Chapter Five

Stories and research

047 D I'm going to give you something called Augmentin
048 it's a little white bullet (.)
049 if you take them three times a day (.)
[
050 P mhm
051 D and we'll see if it helps you
052 P okay that's lovely [coughs briefly]
053 D anything else?
054 (.)
055 P uh (.) dya dya oh is it Dyazide? (.)
056 the (.) water tablets I'm on?
057 D you take those regularly?
058 P yeah every day (.)
059 now I always take them in the morning but (.)
060 would it be all right to take them in the night? (.)
061 you know because oh [sighing]
062 it drives me mad you know
063 cos I (.) pass water so much=
064 D =course you do=
065 P =and as I say if I'm on holiday I think well
066 I don't want to be running into the toilet all the time
067 D why are you taking (.) water tablets?
068 P because I'm on HRT?
069 D o yeah=
070 P =um (.) clif clif cilafin is it? well I've got enough of those (.)
[
071 D mmm: mm
072 P but I wanted the er Seroxat
073 the antidepressant tablets please
074 D you take those do you?
075 P yeah

Transcript of doctor–patient consultation, with conversation analysis annotation.[17]
Reproduced with authors' permission (Elwyn & Gwyn, 1999).

[17] *See* Box 5.2, page 75, for a key to the notation.

If, as I argued in Chapter One, storytelling is the perspectival and rhetorical presentation of events and actions through the use of metaphor, embellishment and other literary devices, and if research is the systematic generation of knowledge through the application of rigorous, repeatable and standardised methods, many scientists would say that there is precious little overlap between them. They would be wrong. Like all qualitative research, narrative techniques provide the opportunity to generate insights that cannot be gained using the traditional tools of the quantitative researcher (measurement and experimentation). The task of justifying qualitative research in general is beyond the scope of this book, but if you are unsure about this territory I strongly recommend that you read a general introductory text before you consider narrative in particular (Atkinson *et al.*, 2003).

In this chapter I shall discuss six distinct methodological approaches to the use of narrative in research – narrative interview, naturalistic story-gathering, discourse analysis, case study, action research and meta-narrative systematic review. For each I shall discuss the rationale behind the approach, outline the method (including how data might be analysed) and briefly highlight its strengths and limitations.[18] The six approaches are summarised and contrasted in Table 5.1 on pages 68–9. Despite their differences, all of these approaches have in common some key defining features of research, whose application to narrative-based studies is summarised in Box 5.1.

Box 5.1: When should a study using narrative be classified as research?

The following questions should inform this complex judgement.

1 Did the investigator(s) collect, interpret, collate or present the story/stories with the intention of answering a clear and focused research question?
2 Did the investigator(s) use a recognisable methodological approach (such as narrative interview, ethnography, multi-method case study or action research)?
3 Was the approach applied rigorously and transparently? Consider

[18] I have previously presented four of these approaches in a paper co-authored with Jill Russell and Deborah Swinglehurst (Greenhalgh *et al.*, 2005c). I am grateful to the publisher and my co-authors for permission to reproduce and adapt sections of it here.

aspects such as sampling frame, choice of instruments or tools, method of data collection, method of analysis, and so on.

4 Did the investigator(s) demonstrate reflexive awareness in all aspects of the research process and the researcher role?

5 Was there an identifiable unit of analysis (e.g. the person, the incident, the dialogue, the team, the organisation, the patient journey)?

6 Was there a competent and transparent attempt to analyse empirically collected data using a recognised theoretical framework? In other words, did the researchers go beyond 'letting the stories speak for themselves'?

Narrative interview

Personal stories are readily collected and, for reasons explained in Chapter One, effectively convey the experience of illness, suffering, caring and dying. As I indicated in Chapter Four, they can also provide a vivid window on to the healthcare system within which people's illness experiences are embedded. Examples of research based on narrative interview include Scott Murray's study of end-of-life care based on the narratives of people dying from lung cancer or heart failure (Murray *et al.*, 2002), and my own team's study of the experience of diabetes in Bangladeshi patients (Greenhalgh *et al.*, 1998). As well as published research papers, it is worth noting the DIPEX (Database of Individual Patient Experience) project – an ambitious initiative to collect and systematically collate and index a wide range of narrative interviews from patients of different ages, ethnic backgrounds and illness experiences (see www.dipex.org.uk). So far DIPEX covers a number of different cancers, hypertension, sexual health problems and depression, and it also has a separate website of illness narratives from teenagers. Because the narratives have been collected in a research context with full informed consent, they provide an important archive of material with the potential to be analysed by other research teams at a later date.[19]

[19] Another similar initiative (whose emphasis, I believe, is less on developing a research database and more on providing digital resources for professional development of healthcare staff) is the Patient Voices project (www.patientvoices.org.uk).

Table 5.1: Approaches to the use of narrative in research

Approach	*Operational definition*	*Unit of analysis and analytic approach*	*Main research methods*	*Intended output of research*	*Example*
1 Narrative interview	Researcher collects and studies illness stories from patients or stories of professional practice from healthcare staff	Individual narrative, analysed for structure, coherence and meaning in a particular social context	Unstructured or semi-structured interview	Understanding of the illness and healthcare experiences of patients and the identity and practice of healthcare staff	(Murray *et al.*, 2002)
2 Naturalistic story-gathering	Researcher becomes a fieldworker immersed in an organisation or group so as to collect 'real' stories in informal space and interpret them in context	Organisational subgroup (e.g. junior nurses). Analysed for subtleties in individuals' and groups' different interpretations of the same event/action over time	Ethnography	Thick description of organisational culture and how it influences particular behaviours and choices of individuals	(Timmons, 2001)
3 Discourse analysis	Researcher studies a range of data (for example, transcripts of conversations) to identify the prevailing ideologies and power relationships which shape and constrain the use of language by individuals	The text, embedded in a set of interpersonal power relationships and a macro-level social context (e.g. organisation, professional group, society)	Micro-analysis of text in context (e.g. a conversation transcript analysed for choice of words, use of silence, pauses, intonation, turn taking and non-verbal interjections such as coughing or standing up)	Insights into how knowledge, truth, morality and normal behaviour are defined and enacted in a particular organisational or social context	(Mishler, 1984; Iedema *et al.*, 2006)

4 Organisational case study	Researcher presents an account of an organisational change initiative in the form of a detailed story	'The case' (the organisation or part of it), analysed for complex and dynamic influences on key events and processes	Multiple qualitative and quantitative methods (e.g. interviews, questionnaires, documentary analysis)	Detailed description of 'the case' as a context for events, plus chronological account of particular events as they unfolded during the study	(Thor *et al.*, 2004)
5 Action research	Researcher works with participants to develop a shared perspective on the problem and its causes, and to plan and implement action	Group of participants, analysed for development and enactment of shared meanings/purpose	Continuous cycle of participation and reflection by team of researcher(s) and participants	Action intended to change (social drama)	(Bate, 2004)
6 Meta-narrative approach to systematic review	Researcher studies published papers to identify the overarching 'storylines' of how different research traditions unfolded	Research tradition, analysed for concepts, theories, methods and instruments as well as how and why it unfolded over time	'Snowball' search strategies, chronological ordering and interpretation of scientific publications	Sense making of scientific endeavour; rich picture of complex topic areas as differently framed and investigated by different research traditions	(Greenhalgh *et al.*, 2005b)

In narrative interview, the researcher invites the participant to 'tell what happened', and allows them to speak uninterrupted until the story ends. The interview may be semi-structured (driven by a series of questions set out in advance) or unstructured (conducted in a more emergent, conversational style). In either case, prompts should only be used to preserve the flow of the story (for example, 'how did you feel at that point?' or 'what happened next?'). The researcher might invite ideas for change in the form of a different ending to the story (for example, 'if you went through that experience again, what would make it easier for you?').

Narrative interviews are qualitative data, and on one level they can be approached using any mainstream method for analysing text. But narrative analysis per se takes the story as a whole, rather than segments of text, as its focus. Muller describes five overlapping stages of narrative analysis – entering the text (reading and preliminary coding to gain familiarity), interpreting (finding connections in the data through successive readings and reflection), verifying (searching the text and other sources for alternative explanations and confirmatory and disconfirming data), representing (writing up an account of what has been learned) and illustrating (selecting representative quotes) (Muller, 1999).

These analytical stages can be approached through one of several disciplinary lenses. All of them share what Muller calls 'the focus on the broad contours of the story' – that is, the context in which it is told, its structure, the dynamics of how plot unfolds, and any patterns that emerge from multiple stories about the same event. Riessman, for example, suggests that narratives can be analysed conversationally (as teller–listener dialogue), performatively (as drama) or politically (the unfolding of events is seen as constrained by prevailing social and institutional norms; *see* section on discourse analysis below) (Riessman, 2001). As I explained in Chapter One, Frank uses a literary framework to classify illness narratives into four basic categories, namely 'restitution', 'tragedy', 'quest' and 'chaos' (Frank, 1998).

The main strength of the narrative interview is its inherent subjectivity. A frequent theme in classical literature (consider *Great Expectations* or *The Grapes of Wrath*) is the struggle of society's underdogs against social injustice or institutional incompetence. Perhaps for this reason, the narrative interview comes into its own when considering the perspective of disadvantaged groups such as the socially excluded, the seriously ill and the very old. But the perspectival nature of stories is potentially a major limitation when they are used as research data. Furthermore, as I emphasised in Chapter Two, a story is an interaction – an artistic and

rhetorical performance for an audience who (actively or passively) shape the telling. The narrative interview has been described as *'practical production, the meaning of which is accomplished at the intersection of the interaction of interviewer and respondent'* (Fontana & Frey, 2005). A different interviewer, on a different day, will never be able to collect the 'same' story from a respondent.

The challenge of narrative research is not to 'control for' the inherent subjectivity, inconsistency and emotionality of stories, but to capture these phenomena as data and interpret them appropriately. Gabriel offers some sound methodological advice:

> *'Joining the postmodern choirs of ever smaller voices does little credit to academic research. Disentangling these voices, understanding them, comparing them, . . . questioning them, testing them and qualifying them – these seem to me to be essential judging qualities that mark research into storytelling and narratives as something different from the acts of storytelling and narration themselves . . . It is the researcher's task not merely to celebrate the story or the narrative but to seek to use it as a vehicle for accessing deeper truths than the truths, half-truths and fictions of undigested personal experience.'*
>
> (Gabriel, 2004)

The process of 'accessing deeper truths' is not straightforward, and narrative research should not be equated with privileging the judgement of the researcher over that of the informant. The validity of the research process rests heavily on evidence of the researcher's reflexive awareness. Aristotle's definition of good literature is that it has a powerful emotional impact on the reader (Aristotle, 1996b). The researcher must acknowledge and engage with this emotional dimension – thus turning sympathy, joy, revulsion and even 'mixed emotions' into research data. As in all qualitative research, there should also be a transparent account of how the researcher decided what aspects of the story to include and exclude as data, and how inferences were made. For a more in-depth discussion of methodological rigour in narrative interviewing, see these methodological texts: Gubrium & Holstein, 1998; Gabriel, 2000; Riessman, 2001; Fontana & Frey, 2005.

Naturalistic story-gathering

As I suggested in the previous chapter, stories told informally in organisations may be especially valuable for accessing that elusive composite of shared values and meaning systems that comprises organisational culture. The anthropologist Clifford Geertz puts it thus:

> *'Believing, with Max Weber, that man is an animal suspended in webs of significance he himself has spun, I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning.'*
>
> (Geertz, 1973)

This semiotic (meaning-based) view of organisational culture is strongly echoed by leading organisational researchers. Gabriel highlights the fact that stories exchanged by people in organisations have multiple functions in the creation of meaning – they variously inform, entertain, warn, advise, justify, explain, reassure, console, educate, sustain and transmit ideas or values, and draw moral lessons (Gabriel, 2000). Boje has observed that informal stories in organisations are generally multi-authored (with different members alternating the role of teller and listener), highly reflexive (i.e. the past is continually re-created and re-interpreted in the light of the present), dialogical (i.e. the narrative is co-constructed through a dynamic interaction between each teller and listener), and often allusory and fragmented (emerging 'in bits' rather than as fully formed narratives with a fixed cast of characters) (Boje, 1991).

Given these subtleties, the complexities of organisational culture will be inaccessible to the researcher who arrives with a tape recorder and only collects data in formal narrative interviews. Naturalistic enquiry, in which researchers undergo 'immersion in the field' to study actors in their own environment, relatively free from intervention or control, offers scope to produce what Geertz has called 'thick description' – that is, multi-layered interpretation of social actions in context (Geertz, 1973). The main data source for such enquiry consists of the stories and story fragments exchanged in informal interaction with organisational members (and, in the case of service organisations, with its users). The researcher must of course be selective in deciding which of the hundreds of stories heard during the course of the fieldwork to capture as data, and also in assigning

the status of 'story' to what might be no more than a sentence – and (as with ethnography in general) the naive or incompetent researcher will lack the skill and sensitivity to select appropriately.

In one variant of the naturalistic approach, the researcher is appointed from within the organisation rather than from an external research team – an example of auto-ethnography (Jones, 2005). In another variant, known as applied ethnography, the researcher explicitly feeds their ethnographic findings back into the organisation in order to effect change (Chambers, 2005).

The principles of narrative analysis set out on page 70 are also pertinent to the analysis of stories gathered in naturalistic settings. Close analysis of the stories as texts will not, of course, be possible if they have been recorded second-order as retrospective field notes (as is usual practice in ethnography). However, collecting and interpreting particular stories within a wider ethnographic study of the organisation gives the researcher a rich context within which to interpret their significance. Paul Atkinson has strongly criticised the conventional narrative interview as characterised by *'an extraordinary absence of social context, social action, and social interaction [and] . . . remarkably little sense of how narratives are forged in face-to-face interaction or how they are elicited in given social contexts'* (Atkinson, 1997). In other words, Atkinson sees a very positive trade-off between the accuracy with which the text of a narrative is recorded and the richness (and hence validity) of the context in which it is captured.

A naturalistic approach enables the collection and comparison of multiple stories about a single issue or event. As the 'toilet-paper' story on page 52 illustrated, organisational 'fictions' have much to contribute to the thick description of culture advocated by Geertz. The limitations of naturalistic story-gathering are both practical and theoretical. 'Prolonged immersion in the field' holds little currency with today's cost-conscious research funders – and in any case, change initiatives may move too quickly. Being an 'insider' to a story of organisational change has both advantages (in-depth knowledge and understanding of issues, rich social networks, mutual trust, timeliness, a longitudinal perspective, ability to effect change and integrate research with development) and disadvantages (lack of critical distance, a specific role in the organisation, prejudices arising from past personal experience, lack of knowledge of the wider context). These issues are discussed further by Winter and colleagues (Winter & Munn Giddings, 2001). For a more detailed methodology of ethnography in general, see Geertz (1973), and for further information on organisational ethnography, see Gabriel (2000) or Boje (2001).

Discourse analysis

There are many theoretical variants of and methodological approaches to discourse analysis in the academic literature, most of which are beyond the scope of this book.[20] In the sense in which I want to present it here, discourse analysis is the study of the overarching meta-narratives and symbol systems in which a particular story is embedded. It is concerned with understanding language within its wider social, historical, political and cultural context. In particular, it considers how prevailing ideologies and power relationships shape and constrain the use of language by individuals (including what comes to be defined as knowledge, morality, truth and normal behaviour). Michel Foucault, for example, believed that *'nothing has any meaning outside of discourse'* – in other words, that the meaning of everything we say and do depends not only on the words available to us in language but also on the symbolic meaning in a particular culture of (for example) a doctor's white coat, a bridal gown, or a Thanksgiving dinner (Foucault, 1973).

We tell particular stories in particular situations because those are the only stories we have the power to tell. Thus the stories we tell (and, even more so, the silences and absent characters in our stories) say much about the nature of our oppression. Key writers on discourse analysis include Foucault, Jaques Derrida (Derrida, 1974) and Jurgen Habermas (Habermas, 1987). All have a radical reputation as critical theorists – that is, as academics who seek fundamentally to challenge prevailing assumptions and ideologies about the nature of society and our freedom within it. For an overview of critical theory as applied to health, see Graham Scambler's excellent book (Scambler, 2001).

Almost all approaches to discourse analysis share an emphasis on the 'deconstruction' of the text – that is, a standing back and considering, usually from a political–ideological perspective, of what is the wider symbolic meaning of the story being told, perhaps through questions such as 'Why did the author use this word or phrase at this point?' or 'Why did the author fail to mention X?'.

[20] A colleague who read through the first draft of this book, and who knows far more about discourse analysis than I do, was concerned that I am here presenting only one of many 'takes' on this heterogeneous field, and that experts would disagree with some of the simplifications in this chapter. If you are interested in this fascinating field (as PhD students often are), the chapter 'Definitions of discourse – a sketchy overview' in Maggie MacLure's *Discourses in Educational and Social Research* is a particularly accessible overview of this complex literature (MacLure, 2003).

A classic research study in discourse analysis is Eliot Mishler's analysis of doctor–patient consultations, in which (using conversation analysis, but framed within a theoretical framework from Habermas) he contrasted the 'voice of the lifeworld' (the familiar, knowable space of family and social interaction) with the 'voice of medicine' (the imposed and largely unfamiliar realm of medical institutions, rules and structures that provide the framework in which the consultation takes place) (Mishler, 1984). Mishler demonstrated that doctors (acting unwittingly as agents of the system) unconsciously exclude the lifeworld by repeatedly failing to acknowledge or respond to patients' descriptions of personal and social issues, and by exerting power over the use of time and space in the consultation. Mishler has taken pains to distance himself from the extreme position taken by some discourse analysts – what he calls *'the poststructuralist view of a disembodied* Discourse *or grand master narrative that ''speaks'' through the person'* (Mishler, 1999). Although individual narratives (and dialogues) are situated within these wider discourses, they are not, Mishler claims, mechanistically determined by them.

Box 5.2: Symbols used in conversation analysis, reproduced with permission of the authors (Elwyn & Gwyn, 1999)

- Brackets containing a stop (.) indicate a pause of less than two seconds.
- Numerals in round brackets indicate the length in seconds of other pauses.
- Square brackets [ ] contain relevant contextual information or unclear phrases.
- Italicised square brackets *[.]* describe a non-verbal utterance.
- The symbol [in between lines of dialogue indicates overlapping speech.
- Underlining signifies emphasis.
- An equals sign = means that the phrase is contiguous with the preceding phrase without pause.
- A colon : indicates elongation of the preceding sound.
- D is the doctor.
- P is the patient.

The specific technique used by Mishler to study how narratives are situated within wider social discourses was conversation analysis – that is, the in-depth examination of naturally occurring talk. As illustrated by the excerpt on page 65 (Elwyn & Gwyn, 1999), in conversation analysis the dialogue is reproduced down to the last 'um', and annotated using a standard set of symbols (*see* Box 5.2). Intonations (for example, a rise or fall in tone at the end of a sentence), interruptions, pauses, overlapping speech and non-verbal interjections (such as coughing) are all highlighted, thereby revealing the micro-dynamics of the interaction.

The analysis of the annotated transcript is a painstaking task of interpreting each syllable in context, as in this extract:

> *'The cough (052) functions as a discourse marker, signalling the speaker's wish not to terminate the interaction. The doctor's next utterance ''anything else?'' is characteristic of doctors' pre-closing moves in medical interactions, but leaves such closure to the patient. The patient (P) is in a position to allow closure or to shift to a new topic. She opts to respond (055), after a false start, first with a pause, then a request for ''water tablets''. The pause here indicates that there is to be a new topic, but it precludes any accusation of indecent haste. The patient does not wish to be perceived simply as itemising a shopping list. The ritual of correct timing is necessary to maintain the necessary gravity accorded to the ceremony of consultation and prescription. Although the pause lasts less than two seconds, its significance should not be underestimated.'*
>
> (Elwyn & Gwyn, 1999)

The emergence of the research tradition applying discourse analysis to doctor–patient interactions marked an important shift in the study of the biomedical consultation – from a consideration of its structural elements (identifying, for example, 'establishing a relationship', 'determining the reason for attendance', 'performing an examination', 'considering the findings', 'deciding on treatment' and 'termination') (Byrne & Long, 1976) to determining how meaning is not only co-constructed through dialogue but also shaped by external influences. As the excerpt on page 65 (and also the fictitious example of a doctor–patient dialogue described in Chapter Two, page 19) illustrates, conversation generates story because the presence of an audience aids (and stimulates) narration (Bakhtin, 1984). But the words exchanged between doctor and patient (*'if I'm on*

holiday I think well I don't want to be running into the toilet all the time', *'why are you taking water tablets?'*, *'because I'm on HRT'*) are themselves shaped by power relationships (who is seen to be 'in charge' of the consultation) and social expectations (the extent to which a middle-aged woman would be expected to argue with the doctor). The patient raises a lifeworld issue – the inconvenience of running to the toilet all the time when taking diuretics – but the doctor, by ignoring this story fragment, deems this aspect of the problem 'off limits'. He steers the conversation back to the biomedical agenda (the reason why the tablets were prescribed), and the patient meekly follows his lead by responding in the 'discourse of medicine'.

Discourse analysis does not only apply to conversations. For example, Iedema and colleagues used discourse analysis to analyse critical incident reports in the study described in the previous chapter (*see* page 56) (Iedema *et al.*, 2006), and one of my colleagues is currently using discourse analysis to deconstruct the unfolding 'story' in a succession of government policy documents. The common feature of all these approaches is an attempt to critically deconstruct whatever text(s) have been chosen as the unit of analysis.

Deconstruction is an interpretive and thus highly contestable act, as anyone who has had a discussion about the political undertones of a play will vouch. There are many doctors (especially, one is tempted to suggest, old-fashioned and unreflexive ones) who would contest Mishler's assertion that medical consultations are an unequal power contest between the voice of medicine and the voice of the lifeworld. Similarly, Iedema's assertion that critical incident reporting by doctors is powerfully influenced by organisational meta-discourse is one of many competing interpretations that could be placed on his dataset. At the end of the day, we must judge these researchers' conclusions as we judge any story – by their coherence, authenticity, persuasiveness and explanatory value (*see* page 9).

One of the main strengths of discourse analysis is its potential to link micro-level processes (for example, the verbal exchange in a patient–GP consultation, or the scribbling of a report form following a medical disaster or near miss) with macro-level ones (for example, the social, political and economic system within which patients consult and medical mishaps occur). Its main limitation (in the eyes of its critics) is its inherent tendency to politicise scientific data and suggest only macro-level solutions (such as fundamental changes in the nature of social institutions). Whether or not you feel drawn to try discourse analysis yourself will

probably be partly determined by your ideological position in relation to the critical theory agenda.

Case study[21]

Case study research considers a social system ('case') in context and explores it in sufficient detail to illuminate relationships and processes and provide insights into *why* particular events unfold as they do. Like ethnography (with which it overlaps considerably), case study involves detailed, reflexive fieldwork leading to rich, authentic description. It requires the prospective in-depth investigation of an organisation, team or other complex social grouping using multiple methods – typically a combination of formal interviews, focus groups, participant observation, and collection of contemporaneous materials (minutes of meetings, emails, memos, etc.).

Constructing a case study requires considerable judgement and skill. The elements of the case must be iteratively defined through a sequence of sampling (to identify somewhere to start), progressive focusing (to refine and systematically explore what has been sampled), theorising (about interactions within the arbitrarily defined case and across the boundary with the world beyond it), analysing (testing how well the data fit the theory) and interpreting (deriving meaning from the data) (Yin, 1994; Stake, 1996). As I argued in the previous chapter, organisations are complex, containing much social action (and a considerable amount of trouble), so in practice most organisational case studies get analysed and written up in a story-like way. A case study is generally based on a large, heterogeneous, dynamic and complex collection of empirical data, each component of which will first need to be analysed separately (for example, quantitative data statistically, qualitative data thematically) before being woven into a higher-order interpretation of the whole picture and how and why it has changed through time.

'Storying' the case – that is, constructing a chronological, emplotted account of the key actions and events – is a way of selecting which data to focus on and which to omit. It is also a way of drawing meaning from different data sources and making causal links between aspects of the case – either tentatively, as hypotheses to be tested in further research, or more

[21] We must distinguish true case study research, which can take years to produce, from the much commoner *case report*, in which one or more members of a team tell a personal story about their initiative and its impact.

firmly, as lessons or conclusions (if the links are particularly strong and plausible). In practice, organisational case studies tend to be the product of several researchers working together over months or years, and the task of processing, interpreting and integrating the data into a coherent story is achieved through interaction between team members – especially the repeated exchange and negotiation of stories.

Stake draws on previous researchers (Van Maanen, 1988) to suggest four approaches to storying that researchers may use to present in-depth case studies:

1 realist tales – a direct, matter-of-fact portrait, a chronological or biographical development of the case
2 confessional tales – the researcher's personal account of coming to know the case and the challenges that they faced
3 impressionist tales – a sequential description of several major components of the case, *'personalised accounts of fleeting moments of fieldwork case in dramatic form'*
4 illustrative tales – the use of vignettes (storied episodes) to illustrate particular aspects of the case.

In all of these approaches, a good case study researcher, like a good storyteller, will use literary devices to place emphasis and convey surprises and ambiguities, and will 'zoom in' judiciously to analyse the behaviour of individuals within (and as influenced by) the wider system. Once again, an important criterion for judging the rigour of a case study is evidence of the researchers' reflexive awareness and the transparency of their inferences from the data.

Case study has been described as 'strong in reality' – that is, as having high potential for validity within the confines of the case itself (Stake, 1996). But researchers who have been raised on the conventional hierarchy of evidence (with randomised controlled trials at the top and anecdote at the bottom) often find it hard to identify much value in case study research. The $64,000 question might be put as follows. To what extent does case study trade external validity (i.e. direct transferability to other contexts) for internal coherence and richness, and (conversely) to what extent will a detailed and systematic analysis of one unique 'case' give us robust, transferable lessons for application elsewhere?

This question is much debated among case study theorists (see, for example, a recent compilation by Gomm *et al.*, 2000). Yin takes the conventional scientific view that a case is only meaningful as a member of a sociological family of cases which provide the analytical framework to

understand it (‘*previously developed theory is used as a template with which to compare the empirical results of case studies*’) (Yin, 1994). Stake, in contrast, argues from an interpretive perspective that the case is meaningful in its own right (what he calls ‘*the intrinsic study of the valued particular*’) (Stake, 1996). May, quoted in Simons, describes how his understanding of trees was changed forever when he saw a painting by Cézanne (Simons, 1996). The tree in the painting was not statistically representative of trees in general, nor did it contain features present in every tree. Nevertheless, the qualities that Cézanne had illuminated in his particular tree enabled the author to see every subsequent tree through new eyes. Simons argues that the hallmark of a good case study is this metaphorical (rather than scientific) generalisability.

A good worked example of case study is a five-year study by Thor and colleagues of an ambitious quality improvement initiative in an acute hospital, based on ‘learning facilitators’ who helped a total of 93 project teams (Thor *et al.*, 2004). The researchers attributed the success of the facilitators to allowing each clinical team to remain in charge of their ideas and adopting a supporting role that comprised:

1 providing feedback on ideas and progress
2 helping with demanding (and sometimes menial) tasks
3 developing specialist skill and experience in quality improvement
4 taking responsibility for small practicalities, such as refreshments for meetings.

Arguably, the validity of this case does not rest on (nor would it be enhanced by) the presence of a ‘control group’ or ‘comparative cases’ – it rests on the authenticity of the observations and interpretations about what happened in *this* case. Of course, we cannot extrapolate these findings to every quality improvement project (for example, we cannot say that providing cookies at meetings will always improve the quality of decisions). But we can learn a general lesson from a facilitation approach characterised by ‘mucking in’ and taking account of specific contextual features (in this case, that meetings were often held over mealtimes).

In-depth case study is labour-intensive and usually takes years to produce (not an endearing characteristic in a climate where researchers are judged by the number of papers they write and the speed with which they publish). Another potential limitation is that because of the detailed contextual information necessary to understand the case, organisations (and the individuals within them) may be identifiable. Glyn Elwyn’s team has described a way of fictionalising organisational case studies by first

abstracting the key themes from a sample of cases (for example, high user expectations, lack of cash, external policy mandates, and so on), and then writing a new story that includes all of these key themes (Elwyn *et al.*, 2002).

Action research

Action research – defined as *'a mutual learning process within which people work together to discover what the issues are, why they exist, and how they might be addressed'* (Bate, 2000) – has an important narrative (performative) dimension. It is usually presented as a cycle or spiral composed of successive phases (identify focus of enquiry → gather baseline data → analyse data to generate hypotheses → plan action → gather data to evaluate impact of action → shift to new focus of enquiry) (Waterman *et al.*, 2001). The link between action research and narrative is rarely made, probably because the performative element of narrative (*see* page 9) is not widely acknowledged.

As I explained in the previous chapter (*see* page 54), knowledge-based theories of organisational change centre on the need for the members to make sense of change efforts by assimilating them into their cognitive schemata, and to embody the change effort as part of their own individual and professional identity. In the previous chapter (*see* page 54), I described an example of action research directed at organisational change, namely Paul Bate's quality improvement initiative in a 'failing' UK NHS hospital trust, in which the mechanism for change was the development and enactment of what might be called a change drama (Bate, 2004). My own team's work in developing the 'sharing stories' intervention described in Chapter Three (*see* page 33) was also an example of action research (Greenhalgh *et al.*, 2005a).

A great strength of action research is that it does what it says on the can – it is inherently action-oriented and seeks to get things done that benefit the participants directly. Collective sense making of past and present events feeds into creative, collaborative action. For this reason, an action research approach can sometimes be ethically justified in situations where other designs may be more difficult to defend (for example, when working to improve services for disempowered groups). The main limitation of action research is that it is a highly specialised and intensive approach of which there are as yet few rigorously conducted examples in the mainstream medical literature. Perhaps for this reason, it is almost

impossible to secure funding for action research from biomedical research bodies, although many grant-giving bodies offer 'development' funds that can be channelled into action research.

Meta-narrative systematic review

A systematic review is a review of the literature that has been conducted using an explicit, rigorous and auditable method. For most people in the biomedical field, that means adopting the methods set out in the *Cochrane Reviewers' Handbook 4.2.2* (Cochrane Collaboration, 2004), which describes how to search electronic databases, apply 'critical appraisal checklists' to papers, extract data and perform the statistics for meta-analysis. In Chapter Two (*see* page 24) I argued that the science of evidence-based medicine was built on a myth – that the judgements required in clinical practice are fundamentally technical ones. The science of systematic review, as perpetrated by what might be called the 'hardliners' of the Cochrane Collaboration, is built on a similar myth – that the judgements required to summarise and synthesise research findings from different primary studies can also be reduced to a series of technical decisions and processes.

As I have argued at length elsewhere (Greenhalgh *et al.*, 2005b), this assumption is only reasonable when a simple research question has been addressed in a similar way by several teams (for example, when a reviewer seeks to summarise the findings of half a dozen studies that all tested the effect of drug X on clinical outcome Y in disease Z). When the research we seek to summarise addresses complex fields of enquiry and 'wicked' questions (that is, those with no simple or unambiguous answer, such as often happens in policy-making research), the nature of judgement is fundamentally different – it shifts from being predominantly technical to being predominantly interpretive. Here is a passionate attack from a professor of education who sees her business as interpretive judgement:

> *'[Conventional systematic review] assumes that evidence can be extracted intact from the texts in which it is embedded, and ''synthesised'' in a form that is impervious to ambiguities of context, readers' interpretations of writers' arguments (i.e. bias). Most significantly of all, systematic review systematically degrades the central acts of reviewing: namely reading and writing, and the unreliable intellectual acts that these support, such as interpretation, argument, and analysis. By replacing reading and writing*

> *with an alternate lexicon of scanning, screening, mapping, data extraction, and synthesis, systematic review tries to transform reading and writing into accountable acts. It tries to force their clandestine operations – the bits that happen inside people's heads – or in the incorporeal gaps between decoding and comprehension, thought and expression – up into plain view, where they can be observed, quality-controlled and stripped of interpretation or rhetoric.'*
>
> (MacLure, 2005)

A few years ago, I worked with a multi-disciplinary team to undertake a systematic review of the literature on diffusion of innovations in health service organisations (Greenhalgh *et al.*, 2004). It became clear early on that different teams of researchers had all conceptualised 'diffusion of innovations' in different ways. The 400 research papers and 100 chapters listed in our final report had been published in around 350 different journals or books, asked approximately 150 different research questions, used 29 different research designs, and had been summarised in at least six previous systematic reviews (all of which had rejected different primary studies as 'methodologically flawed', combined the data in different ways, and reached different conclusions and recommendations). Halfway through our study, we very nearly handed the money back to our funder on the grounds that the task we had set ourselves was proving impossible.

To cut a long story short, after a considerable intellectual struggle we came up with a new approach to systematic review – meta-narrative review – in which the main unit of analysis was what we called the 'research storyline'. We found that the most sensible way of sorting out our piles of research papers was to group them according to 'who cites whom', 'who reads the same journals' and 'who goes to the same conferences'. We came to see it as crucially important that any group of scientists undertaking any piece of research is consciously building on a particular body of previous research, and that research is conventionally written up as a narrative that begins with 'background' (what particular others have previously shown) and ends with 'discussion' (how this new finding fits into a particular wider picture).

We used Thomas Kuhn's notion of a research tradition (a body of work that shares four things: a conceptual basis, a theory or set of theories, an agreed methodological approach and an accepted set of instruments) (Kuhn, 1962). Kuhn had previously recognised that any scientific finding

only makes sense when interpreted within a particular research paradigm. For example, Newtonian physics makes sense if you use the concepts, theories, methods and instruments that Newton himself used, but it becomes 'flawed' when Einsteinian concepts, theories, methods and instruments are applied. Kuhn showed that a research tradition emerges dynamically over time and goes through three key phases – pre-paradigmatic (when 'ideas people' are developing its conceptual and theoretical basis), paradigmatic (a phase of 'systematic puzzle solving' using methods and instruments that are now largely agreed) and post-paradigmatic (when refinements in methods and instruments generate data that cannot be explained by the core concepts and theories of the paradigm, which creates the tension needed for breakaway scientists to start a new paradigm).

Before we applied a narrative approach, the research literature on diffusion of innovations appeared as an incoherent mass of studies in which no researchers were singing from the same hymn sheet. But by looking for research storylines, and sorting the individual papers into time order within each storyline, we were able to unpick 13 distinct research traditions,[22] including rural sociology (the study of what influences farmers to change their agricultural practices), communication studies (the study of the spread of information, especially 'news'), development studies (the study of the adoption, adaptation and use of technology, especially in a development context), guideline implementation studies (the study of why clinicians adopt or fail to adopt best research evidence) and knowledge utilisation studies (the study of how knowledge spreads and becomes embedded in organisations). By first unpicking these separate storylines, and then combining them in a unifying narrative, we were able to build up a rich picture of the research territory relevant to diffusion of innovations in healthcare organisations.

Meta-narrative review is not, of course, a panacea. It is hard work, and because you will uncover multiple perspectives that are by definition incommensurable, the risk of confusion in your own mind or conflict in your research team is high. But I believe that the approach has genuine advantages in certain circumstances – in particular where the scope of a project is broad and the literature diverse, where different groups of scientists have asked different questions and used different research designs to address a common problem, where different groups of practitioners and policy makers have drawn on the research literature in

[22] We stopped at 13 research traditions because our funds were limited, but we could probably have gone on and added another 10.

different ways, where 'quality' papers have different defining features in different literatures, and where there is no self-evident or universally agreed process for pulling the different bodies of literature together.[23]

I hope that by talking you through how narrative techniques can be applied in six different research designs, I have illustrated first that storytelling and research can be successfully combined without losing rigour, and secondly that quality standards for doing (and evaluating) narrative research can be developed. This chapter is not intended either as a comprehensive taxonomy of narrative research methods (I can think of three or four other approaches which I could have included, and I've probably forgotten several more) or as a definitive guide to the 'critical appraisal' of narrative-based research studies. All narrative research is inherently dialogic and interpretive, and I leave you with the suggestion that the 'appraisal' of narrative research requires, above all else, a process of interpretation through dialogue. If the ideas presented in this chapter provide a springboard from which further discussion can be launched, I will have achieved a more important objective than having the last word on narrative research myself.

[23] Meta-narrative review was developed from, and has considerable overlap with, the realist approach to systematic review originally developed by Ray Pawson (Pawson, 2002), although he does not place any special emphasis on storylines. Pawson and I have subsequently published together on realist review and highlighted the distinction between these two approaches (Pawson *et al.*, 2005).