

Research Quality Assessment Framework for “Obstetric Referral in the Cambodian Health System: What Works? 2013-2015”

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1. The Project

The project named ‘Obstetric Referral in the Cambodian Health System – What Works 2013- 2015’ aims to understand positive delivery journeys of rural women in Cambodia, with the following original aims:

- A. Investigate access and referral to public obstetric care for rural women in Cambodia
- B. Identify existing positive resources within district healthcare for women giving birth to support future health system reform
- C. Adapt and assess whether strengths-based analytical tools can generate robust research evidence
- D. Enhance Cambodian capacity to undertake qualitative research and use qualitative research results in policy making.

The project follows a set of design principles being:

- It is wholly based on qualitative research
- Is based on and will adapt Appreciative Inquiry (AI) for use in Cambodia
- Experimental – we are not clear if AI will ‘work’ as an approach and are open to failure
- Capacity strengthening for researchers is an essential component
- Policy relevance is important and ongoing consultation with policy partners will be undertaken
- Final project evaluation will be undertaken to make an assessment of impact.

- Research quality assurance is essential.

This framework addresses how we will conduct quality assurance in our project. Quality assurance is undertaken as part of researcher capacity development and to validate the research outputs in the eyes of the international health community, primarily academics and policy makers.

2. Appreciative Inquiry (AI)

This project is based on individual AI interviewing.

The external AI consultant on the project, Keren Winterford, provided the following description of AI:

The practice of AI methodology as described within the literature is predominantly uniform (Cooperrider 1990, Cooperrider & Whitney 2001, Whitney & Trosten-Bloom 2003, Ludema et al. 2003, Reed 2007, Bushe 2007, Cooperrider, Whitney & Stavros 2008). There are five core features. First it is participatory, with the participants leading and owning the inquiry process and its outcomes. A relational process of inquiry is enabled through the expression and sharing of multiple individual views. Second, through a collective process of inquiry new meanings and images of the future are co-created which are viewed as important in creating change, often described as transformational or generative (Barrett & Cooperrider 1990, Bushe & Kassam 2007, Bushe 2007). Third, the inquiry is focused towards an 'affirmative topic choice'. This topic is a positive and provocative statement, metaphor or image of the future, usually defined collectively, which frames the focus of inquiry and informs the direction of change. Fourth, AI includes a structured process of inquiry, most commonly known as the '4D cycle' or four phases of inquiry: 'discovery' of the best of what is; envisioning a 'dream' for the future; defining how that would work in 'design'; and planning how to 'deliver'. There are a various adaptations to this cycle including the 4-I cycle: initiate, inquire, imagine and innovate (Preskill and Catsambas 2006). Another description is the 5D model which incorporates defining the topic of inquiry, the affirmative topic of choice' prior to starting the inquiry (Watkins and Mohr 2001, Cooperrider et al 2003, Whitney and Trosten-Bloom 2003). Fifth, appreciative questions or unconditional positive questions are employed to lead the inquiry. Whilst originating in organisational development and most commonly used in that field, AI practice has since been employed within both large-and small-scale initiatives across a range of sectors including community development, leadership and counselling [2:20]

A rapid discourse analysis of contemporary AI literature (conducted by University of Leeds in May 2014) suggested the following key principles of the approach:

1. AI is change orientated and used when *transformative* change is desired.
2. It is hermeneutical (talk based) where talk is seen as "an active agent in the creation of meaning" [3] in the form of stories/narratives that participants tell about themselves (and/or their organisation, community etc).
3. It is based on interviews
4. The act of inquiry creates an impact on participants, or in other words, inquiry is itself an intervention
5. It is purely positive inquiry: problem solving is implicit (back-grounded) in AI and problems never lead the inquiry at any time

6. Knowledge is the experiences and imagination of all participants. Prompting, exploring and teasing out these experiences is the core of AI. Such knowledge exists separate from the inquiry process (positivist orientation)
7. It is democratic, in the sense that the experiences of all participants are equally valid and that seniors and juniors in organisational/community/gender hierarchies are seen to be equally capable of creating change
8. Focuses on individuals, seen as autonomous agents
9. Emerged from business and organisational development and has a structured method in 4 or 5 phases (define the topic of inquiry; discover existing strengths; dream about future peaks; design a plan to get to the dream; do it).

When our project is NOT AI

Our project is based on the first three phases of an AI cycle - define, discover, dream.

AI is often used as action research, which emphasises collaboration and changed roles between researchers and participants. However, we are not conducting this project as action research. We did not collaboratively decide on the affirmative topic for the inquiry (define stage), rather this was decided collaboratively between the researchers and latterly, with an external AI consultant. Nor do we intend to create a plan for achieving the dream or to deliver that plan. The research design does not include ownership of the inquiry by participants – for instance, in typical AI, the participants themselves would lead paired interviews of each other. This was not used because we seek to explore the use of AI in more standard and linear qualitative health research that is common in the field of international health.

Nonetheless, the process of inquiring in to the positive is expected to have an impact (see no. 3 in the list above) and we seek to identify some of these impacts in the final project evaluation. As is common, we will host a participant workshop in which findings are synthesised and fed-back to participants to enlarge on and come to a consensus on, a dream for the future. However, even in this we have not followed the mainstream of AI literature since our initial interviews incorporated discover/dream phases so in a sense we are repeating the dream phase.

In addition, our project is based on part of the recognisable AI cycle but will seek to adapt the approach to be relevant to Khmer contexts. This could mean that the final ‘version’ of AI that we end up using on project could be unrecognisable to AI practitioners in non-Cambodian contexts.

3. Quality Aims and Objectives

This framework is developed for use by the project research team. It will be used to address project objective C: “Assess whether strengths based analytical tools (in this case, AI) can generate robust research evidence?” by:

- Developing an assessment framework based on criteria derived from academic literature
- Generating a data stream on the use of AI in interviews and analysis
- Analysing this data stream and making an assessment of AI for external audiences

4. Definition of Quality

Quality in this project will be led by the current consensus [1] on what makes high quality qualitative research in the field of international health except where these conflict with the epistemology of AI, in which case we will use the AI definition and indicators.

There is significant overlap between what is considered best practice in AI and qualitative health research (QHR). One important similarity is how interviews are understood. Interviews are seen as *meaningful accounts* of reality rather than accurate or untruthful descriptions of an individual's beliefs or experiences. The limitations of interviews in an AI and typical QHR project are likewise the same. For one-off interviews, interview content is likely to be public scripts or in other words, what the interviewee deems to be socially acceptable responses. Also, interviews should not be taken as indicators of what people do or how they behave in interactions with others [4]. To ask, e.g. how can researchers validate whether interview responses are identifying genuine positive experiences (as in University of Leeds, Leeds Institute of Health Sciences Presentation 19th June 2014) is to misunderstand the opportunities and limitations of interviews as a research method.

There are however, some key exceptions between AI and QHR.

QHR has a shared and broad orientation to naturalism [4] – a commitment to understanding the everyday life as practiced rather than an ideal. AI similarly seeks a focus on meaning and interpretation of events, practices and objects for different groups and individuals in everyday life. But additionally, in AI the dream stage is seen as an essential component that encourages participants to consider a future best or transformative leap in to an ideal (and solve implicit problems by doing so) therefore an ideal is explicitly sought.

Given AI commitment to the positive, researchers should not frame an inquiry in the negative or even balanced fashion, research questions should be positive, participant negative responses should be listened to but not included in analysis or be prompted in such a way that the positive can be found in even very negative experiences. This could be seen as a direct conflict with qualitative research, where there is likely to be a commitment to follow both positive and negative experiences. This could lead to a situation where interviewees feel they cannot express negative sentiments. However, in this research interviewers will allow interviewees to express the negative but these signposts will not be followed. The alternative option (explore the positive within the highly negative) will not be used since the research team lack of experience with the AI approach – we need to develop skills in AI interviewing and analysis and build research capacity and confidence with the approach.

AI is based on interview/group methods. Question guides are semi structured to the extent that the researcher seeks to elicit the story around positive experience and should use neutral prompts (what happened next, who was there, when was that, how did you feel, where was that) into that positive experience and not seek to 'lead' the interviewee in to a topic other the positive experience identified by the interviewee. The positive is that which has been identified as positive by the interviewee through use of questions that include words such as best/better/peak/high point. The interviewee is prompted to explore the positive for themselves. The researcher role is to prompt for the positive and should not lead the interviewee to give a particular definition of positive. The interviewer therefore must be disciplined enough to 'hang back' in an interview and prompt for best experiences, the enablers of those, what the dream could look like and the enablers of that dream.

5. Quality Principles and Indicators

We wish to assure quality across three stages of research – design, process and output. This is based on the Reynolds et al (2011) suggestion to merge process and output approaches in a way that is appropriate for the epistemology of the project. We will therefore focus on

- Design - Ongoing project design (not original since the design has changed since inception and is subject to ongoing change as our understanding of AI, the Cambodian health system, Cambodian contexts, wider literature on referral gets stronger).
- Process - Conducting interviews and content analysis of interview data (since AI is based on interviewing)
- Output - Peer reviewed publication in international journals, which is assumed to be the source of greatest critique of results.

The table below outlines quality principles and quality indicators.

	Research Design	Research Process	Research output
Principles	<ul style="list-style-type: none"> • Internal coherence [5] • Flexible research design - to take account of our changing understanding of AI and to take account of lessons learned in the pilot for the main fieldwork 	<ul style="list-style-type: none"> • Ethical conduct • Voice is transparent – as researchers, we clearly distinguish our voice from other data sources (e.g. other published research; fieldwork; anecdotal evidence) at all times • Symmetrical/democratic meaning a) treating all interviewees in an equally ethical manner; b) allocating equal validity to interviewee responses in analysis even if power differentials operate in society; c) being aware of researcher bias and favouritism during interpretation of results • Systematic/consistent application of interview questions by interviewers across all interviews • Transparency of decision making throughout the research process • Reflexive conduct by researchers in assessing our own practice, our impact on the research process, and the assumptions we bring with us from other research and our life experience 	<ul style="list-style-type: none"> • Transparent on process • Democratic in voice • Relevance to Policy and Practice fully drawn out
How	<p>External peer review: written and oral feedback from</p> <ul style="list-style-type: none"> • 2 researchers (experienced in HPSA and/or AI; Experienced qualitative health researchers; Experienced working in 	<p>Internal assessment conducted by Leeds against research process indicators (see table below) through</p> <ul style="list-style-type: none"> • 1:1 debrief • in team meetings at which the external AI consultant is present 	<p>Project internal self-assessment checklist by project team when writing any outputs (journal articles, policy briefs, other research information going into the public arena).</p>

	<p>Cambodia and/or Southeast Asia and/or Asia)</p> <ul style="list-style-type: none"> • Presentations within University of Leeds 	Both of which use the QA framework indicators	
When	At least 3 times during the project (after pilot fieldwork completed and before the sharing/validation) workshop commences on the basis that the project design still has time to change to make later fieldwork more relevant.	<p>Individual debrief with each CDRI fieldworker after each field visit to assess data collection</p> <p>Team debrief twice during analysis for pilot and twice during analysis of main fieldwork to assess analysis</p>	When developing all research results or preliminary results that go to the project board or into the public arena (academic, government, other)
Data sources	Research summary	<ul style="list-style-type: none"> • Researcher reflection • Meeting notes on the monthly project meetings and periodic board meetings • Project emails 	Early manuscript drafts
Indicators	<ol style="list-style-type: none"> 1. The methodological understanding of AI, including rationale, opportunities and limitations for fieldwork method and analytical approach is clear. 2. There is internal coherence between the research purpose, epistemology, methodology, and methods. 	See below for process indicators.	<ol style="list-style-type: none"> 1. Research decisions for fieldwork and analysis are clearly traceable in the text 2. Researcher and participant voices are clearly distinguished. 3. Evidence base for claims made by researchers is clearly articulated 4. Participant voices can be heard and are allocated equal power by the researcher in analysis 5. The way in which the opportunities and limitations of AI impact on the research results is clearly set out 6. Relevance of the research to policy and practice is made, transparently bringing in researcher experience and knowledge of context

			7. There is sufficient description for readers to make their own judgement on research validity
Monitoring			

RESEARCH PROCESS INDICATORS OF QUALITY	
Sampling and Recruitment	<ol style="list-style-type: none"> 1. Our sampling procedure is clear, shared and was followed to ensure that participants were identified and approached in an ethical way (time given to consider participation, info sheet used, consent gained for participation and all forms of recording) 2. The interviews were conducted in a location convenient to the interviewee that allowed for private responses
Interview Process	<ol style="list-style-type: none"> 3. Non-verbal cues were noted by the interviewer in interview notes 4. Interviewer was disciplined in followed the AI questions, and focused on interviewee positive experience, using the basic prompts, allowed space for negative response but did not follow those responses in the interview 5. Interviewer signposted distressed interviewees to local support services where this was needed 6. Interviewer equally allowed all interviewees enough time to enlarge on their experience of high points, enablers thereof, their dream for the future, and what interviewees felt would be enablers of that dream. Time was allowed time for silence where needed 7. Interviewer gave opportunities to interviewees to make their own notes on paper to help explain experiences and views and interviewee also had the opportunity to view researcher notes during the interview and make comments on those 8. Interim results were shared with interviewees both to a) feedback researcher interpretations to interviewees; b) find out if researcher interpretations are recognisable and meaningful to interviewees (in QHR terms); c) expand on the 'dream' (in AI terms)
Transcription and translation	<ol style="list-style-type: none"> 9. Actual talk was transcribed from recorded interviews (so to include silences, stutters, interruptions, words spoken louder than others etc) rather than a tidied-up version 10. Researchers checked of transcripts systemically using a clear and known process

	<ul style="list-style-type: none"> 11. Full field notes were created following CDRI best practice and were analysed with transcripts 12. Translated interviews were back translated (if not all, then a portion to check for translation quality). Justification of number of scripts translated into English is logical. 13. Confusions between English and Khmer text were explored as they can be seen as valuable sources of research assumptions about the topic, context and/or implicit theoretical position that may inform the analysis 14. Data security measures as set out in Cambodian and UK Ethical Approvals was followed (audio and text files anonymised before sharing with Leeds; CDRI to hold filing key; files stored behind a firewall; only research team have access; files shared between CDRI and Leeds are password protected)
Analysis	<ul style="list-style-type: none"> 15. Transcripts were read at least twice before coding 16. A consistent double coding process was used (2 CDR researchers and 1 Leeds read and separately coded a portion of the data set; both teams discussed and agreed the development of a coding tree; that coding tree was used to code the full data set by 2 CDRI researchers) 17. Comprehensive (not just common) coding was used. Multiple codes were used for one piece of data if this was relevant 18. The research team discussed and documented why certain pieces of data were coded in a particular way as this is a way to explore researcher assumptions about the topic, the context and/or their implicit theoretical position that may inform analysis 19. The research team discussed and documented how and why relationships between codes were developed (e.g. by collecting some codes into a wider category) for the same reason as 18. above 20. Social similarity and difference between interviewee and interviewer is acknowledged, documented and accounted for in the analysis 21. Positioning of interviewer in the interview is acknowledged, documented and accounted for in analysis 22. Disconfirming data was explored and used to 'test' emerging theory 23. Pieces of data were compared within and between interviews 24. The interview findings were compared and related to wider literature (on AI; MCH; Cambodia/Southeast Asia, international health systems, referral, health policy, QHR) e.g. through reading of academic and grey literature, personal experience 25. Researcher and interviewee voices are clearly and democratically distinguished at all times 26. Final results were shared with interviewees as well as with relevant policy and practice actors in Cambodia as part of research communication

6. Quality Assessment Approach

The approach used for assessing the quality of our qualitative research reflects a balance between capacity development and assuring validity of results. The framework will be used as a checklist to continually inquire into the quality of our work against a defined set of principles of 'good practice'. By inquiring into quality throughout the project, we aim to change and improve our practice, which is coherent with the iterative nature of qualitative research, the change focus of AI and the explicit project goal to build research capacity. The assessment process will be supportive and constructive to researcher development. The quality assessment approach therefore includes quality strengthening.

The data stream generated through quality assurance will be used to address project objective C (above). We will use a mixture of internal and external review to assess our progress at different points through the project. The assessment process will also therefore be analytical.

7. Selecting Assessors

We will use a mix of self-assessment and external peer review. We will approach 2 academics with relevant experience in qualitative health research, AI and/or context to assess design. These will be selected from existing personal networks of the project team. In addition, presentations will be used as a form of peer review at the University of Leeds.

It is not envisaged that training in qualitative research will be necessary for external assessors. However, it is envisaged that understanding of AI will be weak. We will deal with this by providing detailed literature review and exploration of AI either in the project summary or as an additional memo. Assessors will also be required to familiarise themselves with this framework (which itself was peer reviewed) and asked to assess the project against criteria and principles set out (at minimum).

Internal assessment is built into the original project design in the form of reflection through debrief and project meetings.

8. Ethical Considerations

External assessors will be explicitly asked to assess and will be made aware that their comments could result in a change to project design and may form part of future publication on the topic of quality assuring AI.

Consent of CDRI researchers to conduct debrief and ongoing discussion of assessment results within the project team and future publication will be explicitly requested by the University of Leeds team.

The project team will agree a plan for addressing any unethical practices noted within any stage of research within one month of assessment activity.

REFERENCES

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