
2

WHAT'S THE PROBLEM? DEVELOPING IDEAS

In this chapter we consider the essential first stage of survey research – devising and developing a precise research idea which is capable of leading to valid, reliable, interpretable and useful results.

The final product

Any piece of research starts with a question or problem and proceeds to a solution based in part on the interpretation of evidence which the writers claim is valid for the purpose. (Just how research questions get on the agenda is a wide topic and beyond the scope of this book – but see the comments on ‘political’ factors later in this chapter and elsewhere.) The stages of a final report are the stages through which we have to go in order to plan a research project. We need to know what the problem or question is – in general terms at first, and then with increasing precision as we go through the stages of planning. We need to have some idea about what kind of answer will count as acceptable. We need, given these, to plan an argument which will get from the problem to that kind of answer. Thence we can tell what kind of evidence we shall need and can plan the sampling and methods of collection so that this kind of evidence can be procured (and that its validity can be demonstrated to the reader). Demonstrating the validity, in turn, will mean building in ‘checks and balances’ within the study. So, thinking about what we shall have to put into the final report has given us a list of questions we need to ask at the very beginning:

- What's the problem?
- What kind of answer am I looking for?
- What kind of an argument might lead from the question to the answer?
- What kind of evidence will I need to sustain this kind of argument?
- How is this kind of evidence to be collected, and from/about whom or what?
- How shall I demonstrate to the reader that the evidence is valid?

These questions hold for all kinds of project. If you are working for a client – a commissioning agency, a customer of research, a newspaper, an institution – you are thinking at this point about what *their* problems are, what kinds of solution are likely to be useful to them and what methods they will understand and find convincing. If you are doing a purely ‘academic’ project – for an end-of-year assessment, for example – then your audience is those who will be reading and marking the work. If you are doing a project as part of the process of developing knowledge and theory about a topic area, your audience will be other academics and researchers – and separately, quite likely, practitioners such as doctors or social workers or nurses or administrators who work within the topic area. There is always an audience. Research may be an enjoyable activity in its own right, but it is not the enjoyment that makes it research, but the sharing of conclusions and evidence with others in a target audience.

At this point we should note two paradoxes – or, if not paradoxes, at least areas of potential conceptual confusion. First, I appear to be saying here that pleasing an audience is more important than finding out the truth. This is not what I meant to say. I take the same position as Hammersley (1993) – that the first aim of research has to be finding out true things about the world, because to say otherwise is self-defeating. However important political/social engagement may be, there would be no use for the results of research unless we believed they were dictated by ‘the nature of the world’ rather than the political or social beliefs of the researcher. (What differentiates research from polemic, indeed, is that it is designed so that the researcher’s beliefs could be falsified by the evidence.) Having said that, however, it remains true that research is always carried out – and certainly always written up – with some audience in mind. It is also my belief that research should have some impact on the social world.

Second, I appear to be saying that you decide what the results are going to be before you carry out the survey. Again, this is not my intent.

Why, then, do you suppose I have talked so much about anticipating the answers?

Because survey research is highly structured, it is true in general that you are unlikely to discover anything from it which you have not in some sense anticipated. Knowing what sort of answer you need in order to develop your theory – or what sort of answer your client needs for the development of policy or practice – you know to make sure that it is possible to get this kind of answer from the study.

Validating evidence

Given an adequate definition of the problem – which means at least a fair idea of the kind of conclusions to which your report will want to come – the rest

of the planning stage involves obtaining valid evidence for the conclusions and demonstrating its validity (look back at Box 1.3). You will want to think about the population from which your sample will be drawn, for example, to avoid excluding cases which may be important for the argument. Sometimes theory gets in the way here. A whole generation of studies of changes in the labour market and the class structure, important not just to class theory but to our understanding of Britain and the USA as democracies, was bedevilled by a blindness to the fact that women as well as men have jobs and opinions and stand in a relation to the social order beyond that of their potential roles as daughters, wives and mothers (see Abbott and Sapsford, 1987). The converse also occurs – persistently seeking differences where the balance of the evidence suggests none exists, because ‘there *must* be differences’. (For example, consider the history of psychological research into gender or ‘race’.)

Your report will consist of measurements or counts of what you say exists ‘out there’ – counts of objects or people, or characteristics of people, or behaviours, or attitude statements or scores on tests, for example. Another important part of survey design is showing that your measurements are accurate and trustworthy (*reliable*) – that someone else using the same measurement tools would have obtained the same or similar results (see Box 2.1). Yet another, equally important, is showing that what you measured *does* mean what you say it means – that you have succeeded in measuring what was needed for the argument. This may involve showing merely that the counts are accurate – for example, that the number of refrigerators in the household was properly counted and that you have not overlooked the occasional one lurking in a garage. It may involve a more complex argument about why you counted the number of refrigerators in the first place – are they, for example, an adequate indicator of wealth, or would it have been better to assess the wealth of the household by some more complicated means? Often philosophical questions come into play: when people say they believe this or would do that in a certain circumstance, does that have any bearing on their actions? Alternatively, is it a rhetoric, not closely aligned to people’s actions but capable of independent explanation in its own right? It is important that as many objections as can be foreseen be dealt with at the planning stage, because it may not be simple to counter them after the data have been collected.

Box 2.1 RELIABILITY

An aspect of validation, reliability is the stability of the measures – the extent to which repeated measurement yields constant results (over a reasonably short period of time, during which change would not be expected to occur), or

(Continued)

Box 2.1 (Continued)

supposedly identical measuring instruments yield identical results. The metaphor commonly used is that of the yardstick and the tape-measure: a wooden yardstick yields the same measurement for length when the distance between the same two points is measured twice; a cloth tape-measure may stretch a little, depending on how it is held, so it may not give precisely the same reading twice. The former is said to be a reliable instrument, and the latter a less reliable one.

In the simplest of cases, reliability is checked by literally measuring twice and looking at the agreement of the two measures. Where this is not possible or appropriate, a number of other ways of approaching the problem may be used: using two parallel tests, or comparing random halves of items from a test all of whose items are supposed to be measuring the same thing. When looking at the human observer as a measuring instrument – judging quality of performance, for example – a common method of checking reliability is to use more than one judge and compare their results.

Reliability is essential for validity: if you are not measuring something reliably, then you cannot be measuring the desired thing validly. Measures can be reliable but invalid, however; they can measure something reliably but not the desired thing. An example would be a miscalibrated yardstick, which reliably gives the wrong length.

Finally, the underlying ‘validity’ question is the honesty of the researcher, and here there is not much to be done. All research depends ultimately on our trust that the researcher is at worst incompetent or ‘short-sighted’ but not positively mendacious. We build checking procedures into our surveys so that we can assure ourselves that particular stages of the data collection were carried out in the way described and/or that key choices were made by predetermined criteria which are demonstrably independent from even unconscious bias. We can never demonstrate, however, that preconceptions and prior values have not shaped the results in some way; the best we can do is to declare them, where known, so that the reader can make allowances. Replication by other people is the only safeguard against deliberate dishonesty.

Defining the problem

The most important part of the survey project is prior analysis of the ‘question’, and at the same time the most important problem is preconception, as was suggested above. Survey research tends on the whole to require a higher degree of prior planning than other approaches. Most surveys involve a considerable investment in time and/or money to collect a large amount of data

in a single 'pass' through the field. This expenditure will be partly wasted if mistakes and truisms are built into the original design, and it will be totally wasted if it turns out that the data are not what are needed to answer the original question (or what the original question should have been).

The first stage, then, is looking carefully at what kind of answer will be required and using this analysis to help define the original problem. We want to know about prison conditions, let us say, but what do we want to report? Are we interested in how conditions are experienced by prisoners, or by staff? Are we interested in effects of prison conditions – on mood or mentation, or subsequent criminal acts, or later employability and social integration? Or do we have a 'social policy' interest in others who are affected – for example, the families of prisoners, or specifically their children? Or is our interest wider and more 'societal' – a concern with the place of prison in the criminal justice system, with why prison sentences are awarded and with the function the penal system has within the complex of law and policing? Or is our interest in the ethos and practice of prison management, as a case study of managerialism in non-commercial institutions? Or is the 'range' of our interest more limited and specific – prison visiting, or internal arbitration procedures and prisoners' rights, or prison work, or prison education? Is the aim just to describe, or to test and extend social or psychological theory, or to change prisons, or to perhaps to make a case for their abolition? We cannot just 'survey prisons' or 'survey prisoners'; each of these interests leads to a different kind of survey, requiring differently designed procedures of data collection to gather different kinds of information.

Often in market research the most important stage of planning, and the one where the research consultants really earn their money, is the series of initial consultations with the client. Someone may want a survey 'to look at the impact of our coffee advertising'. But what is meant by this, in terms of survey design? Is the interest in how widely the advertising has been noticed, and/or by whom, to see if it is effectively disseminated to what may reasonably be seen as the target audience? Does the client need to know whether it is reaching *new* potential customers? Is he or she interested in what change it makes in 'attitude', or in the salience of a brand name (how readily it is named by potential customers) or its image (what kind of a product it is seen as naming)? Is 'attitude' enough, or do we need to measure intent to buy, or whether the product actually was bought? (The latter would obviously be better if what is being advertised is an existing product, but we might have to settle for the former if what is being explored is whether a new product would command a market if released.) Is it the advertising which is the focus of the study, or the product? (The advertising has succeeded in its purpose if it brings the product to attention and perhaps induces people to buy it and try it out. If the real focus is the product, however, it may be that we need to look for repeat buying and changes in buying behaviour over time.) The underlying question may not be immediately apparent to the client; he or she may need to 'talk out

the problem' in order to commission the most useful kind of research. A second question which a good group of consultants would ask themselves is whether the right person is defining the problem. Initial consultations would be with a director or supervisor or with an advertising department, but the 'problem' might concern some quite different department – the sales organization, for example, or the production departments.

The need for this kind of consultation is most clearly evident in commercial research, but the same process is needed in applied social research as well. If you were researching prisons or prisoners in the interests of the prison authorities – to continue with the example started above – you would need to formulate the questions which the authorities needed answering in such a way that there was maximal chance of the information being useful and used. This would require considerable prior analysis. You would need to know what the 'customer' thought the results would be useful for, and either design the research with this use in mind or warn from the start that the objectives were not fully achievable. You would need to talk not only to the department which commissions research but to the departments which use it, in order to make sure that the 'customer' had correctly understood what was feasible and desirable at the operational level. You would want also to talk to local hierarchies and to staff 'on the ground', to enrich your analysis and to forestall hostility.

Beyond this, it is at this stage that you would have to consider the ethics and politics of the research. Whether it is ethical to help sell coffee is not a major problem for the researcher (though some researchers have been worried about their results being used to sell tobacco or alcohol). When dealing with social problems, personal need and the actions of the state, however, the researcher becomes part of the 'apparatus' and acquires a responsibility for its actions. It is at this stage that you would need to consider whether individuals could be harmed by their participation (or non-participation) in the research, and more widely whether the way in which the problem is being formulated prejudices important issues to the detriment of those who are most vulnerable.

At all these levels of consultation and prior analysis the enemy is presupposition. Where research is commissioned and applied, the 'customer' will have preconceived notions of what the question ought to be and what kind of answers may be needed, but these are not necessarily the most fruitful way of considering the problem. Research into shoplifting, for example, might focus on how customers are to be prevented by purloining goods, because this is the 'obvious' question, and it would then come up with recommendations in terms of layout, anti-theft technology and policing of customers. Ask the question 'Who does the stealing?', however, and we would probably find that there was more theft by staff than by customers. Reframe more widely, in terms of costs, and we might find that the financial cost of anti-theft devices or the cost in terms of staff goodwill of intensive policing exceeded the value of the goods purloined.

In such cases the researcher often acts as 'the outsider who sees more'; being free of the local preconceptions, he or she can sometimes help get the question fruitfully reframed. Some of the best 'academic' research (and extremely practical in its outcomes) has looked at old problems from a new theoretical perspective and shown that they become more tractable when thus reconceived. An example here might be the shift in Home Office research in the late 1970s and early 1980s from how to change offenders to how to make theft less appealing and physically more difficult: see Clarke (1980), Clarke et al. (1978) and Mayhew et al. (1976). This involved a reframing of the question from 'How do we change/deter thieves and vandals?' to 'How do we cut down the incidence of theft and vandalism?', a simple shift of perspective but one with far-reaching consequences.

All research involves a paradoxical mix of involvement and detachment, however. (We say this most often about qualitative research – for example, participant observation – but it holds true for other styles as well, at least at the stage of planning and problem definition.) It is the outsider who can best see past local preconception to reframe questions in 'non-traditional' ways and whose lack of prior involvement acts as a guarantee of objectivity (a term we shall have occasion to discuss in more detail later in the book). However, it is the insider who knows what is actually done on the ground (by him or her, at least, even if not more widely), who sees immediate consequences of the actions that are taken and who has gone beyond the popular level of preconception to something more grounded in practice and personal experience. Good research needs both kinds of inputs. Norbert Elias (1970) suggested that the ability to see beyond local norms to the different experiences and beliefs of others was a defining characteristic of sociology, and the same can be said for all the social sciences disciplines and for good research into professional practice.

Beyond this kind of preconception again comes the level of 'political' (or ethical) preconception which concerns what is defined as a problem in the first place. This is exemplified in the change of focus in 'theft' research discussed above; by side-stepping a formulation which necessarily focuses attention on the offender, difficult ethical questions about the treatment of offenders can be avoided and, possibly, greater changes in the amount of theft committed can be brought about. If you are looking at adolescent smoking, you can focus on 'youth' as 'the problem' and try to change 'youth's' behaviour. Doing so has two consequences, however. One is that it distracts attention from the behaviour of tobacco producers, tobacco retailers, tobacco advertisers and a government which controls all these to only a limited extent and profits from the revenue which tobacco sales bring in. The other is that it re-creates the category of 'youth as a problem'; it is all too easy to focus on changing youth's behaviour rather than looking at what young (and other) people do and why they do it. This point is made very well by Hilary Graham when she looks at the reasons why working-class women smoke as part of the

way they cope with limited and difficult lives rather than as some sort of thoughtless psychological aberration (see Graham, 1993).

Case studies

The discussion so far has been somewhat abstract and general. We can sharpen it up and see better the nature and diversity of problems that have to be faced at the design stage if we look at some concrete examples of surveys that have been run.

Travelling for heart surgery

In the late 1980s, the University of Plymouth in the South West of England was approached by a local consultant surgeon who had obtained money for a research assistant and had a problem into which he wanted to carry out research. Plymouth had a large district general hospital where most kinds of surgery could be carried out, but for certain rare operations it was necessary for patients to travel to London. The doctor was particularly interested in patients travelling for heart surgery.

Pamela Abbott and Geoff Payne at the University of Plymouth were the people who undertook the planning and supervision of the research, and Abbott (1992a) has written an article on the planning stage which outlines some of the decisions which had to be taken. The first was definition of the problem, reaching beyond the immediate task and looking for what the consultant hoped ultimately to get out of the research. The immediately declared purpose was to gather information for dissemination in a booklet for patients and their spouses, identifying problems and sources of stress and passing on solutions at which others had arrived.

However, it quickly became evident that the consultant had a 'hidden agenda': he was obviously interested in obtaining evidence to use in a campaign to procure open-heart surgery provision at the District General Hospital, and he hoped the research would begin to provide a basis for evaluating patients' experiences of 'internal markets' within the NHS. (Abbott, 1992: 70).

In other words, the surface reason for the research was to reduce the pains and risks of travelling, for patients and their spouses, but a desirable outcome would be the opposite – evidence that these pains and risks were irreducible and that some other solution was to be preferred.

Facing up to this potential conflict of interest, the researchers provide a nice illustration of the difference between 'commitment' and 'bias':

Those commissioning the research may have a political agenda, which may or may not be shared by the researcher. Provided the researcher does not have ethical objections to the

purpose of the research, however, politics have to be kept outside the planning and conduct of the research. ... we may hold a political position and have hopes for the outcome of a piece of research but are required to design it to allow the possibility that the opposite position could be upheld by it. ... we tried to design the research so that our politics did not influence the research process or dictate the outcomes. (Abbott, 1992a: 69–70)

The outcomes to be sought, therefore, cover what the problems of travelling for this kind of surgery are, for both the patients and their spouses, and how (if at all) they might be overcome. The last element cannot be answered properly by a study which looks backwards at problems experienced; it would require experimental or action research, trying out solutions and seeing which worked. However, an account of what the problems are would at least indicate what it is that requires attention, and collecting material on how past patients have coped with problems gives some basis for advising future patients. The nature of 'problems' to be examined is undefined in the brief. After listening to a discussion of their experiences by four former patients and their spouses, the researchers decided to concentrate on (1) what happened to the patients and their spouses and how they felt about it, and (2) what information was provided for them, by whom and how useful it was.

The decision to adopt survey methods was therefore taken, and a questionnaire was devised after group discussion with former patients (and their partners) and discussions with the consultant and the ward sister on the cardiac unit. To retain some element of the advantages of qualitative methods while also benefiting from the rigour and wide coverage of a systematic survey, questions were kept as naturalistic as possible. That is, the questions dictated the subject-matter of the answer, but they often did not prescribe a restricted range of choices within it, leaving informants free to define their own answers.

Initially the intent was to carry out a postal survey, sending questionnaires out to patients and their partners for self-completion. This would be cheaper than using an interviewer and allow wider coverage. However, drafts of the questionnaire were sent out to the patients and partners who had participated in the group discussion, and from their responses it became clear that the area was too complex to be explored satisfactorily without an interviewer to explain, prompt and ensure complete coverage. It was agreed that interviews could take place at the hospital, when patients came in for routine examination. They were, of course, to be voluntary and divorced as far as possible from the diagnostic and treatment routines. An interviewer was trained, and she then tried out a small number of interviews at the hospital, on the basis of which further minor modifications were made to the questionnaire.

A further major area of decision concerned the comparisons which should be made to control for 'extraneous explanations'. What was of interest here was the problems and experiences specific to travelling for surgery. However, if the questions were asked just of the patients and their partners, it would not be possible to separate out these specific data from the wider problems and

experiences associated with having heart disease and having to undergo surgery, which would not be associated specifically with having to travel for it. It was therefore necessary to find some kind of 'comparison group' who had a similar complaint and underwent surgery but did not have to travel for it. An ideal comparison in some ways would have been Londoners scheduled for the same operation in the London hospital to which the South West patients travelled, but the London population was demographically very different from the South West patients. Some kind of matched sample might have been possible, pairing each South West patient with a similar London patient, but matching on a number of characteristics tends to be difficult, so the result might have been small and untypical samples. Further, the facilities and access for interviewing which had been negotiated in the South West were not available in London. It was therefore decided to use a group of South West patients who had a similar complaint and were treated in the district general hospital. The consultant suggested a group suffering from a different kind of heart problem as reasonably similar to the target group.

A final question was numbers – the size of the sample. Here the major constraints were time and the purpose of the study. Four groups suggested themselves initially – travelling patients, patients with a similar complaint who received surgery in the South West, and their respective partners. To obtain information about factors such as initial expectations and information available before travelling, uncontaminated by lapses of memory and the effects of subsequent experience, the study had to be a prospective one, asking questions before travelling and then following up with a further questionnaire after the experience. A year's worth of referrals from the South West to the London hospital would give about 200 cases, which was a sufficiently large sample to allow formal statistical comparisons to be made (see Chapters 9–11). However, material for an information booklet for patients was required more swiftly than this time-scale would allow, so interviews were also carried out with patients who had received surgery during the past year, to give preliminary answers which would be contaminated by memory but still better than nothing as interim information.

Care for older people in the community

You should now read the account of Abbott's community care research presented as Example 2.1.

Example 2.1 COMMUNITY CARE FOR OLDER PEOPLE

This is a piece of applied social research commissioned by and undertaken for social care authorities in Cornwall, in the South West of Britain. The stimulus for the research was the impending implementation of the National Health Service and Community Care Act in April 1993.

In preparation for the implementation of the Community Care legislation, Cornwall Social Services, Cornwall FHSA [Family Health Service Authority], Cornwall and Isles of Scilly Health Authority and Cornwall Community Trust were concerned to examine in detail the skill mix involved in providing community care for chronically sick and disabled people and the elderly. Their concern was that personnel should be used as appropriately as possible, and that qualified personnel should not be undertaking tasks that could be undertaken by others in providing services for these client groups. (Abbott, 1992b: 1)

The purpose of the research was to document what statutory and other services were provided for the client groups, and particularly for older people, in this remote part of England where population density is low and population dispersal high. A particular focus of concern was the management of the small number of cases where needs are complex and may be provided for by more than one source. Within this remit a more specific purpose still was to examine the overlap between district nurses and home helps in the provision of social and personal care and the efficient use of trained nurses as a resource.

Three general practitioner (GP) health practices were selected as a focus, in three different kinds of area. The research proceeded in several phases, involving a range of data-collection techniques:

- 1 The three areas were 'cased' by observation and talking to key informants, with the aim of identifying every elderly or disabled person on the GPs' books who received home help or district nursing care and every provision in the area which catered for old people's needs. An initial report on the available provision was made to the client.
- 2 Interviews were carried out, in their own homes, with all the identified older/handicapped people and, where there was one, with the 'informal carer' (co-resident spouse, relative, etc., providing care). None of them refused to co-operate, though not all questions were answered satisfactorily by every informant. The questionnaire asked what kind of service providers had visited during the last year and how often, which of a list of duties or services had been received, what other services the informants used, how satisfied they were with provision, and basic questions about age, gender and whether they had living (and visiting) relatives in the locality. The degree of isolation of their house was also noted by interviewers.
- 3 District nurses and home helps were sent a similar questionnaire, asking what tasks they performed for each client and how they saw their role. Eleven of the 16 potential district nursing respondents returned the questionnaire, and 31 of the 37 home helps.
- 4 One of the researchers accompanied home helps and members of the district nursing teams when they visited clients, to talk to them less formally and to observe the work they undertook and how they interacted with clients.
- 5 Later, district nursing team leaders and home help organizers across the county were sent a questionnaire on the allocation of responsibility for different kinds of client and different kinds of task. This questionnaire included vignettes – short

descriptions of cases accompanied by questions about who should be responsible for various care tasks in each case. Nineteen responses were received from home help organisers and 28 from district nursing team leaders.

One hundred clients were interviewed (all the users of district nursing and/or home help services, plus three identified users of day-care services). Just over 10 per cent received both district nursing and a home help service; the others had one or the other, in roughly equal numbers. Just under half had an informal carer – generally a spouse and mostly themselves over 75 years of age. The survey identified a range of services received by clients. Home helps performed domestic and social care tasks (cleaning, for example, or helping clients shop or collect pensions). District nurses performed most of the medical tasks such as changing dressings. Both services provided personal care (bathing, dressing, washing hair, and so on). Where clients received both services there tended to be a clear division of tasks, but district nurses often provided personal care on days when the home help was not visiting. District nurses were concerned about the ability of home helps to handle personal care without training. Home helps were annoyed at the lack of recognition of their skills, acquired from years of caring for their own families and relations.

Both district nurses and home helps admitted to performing tasks for patients which were not on the nursing/home help care plan agreed for the patient. For nurses these included minor social, personal and occasionally domestic care but were rarely performed on a regular basis. The home helps performed heavy domestic work or 'client-sitting' while the carer went out. Two-thirds of the home helps said clients telephoned them at home – mostly to ask for shopping to be done, but in five cases for other reasons such as that they had fallen over. Several of the home helps said they sometimes made unscheduled visits to their clients, to see they were all right when they had seemed ill.

Despite poor pay and irregular hours of employment there was a high degree of job satisfaction among home helps. Far from feeling exploited, most regarded their job as one requiring skills which they had acquired during a lifetime of domestic, personal and social care in their own and their parents' homes. The job was seen as rewarding and as deserving a higher image; several thought the title of 'home help' was inappropriate, preferring something with 'carer' in the title.

From the questionnaire to organizers and team leaders – those currently responsible for the allocation of services – we can see that the expected division of labour is seen as appropriate by both, with home helps allocated to domestic tasks and district nurses to medical/nursing ones. Personal care allocation overlaps, but the responses confirm that each 'profession' is likely to see it as somewhat more appropriately allocated to their own staff than to those of the other service. Both are likely to regard continuing domestic tasks – cooking, light cleaning – as appropriately allocated to the spouse, however old and infirm, but this is less likely to be the case if the spouse is male. It is also seen as appropriate, by both, to assume (without any check on the feasibility of this) that some domestic and personal care tasks will be performed by neighbours or visiting relatives (for example, daughters living within 10 miles).

Further reading



For fuller results of this study, and more on its design, see Abbott (1992c, 1994, 1997) or Abbott and Sapsford (1993).

This was another piece of commissioned research, called for at a time when a reorganization of community care for the elderly was impending and required to provide data to aid in that reorganization. The surface 'problem' was general and descriptive – to see what care older people (and a small number of the chronically sick and disabled) were offered. A particular focus, however, was to be the practice of the home help and district nursing services. Underlying the original request of the research was a notion that qualified nurses should be doing only nursing which requires appropriate qualifications, with other tasks carried out by unqualified personnel. It was envisaged that most of these would be friends, relatives, neighbours or the home helps, but in the event it turned out that unqualified staff attached to the district nursing service – nursing auxiliaries – also carried out some of these tasks.

The problem was therefore clearly defined from the outset. However, the academic commissioned to carry out the research was also interested in the nature of women's work and specifically the work and working conditions of home helps, so the design of the study had to include material relevant to this as well. An initial preconception, natural for a feminist, was that home help work would emerge as exploitative and demeaning. In many ways this was also the outcome; home helps are paid little per hour for an unreliable number of hours per week and are heavily controlled by organizers in determining the formal scope and content of their work, which may be taken as evidence of exploitation. However, the research was also able to show that the women enjoyed and valued their work and that it drew on a considerable (unacknowledged) skills base. That it was able to show this is due to the original design, which was kept open enough that unexpected findings could emerge. While tight and precise problem definition is necessary for tight and precise answers, an over-tight design leaves you unaware of other factors that might be important. (Worse, it may leave you suspecting the importance of other factors but without the evidence to explore them.)

The nature of the sampling was more or less dictated by the resources available through the commissioning agencies. A county-wide survey would have been more representative of the county's practice as a whole but might have been complicated by differences in policy or practice between different areas. To ensure that where differences emerged the samples were big enough to allow adequate analysis, it was necessary to take a cluster sample, nominating areas within which the whole caseload would be approached. Three GP practices would yield about 100 cases, an adequate sample for analysis and within the resources available. Practices were therefore picked which typified particular kinds of area

and between them gave an idea of the range of working conditions and locally determined needs.

From the start the questionnaire to older people was going to be interviewer-administered – it was quite long and complex and not suitable for self-completion, particularly by people who might be quite frail and easily tired. Asking the older people themselves (and their ‘informal’ carers) was an obvious starting point in exploring what services were provided and ensuring that the full range of providers appeared in the research. For the more detailed study of what home helps and district nurses provided, however, it was obviously necessary to ask the providers. This allowed a check on the validity of answers from the clients and opened up areas for discussion where the providers’ answers differed from those of the clients. It also permitted exploration of actual as opposed to formal practice – what extra duties home helps and district nurses performed and the extent to which their help was called on outside the formal framework of the visit (for example, by the client telephoning them at home). Here a self-completion questionnaire was used, and the main problem of self-completion questionnaires was inevitably encountered – that not all informants do complete and return the questionnaire. This is a problem because those who refuse or cannot be bothered may be different kinds of people from those who comply, leading to biases in the sampling. Often it is necessary to build in some way of controlling or at least identifying these biases.

The questions were highly structured for the most part, consisting, for example, of lists of duties which might have been carried out. This limits the breadth of the information – it is always desirable to have an ‘other’ category under which informants may record items which had not occurred to the researcher before the event – but it is necessary in cases such as this in order to get comparable information. If we want to be able to say that home helps and nurses carry out non-overlapping sets of duties, or that one category does tasks which might be seen as the preserve of the other, then we need to be sure that people in each category considered and selected or rejected the same list of tasks on the questionnaire. (The list was as comprehensive as possible. It was compiled from the job descriptions of the two categories of provider, plus items which came up in early conversations with them, plus items drawn from previous research on the care of older people, plus anything else which occurred to the research team as relevant.) The questionnaire also included more ‘open-ended’ questions on job satisfaction and the nature of the job, however – general questions to which the informants gave extended written answers rather than just picking from a pre-specified list – which is what permitted new ideas about the jobs to emerge.

Clients and providers are the best placed to tell us what services are provided, and providers can also give us information about how they feel about their jobs. In addition, the providers can report on policy, as they see it. The allocation of work and allocation policy are determined not by the immediate providers, however, but by their ‘controllers’ – the team leaders for district nurses and the

organizers for home helps. A further questionnaire was therefore seen as desirable, to those who allocated work and implemented allocation policy. There are relatively few of these, so it was necessary to mail county-wide in order to obtain a reasonable sample size (and even then the numbers of completed questionnaires would be too small for formal statistical analysis). This questionnaire consisted mostly of open-ended items asking about policy, resources and constraints on allocation. Because there is a difference between what people might say is policy in general and what they might do in particular cases, however, some more realistic element was needed. It would have been possible to take actual cases and see what allocation was made, and to question the organizers or team leaders about why, but this would have been time-consuming and expensive, and there might have been ethical problems about discussing real cases. What Abbott did, therefore, was to construct fictional cases on the basis of real ones which she had encountered – vignettes – and ask the organizers and team leaders which of a list of services should be provided and by whom. This yielded useful data about the notional split in duties between home helps and district nurses, about differences in the ways in which the two services said they would allocate resources and about the extent to which each service thought friends, neighbours, non-resident daughters, and (often frail and elderly) spouses should be responsible for some elements of the care.

The major ‘political’ issue in the research was that there were conflicts between providers which were not apparent at the start, and the district nurses felt under some threat from the impending statutory reorganization and any research which emanated from it.

The home helps wanted to retain personal care and do more of it because they wanted to maintain or increase the number of hours they were employed. The [district nursing] auxiliaries felt that if home helps took on more personal care their own jobs were endangered ... The district nursing sisters certainly justified their taking on clients who required only personal care, in part, as protecting the jobs of their auxiliaries, and I was certainly seen as a threat – a researcher who might recommend that auxiliaries were no longer required. (Abbott, 1994: 303)

The element of threat was overcome, fortuitously, by the openness of the design: as well as ‘cold’ precoded questionnaires there were plenty of personal interviews and opportunities for conversation and plenty of room on the staff-directed questionnaires for informants to talk about what was important to them as well as answering the researcher’s specific questions.

Causes and effects of alcohol consumption

For our third and final case study in this chapter we shall look at a North American survey of drinking among women.

Before reading on, look at the description of this presented as Example 2.2.

Example 2.2 ANTECEDENTS AND CONSEQUENCES OF WOMEN'S DRINKING

In the autumn of 1981 a research group at the University of North Dakota conducted a national survey of drinking and drinking problems among women. Four major sets of possible antecedents were explored in the questionnaire: personality variables and childhood experience; environmental circumstances (including the drinking behaviour of significant others, extent of social support, and the characteristics of the main interpersonal relationship); gender-specific stereotypes of drinking; and life-history events (both stressful events and more specifically sexual experience and dysfunction and obstetric and gynaecological disorders). There were also a large number of variables to do with consequent problems, including those which might be taken as particularly relevant for women – for example, impairment of household role performance, problems in relating to children, and accidents in the home. Following the lead of earlier surveys, questions were asked about driving while intoxicated, behavioural problems at work or loss of competence, and spouse's/partner's complaints about drinking or drunken behaviour.

The number of different problems experienced in the year preceding the survey was taken as an index of problem consequences. An index of alcohol dependence was also constructed, based on symptoms such as drink-related memory lapses, rapid drinking, drinking in the morning, inability to stop drinking before becoming intoxicated, and inability to reduce consumption over time; the number of different symptoms experienced in the preceding year formed the index. The questionnaires also measured demographic characteristics such as education, household income, marital and employment status. The main survey questionnaire was pretested on 100 randomly selected respondents in three cities.

Particular care was taken to select questions and phrase them in such a way as to maximize their relevance to women's lives. Care was also taken 'to maximize the validity of self-report. For example, drinking questions in the screening interview included a wide range of response categories and implied that frequent or heavy drinking was acceptable and normal' (Wilsnack et al. 1987: 92).

Questions on potentially sensitive topics were asked towards the end of the interview, to allow some prior rapport to develop with the interviewer. Questions on sexual experience were presented in self-administered handouts which were then placed in sealed 'privacy envelopes' so that the answers remained unseen by the interviewers. It is notable that only four of the 1317 respondents refused to continue to the end of the interview once they had started it.

There were three main measures of alcohol consumption:

- 1 Thirty-day frequency – how often during the last month the respondent had taken a drink of wine, beer or 'liquor' ('spirits', for British readers). From this an estimate was made of the quantity of alcohol consumed per day, with respondents consuming more

than one ounce per day (roughly two glasses of wine or just over two glasses of beer or shots of liquor being counted as heavy drinkers). The main purpose of this measure was comparison with earlier surveys.

- 2 This estimate was refined, taking account of more detailed information (for example, on the use of 'regular' or fortified wine, on the usual size of the person's drinks, and so on). This refinement made a slight difference to the figures, moving a few of the 'moderate' drinkers to 'light drinker' status.
- 3 The first two estimates were based on what respondents said in answer to a question about their 'typical' drinking. The third estimate was revised upwards on the basis of answers to questions about occasional incidents of heavy drinking (six or more drinks in a session) which respondents may not have included in their report of 'typical' behaviour.

The sampling design deliberately over-sampled heavy drinkers, giving a larger subsample of such women than any previous survey. National surveys in the 1970s suggested that about 20 per cent of the North American female population took four or more drinks per week, and about the same proportion of the female population reported one or more problems connected with drinking – see, for example Clark and Midanik (1982). Sampling was carried out by the National Opinion Research Center, which selected over 4000 private households from its pre-existing national probability sample, in about a hundred geographical clusters throughout 48 states. All women in these households were approached to ascertain their age (only people aged 21 or older were to be interviewed) and the extent of their drinking, and samples of moderate to heavy drinkers (500), light drinkers/abstainers (378) and former problem drinkers (39) were selected and interviewed. There was also a sample of men (396) for purposes of comparison, even though the main focus of the research was on women. Response rates as a percentage of individuals eligible for interview were 89 per cent for heavy or former problem drinkers, 83 per cent for light drinkers or abstainers and 66 per cent for men. (A major cause of 'refusal' among men was that full-time employment made them less available for interview.)

Data were collected by 120 interviewers employed by the National Opinion Research Center. All but four were women, and none had any history of alcohol-related problems. There were three questionnaires in all:

- 1 A household enumeration schedule was completed by some responsible person in the household, listing the names, sex and ages of all persons over 21 in the household.
- 2 A five-minute screening interview was administered to every adult woman thus located, with questions on drinking embedded in a series of questions about social and recreational activities, health and use of coffee and tobacco. On the basis of this each woman was classified as a problem, heavy, light or infrequent drinker (abstainers falling in the last of these categories).
- 3 The main survey questionnaire was administered to all moderate, heavy or former problem drinkers and to a random selection of light drinkers, abstainers and men.

The interviews were carried out in private and took between 90 and 120 minutes. They were completed between September and December 1981, before the onset of the Christmas festivities.

From the data, weighting procedures were used (see Box 2.2) to estimate distributions and relationships in the population. The headline conclusions were as follows:

- 1 Men, on average, drink more than women and are more likely to report alcohol-related problems.
- 2 Contrary to the popular belief of the time, there had not been any dramatic increase in women's drinking between 1971 and 1981 when figures from this survey were compared with the results of an earlier one. However, there were suggestions that women aged 35–64 had increased their drinking over the period.
- 3 There were strong indications that certain subgroups of women were at greater risk than others of becoming heavy drinkers and/or developing drinking problems – those aged 21–34, women who had never married or were divorced or separated unemployed women seeking work, and women cohabiting with 'quasi-marital partners'.
- 4 Depressive symptoms and depressive episodes appeared to be related to regular heavy drinking rather than to episodes of excessively heavy consumption.
- 5 Heavy drinking was linked with a variety of obstetric and gynaecological problems, ranging from heavy menstrual flow to miscarriage or stillbirth.
- 6 Women who were heavy drinkers reported that alcohol improved their sexual experience. There was some indication that this may be a genuine effect, not just a matter of perception, but that the relationship may have been curvilinear, with most disinhibition at moderate levels of consumption and some dysfunction among heavy drinkers.
- 7 Young women drinkers (aged 21–34) were most likely to report alcohol dependence symptoms, drink-related problems, if they lacked stable marital and work roles. Women aged 35–49 were most likely to report these if they had lost such roles – for example, through separation or divorce or through children leaving home. Women aged 50–64 were most likely to report them if they were married with no children at home and had no paid employment. Women aged 65+ were unlikely to report them at all.
- 8 There was no support for the claim of earlier studies that heavy drinking was correlated with discrepant gender-role orientation.
- 9 Multivariate analysis suggested moral/religious beliefs, availability of drink at home and association with others who drank as major predictors of drinking or abstinence. Amount drunk was predicted by association with others who drank, disruption or reduction of household roles and (surprisingly) the existence of a stable relationship in which the woman could 'talk out' her problems and feelings. Multivariate analysis of problem consequences suggested that those most likely to experience them were not just the heaviest drinkers but also the youngest and those with fewest household and work roles (contradicting a current belief that women

who take on too much are likely to experience drinking problems). Reasons for drinking were also associated with whether consequences were experienced as problematic. Symptoms of alcohol dependence were best predicted by history of depression or anxiety. How the women drank was also predictive: heavy use of alcohol at home was strongly associated with dependence symptoms.

- 10 We should note, therefore, that different drinking behaviours can be seen as having different patterns of antecedent cause.
- 11 Amount drunk, and whether it led to the experience of problems, was relatively independent of the number of stressful life events experienced.

Further reading



For fuller accounts of this research, see Klassen and Wilsnack (1986) and Wilsnack et al. (1984a, 1984b, 1987).

The 'problem' was to explore the antecedents and consequences of women's drinking. At the time when this research was carried out, American research on drinking and its consequences had tended either to make little distinction between men's and women's drinking or, if founded in a criminological tradition, to concentrate on the public drinking of men. Such useful research as there was on the antecedents of problem drinking consisted mainly of clinical studies of women in treatment for alcoholism – whose results were not typical of the general population of drinkers – or epidemiological studies of the general population which had representative samples but therefore tended to include only a very small proportion of problem drinkers. Existing studies also tended to focus on one kind of variable – personality traits, say, or environmental factors – and so give no picture of how different factors interact to produce drinking as a problem.

What was wanted was a sample scattered randomly across the entire United States and large enough to contain a wide range of drinking habits, from total abstainers and those who just have the occasional glass to heavy drinkers, and including some who have had problems in the past so that results for them could be compared with earlier work. This scale of sampling would not be feasible for even a large research team working alone, so they bid for and obtained research money from a national institute and hired an opinion research firm to carry out the interviewing. The institute already had a large preselected 'panel' of potential respondents, randomly distributed across the nation, and from this a set of subsamples of households were drawn, clustered geographically to help keep down interviewer travel. Screening interviews identified the women in the household and the amount they drank, and this information was used to draw samples of light/non-drinkers, moderate/heavy drinkers and former

problem drinkers. This sample was not representative of the female population; deliberately, it included too many heavy drinkers. Note, however, that this was not a problem, as far as describing the distribution of traits was concerned (see Box 2.2).

Box 2.2 WEIGHTING

If you know that your sample is unrepresentative of the population because it is wrongly distributed on some variable – it has too many women, for example, compared with the population – you can make the figures representative of the population in this respect by weighting. This is best explained by an example.

Gender	Number in sample	Proportion in sample	Proportion in population	Weight	Weighted sample
M	200	20%	50%	$50/20$ $= 2.5$	500
F	800	80%	50%	$50/80$ $= 0.625$	500

If you have 200 women in your sample of 1000, and the population has an equal number of men and women, you work out a weighting factor by dividing the desired percentage by the obtained percentage, and multiply your number of female cases by this factor; in this case the weighting factor is 2.5, so the number of women there should have been in the sample is 500. You do the same for the men.

The question of comparison arises almost immediately: if we want to know about women drinkers, how do we ensure that our results are descriptive of women and not just of drinkers irrespective of gender? The obvious course is to sample men as well, and this is what the researchers did.

A great deal of thought had to go into the screening interview and the main survey questionnaire. Past research was examined to yield questions worth asking about the amount consumed, about factors that have been indicated as possible causes or predictors of drinking and about possible problem consequences. To the long list of possible factors the researchers then added problems and stress factors which had not been much considered in previous research but which might be important specifically for women drinkers –

'domestic sphere' issues, life changes such as separation, divorce or children leaving home, and issues of sexuality and relationship. 'Tests' had to be found for psychological traits and states. Ways of asking questions had to be found which would not embarrass informants by asking them to discuss intimate details of their private life with friendly strangers. (The procedure adopted in the end was to have questions on sexuality and sex life, and also questions on violence and illegality, presented to respondents on a printed sheet, to be filled in and sealed in an envelope, so that the interviewer did not know the answers.) Even the questions on drinking behaviour and amount drunk had to be tactfully phrased so that the respondent did not feel attacked by them – treating heavy drinking as normal behaviour, not as some kind of deviation to which the respondent was asked to confess. The questionnaire as a whole was tried out (piloted) on a separate sample of respondents, to check ease of completion and whether the procedures had the desired effect.

This kind of detailed attention to measurement and procedures is entirely typical of good survey work. Collection has to be systematic – every person has to be asked the same questions, in the same order – so that differences between people or groups are not ascribable to differences in the ways in which the measures were taken. They also have to be framed with the thought in mind that how a question is asked is at least partly responsible for how it is answered. As respondents we react to the apparent intent of the questioner, trying to make sense of what is being asked of us and looking for hints as to what is required and what the 'right answers' are. If a questionnaire implicitly says to us that drinking is something to be disapproved, we are likely to respond (even without knowing we are doing so) by understating the amount that we drink. We are also embarrassed by talking about some topics, unwilling to discuss them with strangers or even annoyed at being asked to do so, and unwilling to put ourselves in a bad light. Some topics probably cannot be tackled by interviewer-presented survey questions. The researchers in the drinking study decided that questions on sexuality were of this kind and opted for a self-completion form which gave some degree of privacy to the answers.

What was taken for granted in this research, however, was that you can get a valid measure of how much somebody drinks just by asking them. This had been the practice in all the previous research, but it is open to doubts about the accuracy of memory – our own knowledge of how much we drink and our ability to report on it. Another problem arises from the sampling in this study, which is confined to people in private households and excludes the homeless and those in institutions. It is possible that these excluded people, who may include some of the heaviest drinkers, may display effects seldom or never seen in the 'domestic' population. For overall estimates of women's drinking their exclusion is important, particularly as 'selection' for homelessness or institutionalization may not be the same for the two genders. See Godfrey (1986) for a discussion of these and other problems.

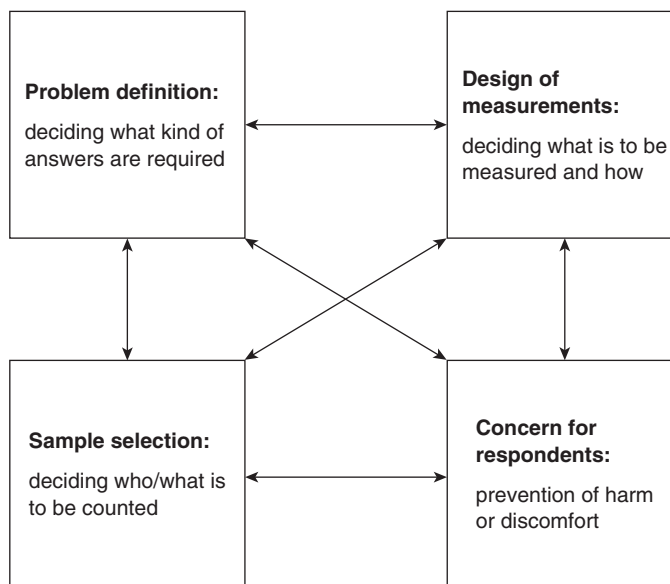


Figure 2.1 Overall design of a survey project

Practicalities

Problem definition

Thus there are four elements involved in the initial planning and definition of a survey, illustrated in Figure 2.1: problem definition; sample selection; design/selection of measurements; and the questions of social and ethical responsibility which I have brought together under the heading of 'concern for respondents'. They are shown as multiply interlinked in the diagram for two reasons – that any of them can be the starting point of the process, and that decisions made within any of them may have consequences for all the others.

We generally think of 'problem definition' as the first stage of any research – it comes first in any report of research. Not all research follows this idealized pattern, however. It may be that the idea for research starts not with problem definition but with sample selection. You may, for example, be a student required to carry out a project as part of your course, in which case your first concern may be to what situations or groups of people you can readily gain access, selecting theory to test or problems to explore which can be handled by research into these people or situations. Alternatively, the data collection procedures might be the driving force of the particular project: this is often the case with research into personality or intelligence, for example, where instruments which have been devised have to be tested and standardized on large and varied populations.

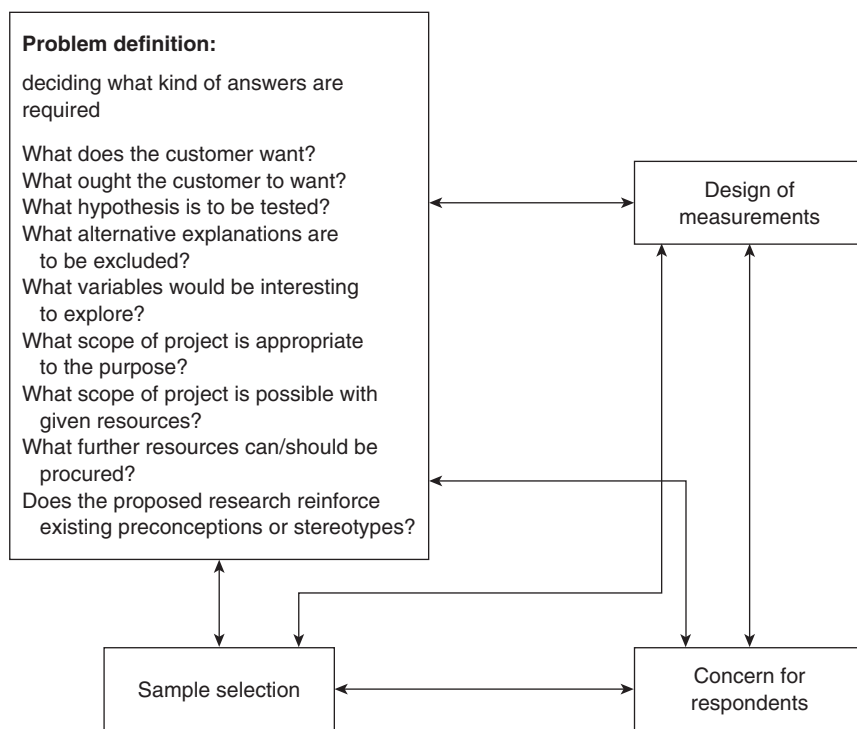


Figure 2.2 Design a survey project: problem definition

Figure 2.1 is deceptively simple; each of the boxes can contain a list of disparate questions which have to be answered at the planning stage, any of which could have implications for decisions made under the other headings. Figure 2.2, for example, shows what might lie inside the 'problem definition' box.

Before reading on, spend a few minutes thinking what more detailed questions you might want to put in this box. Then compare your answers with mine.

My version of the box contains the obvious questions about 'what the problem is'. In the case of commissioned research we ask what it is the customer wants – and what he or she ought to want, as the question which is presented may not lead to the kind of answer that is needed (see the discussion above). In the heart research discussed above, for instance, the immediate 'problem' was to gather information which would ease the lives of patients and partners travelling for surgery, but additional agenda items quickly became apparent: gathering evidence to support the creation of a local facility and making a contribution to the debate on 'internal markets' in the health service. Policy/practice research may not have an immediate customer but is similarly focused on producing information that will be useful (and used) by practitioners

and/or policy-makers. In 'pure' research there will be areas which need to be explored for a purpose, or hypotheses which need to be tested on the survey information. Under this heading we might also consider the question of pre-conception – are we limiting the scope of the research, and therefore of the answers it might produce, by 'falling for' a traditional or ideological construction of the topic area which closes off certain ways of thinking? (An example would be Hilary Graham's work on smoking, mentioned above, which treats it not as a pathological bad habit but as a reasoned behaviour in the face of certain kinds of routine adversity and thereby sheds additional light on it.)

An immediate further question is what 'alternative explanations' will need to be controlled in the design – what could shake the readers' faith in the hypothesis test or make them want to interpret observed correlations in a different way from that adopted by the researcher. This will have obvious implications for the selection of samples and the list of variables to be measured. It may also have implications for how samples are selected and variables measured; to ensure a valid conclusion, validity of design and sampling have to be built in from the start, and this is a form of 'control for alternative explanations'.

Finally, there are the sheer practicalities of scale and resource. Part of problem definition always consists of cutting the project down to size and addressing an aspect – or a level of approximation – which can be handled with the available resource. This necessity is in perpetual tension with the need to design a project which will actually deliver conclusive (or at least strongly suggestive) and actionable results.'

'Sample selection' similarly, breaks down (Figure 2.3) into a list of disparate questions.

Again, spend a few minutes thinking up your own questions and then compare your answers with mine.

We need to identify the target population – 'women', say, following Example 2.2 above, so that we can explore women's drinking habits. We can then think of a rigorous way of drawing a representative sample of them – which usually means some form of random sampling (see Chapter 3).

Again, resourcing may be a key issue. The researchers in Example 2.2 had access to funding and were able to employ an opinion research agency which had already identified a representative sampling frame to carry out the interviews. If your resources were more limited and you had to do the interviews yourself, you would probably have to compromise and select something less than a fully representative national sample. You might, for example, have to draw your sample within easy travelling distance of your own base of operations. This, however, changes the population which can be represented – from 'women in Britain, for example, to 'women in the Middlesbrough area'. You would then need to construct your sampling pattern in such a way as to maximize the chances of your sample reflecting trends in the country as a

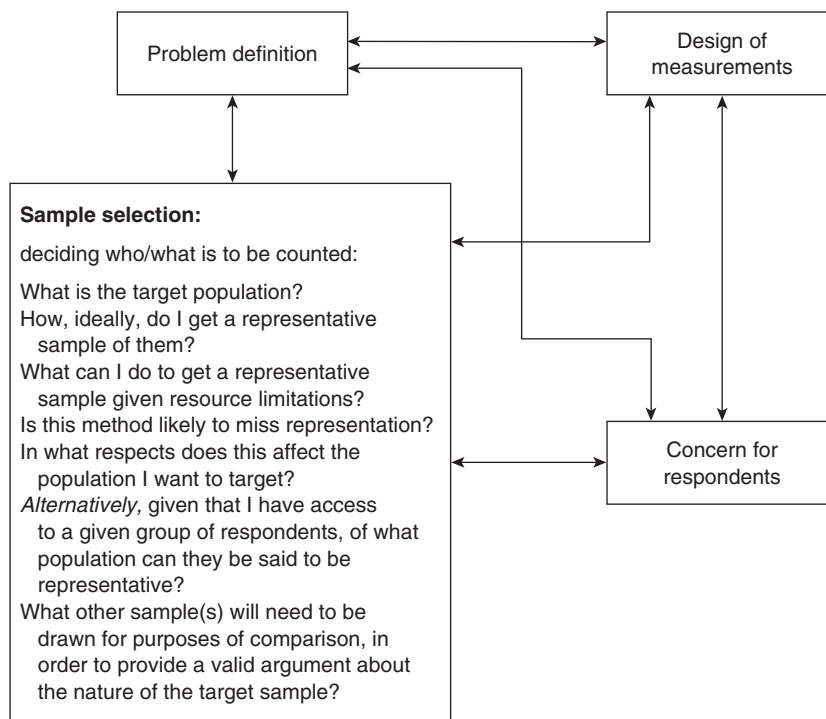


Figure 2.3 Design of a survey project: sample selection

whole – by making sure you have a mix of urban and rural areas and a mix of affluent and deprived respondents, by ensuring you cover a range of different occupations, by ensuring that you sample both women in paid employment and women who stay at home, and so on. You might want to add a sample from some other part of the country (Liverpool? London?) as a form of control for alternative explanation; if the results from the second sample paralleled those of the first, then you probably have a description of ‘women drinkers’, not just ‘women drinkers in Middlesbrough’. Alternatively, you might be able to draw on someone else’s survey results as a check on at least some portion of your own.

Note that specification of the population, properly a ‘problem definition’ task, is affected reflexively by how you do your sampling. For some research problems, for example, you will probably have to rely on volunteer samples; research on loneliness, for example, might be done by putting an advertisement in a magazine and analysing the replies. Your population is then ‘lonely people who are prepared to fill in questionnaires voluntarily’, however, and you would have to acknowledge that your research had no bearing on the sort of depressive person who has withdrawn from contact altogether. The drinking research in Example 2.2, we noted, actually explores domestic drinking – the drinking of women who live in

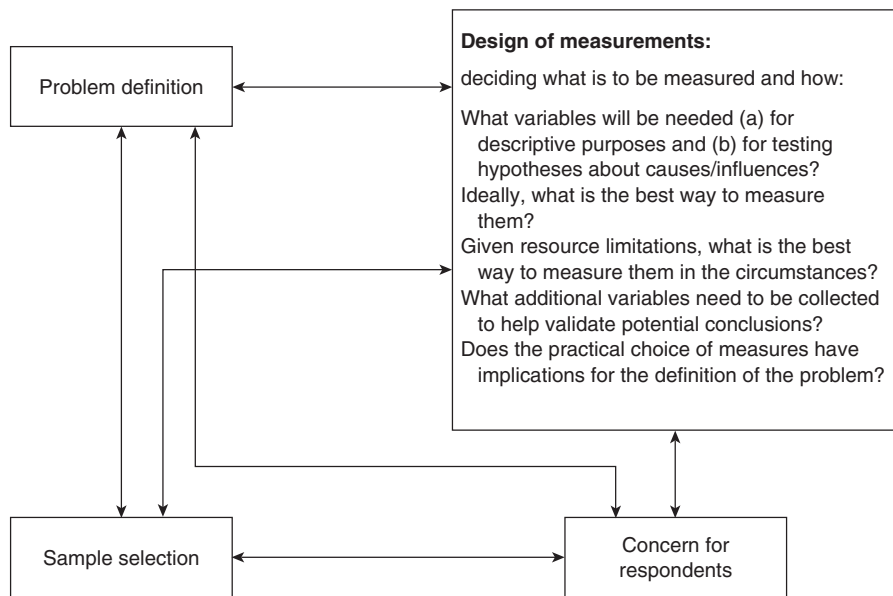


Figure 2.4 Design of a survey project: measurement

households. It therefore has little or nothing to say about homeless women or those confined to penal or psychiatric institutions.

At this stage you will also be asking yourself what range of samples are needed, and in doing so you will again be exploring the nature and boundaries of your problem. In Example 2.1, for instance, the obvious informants on domestic services for older people are those who receive them and those who deliver them; they can provide different kinds of information, and Abbott sampled both. If we want to know about policy as well as practice, however, we need to talk to those who make the allocation decisions, and so Abbott added a sample of organizers and team leaders to her research. In the process she extended the nature of the 'problem' from 'Who does what?' to 'Why and in what cases are certain services allocated?'

Alternatively, you might have started the research with a notion of what sample you want to explore. You are a teacher or a nurse, for example, so an obvious and very relevant research population is schoolchildren or patients, or other teachers or nurses. In that case you will be looking at the sample you have available, deciding what populations it can fairly be said to represent, and using these deliberations as the basis on which to decide what your research problem is going to be. Or, more often, you will be seizing a passing opportunity to get information in an area in which you have prior interest. Example 2.1 above is an example of this, in a sense; Abbott had questions to answer for the commissioning agencies, but she also took the opportunity to explore the

nature of the home help job, as a form of women's labour which she had not previously examined.

Deciding on what is to be measured also involves a whole list of questions (Figure 2.4).

List your own questions before reading on.

Some of my questions are the obvious ones. In hypothesis-testing research, what are the dependent and independent variables, and what other factors need to be taken into account at analysis and therefore measured during field-work? (See Box 2.3 if you do not understand these terms.) In more exploratory research, what kinds of information do I want, how am I likely to want to interpret it, what alternative explanations may be possible, what data do I need to exclude these? Problem definition and listing variables to be measured are part of one and the same process.

Box 2.3 VARIABLES

A variable is a measured quantity. Conventionally we distinguish between:

- *descriptive* variables – those which are just to be reported on, with no conclusions drawn about influence or causality;
- *dependent* variables – those we want to say are caused or influenced by others;
- *independent* variables – those we want to say are doing the causing or influencing;
- *extraneous* variables – those which, it might be argued, could provide an alternative causal explanation and so cast doubt on the one we are advancing.

For example, in a survey we might measure people's place of birth, their social class, their physical strength and their diet. 'Place of birth' is a descriptive variable: we just thought it was something interesting to put in the report. 'Physical strength' is the dependent variable, and we want to argue that 'social class', as independent variable, is a cause of physical strength: being of a higher social class means you will be physically weaker. However, diet varies with social class, so an alternative explanation of differences in physical strength might be differences in diet.

Sometimes what it is possible or convenient to measure may react back on the definition of the problem by trivializing it. We are interested, say, in pathologically deviant sexuality in the general population, but the questions we can legitimately and safely ask in a questionnaire to get sensible answers will have to be about the range of normal (common) sexual behaviours and preferences; this alters the nature of the research. Or our theoretical interest in social class in the Marxist sense – the ownership or control of the means of production – but the

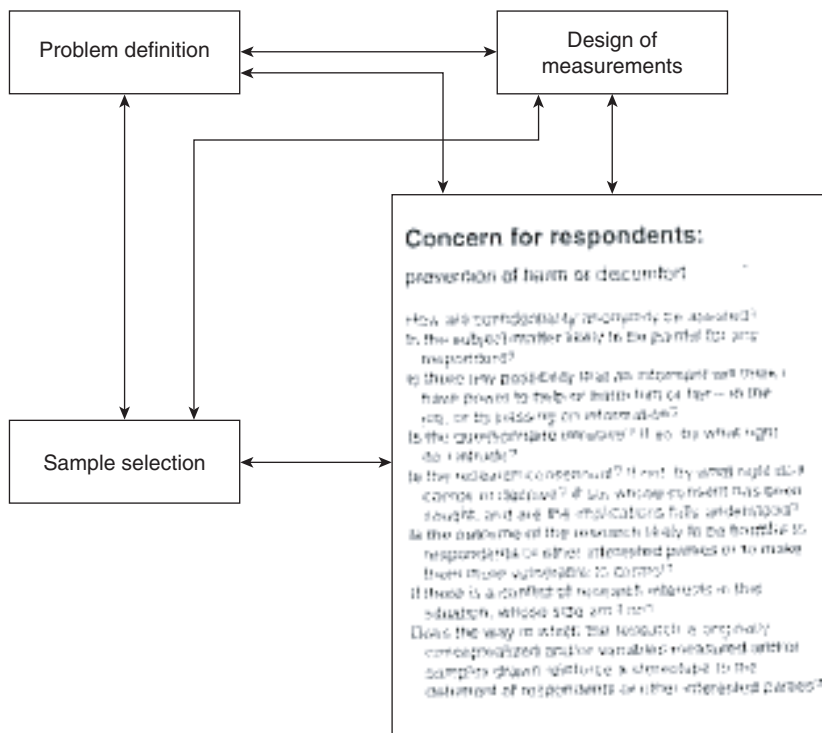


Figure 2.5 Design of a survey project: concern for respondents

Marxist class of capitalists is so small and so well defended against social researchers that we finish up exploring attitude gradients in what is essentially a middle class of managers, professionals and small proprietors – differing social images and perceptions of class interest within the middle class.

Doing acceptable research

Questions about how to measure variables and whom to survey slide imperceptibly into questions of concern for respondents (Figure 2.5). Again some of the questions are superficially obvious. You would not want to ask a question which caused all or some of your sample distress or psychological harm – for example, asking the recently bereaved about their feelings for their partners. You might, indeed, feel that bereavement was not a proper subject for survey research, if the recently bereaved were the target population; something more intimate, less 'objective' and more sensitive to counselling needs might be called for, if the research had to be carried out. This principle, of not harming the respondents, seems obvious in the abstract, but it is surprisingly often breached in practice. People ask children about their fathers or mothers, for example, without thought that some of them may recently have lost one or

both by death or divorce or, worse, feel deviant and stigmatized because they lack one or the other. In courses with a research project component it is normal practice for tutors or external examiners to have to steer students away from 'sexy' topics which they think would be fun to explore, such as the experience of those who have a relative dying of AIDS or current ideation among women who were sexually abused as children. Some kinds of research are to be undertaken only when there is legitimate reason for them; otherwise, interesting as they may be, they are best left alone.

What might be accepted as legitimate grounds for research into the experience of AIDS?

One legitimation for such research might be that you are already working in the area – you are a nurse or a social worker who counsels relatives of AIDS patients, for example. It must always be legitimate to do research on your own practice, with the aim of improving the service you offer. We should note, however, that research into professional practice has its own ethical, political and practical problems.

What problems would you anticipate when conducting research into your own professional practice?

- 1 It is difficult to separate yourself from your professional presuppositions and socialization; research into practice can all too easily confirm one's current habits rather than subject them to test. On the other hand, if you succeed in problematizing your practice for the purpose of the research, it may remain a problem, and you may have destroyed the conceptual and emotional basis on which you carry out the job.
- 2 If the research involves the practice of others as well as yourself – the running of a ward or school or police station, for example – then difficult moral and practical decisions have to be made. The morally most acceptable way to carry out the research is to make what you are doing public, and this also opens the way to substantive collaboration by colleagues. On the other hand, it is very likely indeed to change normal practice and it may lead some colleagues to feel spied upon. If you conceal the research you cause less immediate harm and disruption, but eventually your colleagues will learn what you have been doing and may not like it. (You may also, in some occupations, find yourself in formal or informal trouble with management!)
- 3 Many practice situations involve relationships of power which make it doubtful that respondents' consent can be given freely. If you are a school child seeking good marks for essays, or a prisoner seeking release, or a patient dependent on doctors and nurses for treatment, it is difficult to believe that you will not damage your chances if you decline to take part in their research. There are, indeed, some situations where research into your own practice can give rise to serious ethical conflicts. A prison officer doing research on prisoners, for example, may want to promise confidentiality and that nothing said in interview will affect the prisoner's chances. On another occasion, however, the same researcher will be the officer reporting on fitness for release, and general ethics and professional responsibility may have to take precedence over research ethics.

A second legitimization of research which might otherwise be considered 'tacky' would be that it does some service for respondents, individually or as a class. Conventionally, researchers have tended to treat their respondents in the same way as physical scientists treat inanimate matter – as something to be worked on for the researcher's purposes. The conventional research process has been likened by the feminist scholar Shulamit Reinharz (1979: 95) to the process of rape:

the researchers take, hit and run. They intrude into their subjects' privacy, disrupt their perceptions, utilise false pretences, manipulate the relationship and give little or nothing in return. When the needs of the researchers are satisfied, they break off contact with the subject.

This kind of use of people as objects to satisfy the needs of the research and secure the promotion or reward of the researcher is becoming less and less acceptable to the research community. We need to think carefully at the planning stage about whether this charge is true of our own projected research.

What might defend a piece of research against charges such as these?

A minimum justification might be that the future pay-off for the respondents – or people like them – would be substantial. This is a very paternalistic claim, however, that 'I, the researcher, know what you need and so I am justified in acting behind your back as long as it is for your own good'.

A stronger move towards treating respondents as people rather than objects is embodied in the notion of informed consent, and most ethical codes of professional and learned bodies now embody the requirement that consent be gained before research is undertaken. Three points need to be made, however:

- 1 Explaining the purpose of the research could change the nature of the answers. Many researchers compromise by explaining who they work for and giving just a vague idea of what the research is about, but this does not amount to treating others fully as people.
- 2 It is arguable that the consent of respondents can never be fully informed, because they do not have the researcher's background in theory, scholarship and research technique – in the same way as you can seldom give fully informed consent to a garage mechanic's proposed repairs to your car, because we do not know as much about engines as the mechanic. To say this, however, is not to excuse oneself from providing any sort of explanation.
- 3 Most of us would agree that there are circumstances under which concealment and even downright deceit can be justified. If the research involved investigating corruption, for example, few of us would argue that the corrupt are entitled to be treated with full respect. There is a general feeling that the powerful can look after themselves and that it is those without power who need protection from researchers.

The requirement to be concerned for respondents goes beyond the immediate conduct of interviews and the procurement of consent. The last three

questions in Figure 2.5 raise concerns of a different sort. The researcher is providing knowledge, and knowledge is power in the sense that research results will be used as evidence for and against this or that policy or practice. There is also the more fundamental notion that research conclusions become woven into the 'common sense' of the culture – or of that part of it that has the power to affect the lives of others – and so the researcher has some power to define who or what people shall be and to set up the agenda of what is expected of people. We have to ask ourselves, therefore, what harm can come from our results. (In Example 2.1, for instance, an outcome could be that people lose their jobs as personal care work is transferred away from district nursing teams.) If there is a conflict of interests (for example, between district nursing teams and home helps, in the case of Example 2.1), the researcher has to determine whose side he or she is on, or indeed whether it is proper to take sides at all. (Received wisdom is that research should be neutral. This seems to me desirable, but it can be achieved only to the extent that we start off the process aware of our own preferences and prejudices.) Finally, we need to be aware when planning research of the extent to which we cast powerless groups into a deviant or 'underclass' role and reinforce stereotypes about them. We shall discuss this further in Chapter 8.

Using the library and initial exploration

One thing which ought to have emerged from the three examples we explored above is the importance of library work in the early stages of survey research. We use the library to look for previous research and for national figures which establish a context for our own work. Earlier research shows us how the topic area has been theorized and understood and gives us clues about methods which might be used. We can also pick up other kinds of knowledge which we will need when planning the research: the numerical context, the formal and informal rules by which the area of study operates, and material on the experiences of people in the situation and the language they use to describe objects and events. Finally, the library may provide sampling frames and checks on validity and may enable us to build an element of replication into our design.

Other people's results are very useful. They may provide a comparison base, as in Example 2.2, where figures from earlier surveys permit comparisons over time. (Note, however, that for comparison to be possible you have to design your measurements and sampling pattern in such a way that they are identical to those of the earlier survey or at least contain the information for reproducing the pattern of the earlier sample – in other words, you need to be able to compare like with like.) Other people's results can act as part of the validation of your own argument: if you replicate their results in respects in which your research overlaps theirs, this may give us, the readers, more confidence in the validity of the remainder of the research. National figures help to set your

problem in context, showing how common or rare it is and who generally experiences it. You may need national or regional figures to plan your sampling so that the sample is divided up in the same proportions as the population on key variables (see Chapter 3) or to test, after the event, how representative a sample you managed to achieve. You may even find that you do not need to do the research at all, because usable figures already exist (see Chapter 12).

You will also need the theoretical, methodological, practical and experiential insights that the library can provide. Past work in the same or related topic areas will give you ideas about how to theorize the topic – what conceptual framework is to underlie the research – and how people have done such research in the past may give you ideas, or even fully developed tests or sampling patterns, for use in your own research. In practical terms, the library tells you what the ‘ground rules’ of the area are – what law or regulation underlies practice, what history precedes it, what images are presented of it in the media or by practitioners. Finally, qualitative research – and autobiography, and even works of fiction – in the same area may extend your grasp of what the problem or question means for those to whom it is important and for whom it forms part of daily life.

In practical terms you will need access to libraries – physically by visiting them, or electronically by using the Internet. (If you are not already a practised Internet user, however, you may want to limit your use of it to what is essential; now is probably not the time to become engaged in another long learning process.) In any library you will find:

- books, generally classified according to subject-based ‘shelfmarks’;
- the catalogue, which lists what the library stocks by author/name, title and, probably, subject area. The best catalogues are computerized and will allow you to search the library stock by different combinations of subject keywords until you find a relevant set which is small enough to handle.

Academic libraries and the better/bigger public libraries will probably also have

- a stock of journals, generally arranged alphabetically;
- abstracts and other bibliographical aids – reference works listing or even summarizing works (books, or journal articles, or theses/dissertations, or other kinds of text).

Many of the abstracts and other lists can be consulted on computer – either from disk or CD-ROM, or via a telephone connection to a remote computer. Remote links on the Internet that you can access may include the catalogues of other libraries, which are another useful source of references. Where something is not held in stock, there is generally some way of borrowing the work or obtaining a photocopy of the relevant article – for example, via the British Library in the United Kingdom. A fifth invaluable resource is volumes of

published statistics (or material on fiche or film, or computerized access to official statistics). Journal articles and some books can be obtained as full-text versions on-line.

It is true that most research reports start with some kind of review of the literature, and a 'literature review' which covers all the key works on your topic will probably be required of you if you are writing a doctoral dissertation; even student projects are generally expected to cover the key works in an area and to show some awareness of current research and theory. Good research uses libraries early in the planning stage. However, 'doing a literature review' is not where you start when you are planning your research. I usually start with something I have read in the past that seems relevant and useful to me, or with a subject search of the library catalogue to get out a fairly small list of books on the topic area, or by thumbing through current issues of relevant journals to see what people have published recently on the subject. Thinking about this small core of material gives you your starting point.

Having identified a starting point, you can scan backwards and forwards in time to make sure you have covered the important past work and to bring yourself up to date on current thinking and research. Scanning the past is done by looking to see what authors your starting point has drawn on and following up the references to them at the back of the book or article. Forward scanning involves (a) looking in catalogues and abstracts to see what more recent work these authors have published, and (b) going through current and recent journals – physically or by use of abstracts – to see what is being done currently (not forgetting the book review sections of the relevant journals, which will act as a guide to recent books). I also make a practice of noting the shelfmark of books which I have found useful and going to that point on the library shelves to see what else is catalogued there. At this stage I would also dip into published statistics, having formed some idea of the problem and the likely sample.

Finally, but very much as a late stage of the process I might do a subject search of the abstracts to see what I have missed. This would include a little serendipitous dipping into related categories, to broaden my vision and overcome newly formed preconceptions. This kind of formal review of literature used to be very time-consuming, but electronic means of searching have made it much easier to manage. Do not be afraid to ask for help, however; librarians are very helpful people and highly trained.

At the same time as you are exploring the library you will probably also want to explore the research setting and make your first approaches to informants. This is a good time for 'casing' the setting, if that is appropriate. You will remember that a quite extensive exploration preceded the questionnaire research in Example 2.1, trying to build up a complete list of the different facilities – statutory, voluntary and commercial – which were available to older people in the three GP practices selected for the research. This made it possible to offer a more or less complete precoded list of them on the

questionnaires when asking about which services were used, rather than relying on what happened to be recalled in answer to a vague open-ended question. The researchers also talked to practitioners and policy-makers in the area. In the heart disease research discussed above, this was the stage at which views of interested parties such as the cardiac unit sister were obtained. The aim at this stage is to try to get as rounded a picture as possible of what different 'stakeholders' think is going on. The questionnaire can then be designed to show the extent to which their descriptions are accurate and can include key questions to cast light on any disagreements between them. Perhaps more important, if you have a prior idea of what their different concerns are you can ensure that your research is likely to yield information which will be useful to all of them.

Many researchers carry out informal or group interviews at this stage, as in the heart disease research. Again the aim is to give potential informants and other 'stakeholders' a chance to have their views represented and to talk about what is important to them, before being confronted by a structured which is more likely to reflect what has become important to the researcher. A secondary aim is to obtain lists of items about which questions might need to be asked – kinds of problems, varieties of activity – and to get the 'flavour' of the language in which respondents talk about them, in order to construct questions which are easy for the respondent to understand and ask precisely and unambiguously what the researcher wants to know.

The research proposal

Obviously research proposals differ according to the purpose for which they are being drawn up. They all cover the same ground, however.

An *introduction*, or *rationale*, will say why the research is of interest – what the 'problem' or 'question' is and why anyone would want to do research on it. The justification may be in terms of public interest, or contribution to theory and knowledge, or illumination or evaluation of policy, or evaluation and improvement of practice. It will also contain at least the rudiments of a literature review. It may also be necessary to discuss ethical and/or political issues at this point, depending on the nature of the topic, at least to demonstrate that the author is aware of them. The purpose overall is to explain why the research is worth doing and to show that the author understands key debates and results in the area.

Next will come a section on proposed *methods* (or more than one, depending on the scope and complexity of the proposal). This will outline what you are proposing to do and who your respondents will be (or what the settings are which are to be investigated, if this is not an 'asking questions' study but requires counts of objects or events).

- It will say what population is the target of the study and how it is to be sampled, justifying the method in terms of precision and representation and/or as a 'best compromise' adopted because of limits on resources or difficulty of access, and considering what the limitations of the sample are likely to be.
- It will justify the use of survey methods at all, given that surveys are good at asking researchers' questions but less good at getting at respondents' own understandings of their world because of the degree of artificiality involved in standardized measurement.
- It may have to justify collecting people's answers to questions and using them as an index of behaviour or intention, rather than counting observed incidents or outcomes (which is also a valid kind of survey if carried out systematically). A survey of criminal intentions which asked 'Do you intend to steal in the next six months?' would not generally be expected to produce useful data.
- If attitudes, opinions or reports are to be collected, it will have to justify the use of postal questionnaires or interviewer-administered schedules (see Box 2.4).

Box 2.4 QUESTIONNAIRES AND SCHEDULES

A questionnaire is a list of questions which informants answer themselves – a 'self-completion' instrument. These may be handed out by an interviewer (as is the case in the British Census), but most often they are posted to potential respondents. A schedule is a list of questions asked by an interviewer, face to face or over the telephone.

Postal work is easier and reaches a larger sample for the same money, but non-cooperation rates are higher and some topics (e.g. sexuality) are not generally considered apt for questionnaires which arrive without warning in the post. Interviewer-administered schedules have a lower refusal rate if the interviewer is competent, can be administered in a more structured and standardized way, can overcome differences of literacy or attention span (which is why they were used in Example 2.1), can be more complex and longer than postal questionnaires and can be used to broach more difficult and sensitive topics without causing distress. However, interviewing in this way is quite expensive in terms of the time required.


- You ought to give an idea of how you will get over or around technical problems such as rates of refusal and non-cooperation.
- You will need to outline what is to be measured or collected and how, justifying the measurements as valid.
- Finally, if there are questions which need to be discussed under the heading of 'concern for informants', this may be the place for them. Those whose approval or funding is solicited will want to see that you have a proper ethical appreciation of the duty to protect informants (and possibly others) from harm, and they may be alert to political consequences of your sort of research.

In essence, the whole of a survey project is contained in its proposal and the definition of the problem to be tackled, so this chapter has given an overview of what you will encounter in more detail in the rest of this book. Chapters 3 and 4 deal with sampling in theory and in practice. Chapters 5–8 deal with measurement, the interpretation of results and obtaining results which can be interpreted. Chapters 9–11 look at statistical analysis – a return to sampling problems in that statistical techniques are about distinguishing between real population differences and apparent differences which arise merely by the vagaries of sampling. Chapter 12 looks briefly at published statistics and their uses and problems. Finally, Chapter 13 brings the main points together and discusses how to structure and prepare reports of your survey research.

Summary

Planning for fieldwork is dependent on developing and refining the initial (probably rather vague) research question to the point where it is clear what kind of data will be needed to answer it. Library research will probably be needed, to set the problem in context, explore its meaning and see what research others have done on it. From the fully developed question will follow a specification of the variables to be collected, and then decisions about how they are to be measured. It is at this stage, also, that ethical and political aspects of the research need to be considered.

Further reading

 Chapter 1 of Sapsford and Jupp (1996) gives a comprehensive overview of design issues in surveys and other kinds of research. (A second edition is forthcoming.) The first three chapters of Gilbert (1993b) are also worth reading as an introduction to the research process and its relation to sociological theory, as is the first chapter of de Vaus (1991).