined broader themes that summarized the more specific categories of experience.

6. Balancing the research context by considering parts and wholes. The researcher had to identify explicitly the inability to generalize the findings and themes explicated for this one specific study. Further, the researcher had to stay focused on the topic in order to address the research question.