SSM - Qualitative Research in Health 2 (2022) 100166

Contents lists available at ScienceDirect

SSM - Qualitative Research in Health

journal homepage: www.journals.elsevier.com/ssm-qualitative-research-in-health

Telling a story or reporting the facts? Interpretation and description in the qualitative analysis of applied health research data: A documentary analysis of peer review reports

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ARTICLE INFO

Keywords:
Qualitative research
Qualitative analysis
Documentary analysis
Interpretation

ABSTRACT

Interpretative analysis of qualitative data has been likened to a form of creative storytelling. However, analysis of qualitative health research data is often subject to concerns derived from quantitative empiricism such as replicability, bias and impartiality. In applied health research, it seems that qualitative portrayals have become dominated by descriptive reporting at the expense of interpretative accounts.

I conducted a documentary analysis based on 32 peer reviewer reports (received 2014–2019) in connection with four interpretative qualitative health research manuscripts.

Peer reviewers were mostly positive towards the manuscripts and the findings of the studies seemed to resonate with them. Yet, interpretive analysis was viewed negatively leading to a lack of trust in the findings. Three broad issues seemed to trouble reviewers. First, line by line coding of all data was thought to be paramount in order to assure replicability. Second, it was asserted that verbatim quotations from participants must be included in the findings section otherwise the findings could be considered erroneous. Third, data should be subjected to a comparative analysis based on similarities and differences, rather than an interpretive approach, as this was thought to be more systematic. I offer a reflexive account of my positionality and understandings of interpretative creativity.

The art of storytelling through qualitative data seems to have been derided within applied health research, with a push towards reportage of basic facts. Peer reviewers are evaluating creative analyses against a quantitative paradigm. This methodological conservatism is encouraging an oversimplification of the complexity resident in many qualitative datasets.

Breakin' rocks in the hot sun

I fought the law and the law won

I Fought the Law, The Clash (1977)

I want to create

I want to make things that didn't exist before I touched them

I want to show up and be seen in my work and in my life

And if you are going to show up and be seen, there is only one guarantee,

And that is, you will get your ass kicked

Brene Brown, 99u talk (2013)

1. Introduction

Innovation in methodological aspects of qualitative research are often expected by funders and editors alike. Market forces mean that academic publishers are under pressure to sell more books and researchers have to demonstrate methodological innovation in a highly competitive funding climate (Travers, 2009). The pace of change in qualitative inquiry is said to be rapid and sometimes "dizzying" (Morse, 2020). Recent years have seen new and promising ideas for how qualitative data collection can be reinvigorated in order to include methods beyond the tradition of interviews, focus groups and ethnography. These new ideas take the form of methods of data collection such as story completion (Clarke et al., 2015), video reflexivity (McHugh et al., 2020) and immersive simulation (Kneebone, 2016). Others have taken extant qualitative methods and adapted them to better suit the nature of health research with a

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https://doi.org/10.1016/j.ssmqr.2022.100166
Received 8 September 2021; Received in revised form 26 August 2022; Accepted 27 August 2022
Available online 3 September 2022

prominent example being that of rapid ethnography (Vindrola-Padros & Vindrola-Padros, 2018). The Covid-19 pandemic has dramatically altered the process of qualitative fieldwork (Bellass et al., 2021), with a great number of researchers having to make the switch from face to face interviewing to digital/remote methods, such as the use of phone or video calls. Vindrola-Padros (2020) have noted that the immediacy of the topic matter of Covid-19 qualitative studies means that a quick preliminary understanding of a topic is needed to share in almost real time with policymakers, leading to an increasingly rapid and streamlined approach entailing removal or amendment of some stages of a traditional approach e.g. cutting out the transcription of audio files. However, the pre-pandemic fervour for the 'new' and 'different' and the streamlined analytic approaches taken in response to Covid-19 have not filtered onwards to the development of distinctly new or fresh qualitative analytic techniques, ideas or approaches. The large majority of applied health research studies still rely on a small number of mainstream qualitative analytic approaches that have existed for decades or more such as grounded theory (Glaser & Strauss, 1967), constant comparison (Glaser, 1965), Framework analysis (Ritchie & Spencer, 1994), content analysis (Hsieh & Shannon, 2005) and thematic analysis (Braun & Clarke, 2006). Disciplines outside of health research have their own preferred qualitative analytic techniques (see Gioia et al. (2022) for a healthy debate about the use of templates in management/organisational studies).

Thematic analysis as proffered by Braun and Clarke (2006) was a landmark moment in the field of qualitative analysis. Published fifteen years ago, it has been cited almost 135,000 times (mid 2022 figure) and remains the most cited academic paper of 2006 – of any discipline (Clarke, 2017). Part of the appeal of their approach lies in the clear and rigorous guidance it offers researchers in how to structure their analysis in a field which had previously been plagued by vagueness and insubstantiality. Fifteen years on, it can be said that thematic analysis has arguably become the default position in qualitative analysis, with thousands of journal articles published every year citing the technique. Thematic analysis has been discussed by researchers as an analytic technique which allows the rigour and trustworthiness of the analysis to be assured (Nowell et al., 2017). However, others have drawn attention to the fact that merely following the steps of thematic analysis does not necessarily equate with a rigorous analysis (Castebury & Nolan, 2018). Braun and Clarke (2019) themselves have recently noted that thematic analysis is considered by many as an atheoretical method of identifying surface level patterns in data when in fact it can be used to produce sophisticated interpretative analyses. Writing in 2021, they seem understandably perturbed that their analytic approach has been used by some research teams to take a reductionist, descriptive approach and they have recently categorised the use of thematic analysis into several different versions: coding reliability, codebook and reflexive. In doing so, it seems they are distancing themselves from coding reliability and codebook versions and reasserting their push towards the reflexive element of thematic analysis (Braun & Clarke, 2021).

Defining what is meant by 'interpretation' and 'description' is difficult and there seems to be no clear cut, off the shelf explanation. Broom (2021) has characterised interpretive analyses as "moving backwards and forwards between broader disciplinary and cross-disciplinary conceptual ideas … in relation to the newly collated data" with the essential division between interpretation and description being "an explanation of what is going on with your data, rather than merely summarizing it". Morse (2021) notes that replicability is more important for descriptive than interpretative work and she gives the example that a single quotation may have important meaning to a researcher working within an interpretative framework. Braun and Clarke (2019), in their paper which puts forward reflexive thematic analysis, remark that "qualitative data analysis is about telling 'stories', about interpreting and creating, not discovering and finding 'the truth'". In the same paper, Braun and Clarke point out the contested nature of 'themes' between descriptive and conceptual work; the former seem to exist as summaries of data often partitioned into domains whilst the latter are patterns of shared meaning underpinned by a core concept. Van Maanen's (2010) notion of 'headwork' is a useful understanding of the range of elements that an interpretative analyst may draw upon in order to make inform data collection and make sense of (ethnographic) data:

> *Reading of the ethnographic literature, my fieldwork … my understandings and interests in organization studies, my ethnographic tastes, my sense of what I want this short paper to convey*

Interpretative analysis (not to be confused with the specific 'interpretative phenomenological analysis': Smith, Flower & Larkin, 2009) has existed for decades but is often spread across different analytic approaches and does not seem to have a 'brand name' which is easily recognisable or cited. Reflexive thematic analysis as proffered by Braun and Clarke (2019) is undoubtedly a form of interpretative enquiry but certainly not all interpretative enquiry *is* reflexive thematic analysis. Abductive analysis (Tavory & Timmermans, 2014) and adaptive theory (Layder, 1998) are examples of analytic techniques which rely on abstraction. However, the latter two approaches have yet to find significant mainstream uptake in the applied health research community or literature.

Peer reviewers, journal editors and funding panels alike are often guided to fund or publish qualitative research based on strong adherence to notions of replicability, inter-rater reliability, member checking, auditing and researcher impartial positionality. This move was strengthened in 2007 with the publication of the Consolidated Criteria for Reporting Qualitative Research checklist (Tong et al., 2007), which is a 32 item checklist that many journals require authors to complete prior to submission. The analysis section of the checklist asks questions such as: "Did authors provide a description of the coding tree?" (item 25), "Did participants provide feedback on the findings?" (item 28), "Were participant quotations presented to illustrate the themes? Was each quotation identified?" (item 29). Checklists for qualitative research have met with opposition as the process of checking is said to have become more important than considering the importance and substantive content of the research (Morse, 2021).

There is an expected step by step formula in most qualitative applied health research analysis and reporting (particularly for journals which are more used to receiving quantitative submissions). That is: the analyst is expected to list the steps they took (reducing an iterative process into a few simple sentences), the use of computer software to assist the analysis is often mentioned, the main analyst usually states they discussed their thoughts repeatedly with others including frequency and how (as if to overcome 'bias') and, fashionable recently, the analyst then shares their initial findings with a group of patients or public members who may in some way represent the participants involved in their study. Frequent auditing at each stage is highly prized, as is the notion that multiple researchers always offer more credibility than one (Nowell et al., 2017). Interestingly, Braun and Clarke (2021) have recently commented that "the avoidance of 'bias' is illogical, incoherent and ultimately meaningless in a qualitative paradigm" (Braun & Clarke, 2021). Within the section where the analyst describes the steps they took, it is often expected that this will involve some element of 'pulling apart' the narrative of individual transcripts or texts in order to group these sections with similar ones taken from other transcripts, in order to develop 'themes'. Yet, it has been remarked that analytic strategies which have their first stage as coding or sorting text into discrete units of meaning often risk stripping contextual richness away (Ayres et al., 2003) and 'breaking apart' a participant's story (Whiffin et al., 2014).

A number of published applied heath research studies exist which defy this epistemic turn towards the descriptive and its associated fascination with context stripping, replicability and auditing. Such work tends to be ethnographic in nature. One such example is that of Ziewitz (2017) who undertook months of fieldwork whilst working as an in house moderator at a website (Patient Opinion, now Care Opinion) which receives stories/comments from patients about their experiences

with UK healthcare services. Ziewitz was interested in how the stories submitted by patients are moderated by Care Opinion staff and how this is an "exercise in tested versions of reality". He follows one case study ('Dave's posting') and analyses its moderation in semantic and forensic detail over several months. Another example is Waring (2009) who conducted a large scale ethnography involving over 300 hours of observations and over 80 interviews with hospital staff, in order to understand how knowledge about patient safety is social constructed in both clinical practice and risk management. The analysis was "concerned with the construction of narratives within different spaces and media" and "centres on vertical change in the construction of narratives". From one case study research to a large volume of qualitative data, the above two studies could be viewed as exemplars for how qualitative analysis is able to turn away from description and categorisation and towards something different, creative and immersive but perhaps non-replicable.

Whilst championing interpretative accounts, it is important to be mindful that high quality descriptive work in the qualitative field has often been invaluable in our understandings of health and illness. Hardicre et al. (2021) conducted research with older people in the UK who were transitioning from hospital to their own home, to understand how much or little older people were or wanted to be involved in their care decisions. They found that the majority of older patients in the study were not actively involved in their care and that this situation was tacitly promoted by hospital processes. Hardicre's rich description then provided the bedrock for development of an intervention designed to enhance hospital to home transitions. High quality description can often tell policymakers or funders whether a specific intervention or even a proposed topic is acceptable to the intended recipients. Dogra et al. (2021) explored whether Islamic religious settings could be considered an appropriate space in which to introduce childhood obesity prevention messages. They found that parents and Islamic religious setting workers/clerics were broadly supportive but there were important caveats that intervention developers needed to pay attention to. It was learned directly from participants that a childhood obesity prevention intervention would have most success if stories about the Prophet Muhammad (PBUH) were included which showed him as a role model with regard to healthy diet and physical activity, in order to positively influence food choices and increase physical fitness.

Rigorous descriptive accounts (such as Hardicre and Dogra) can be viewed as different from interpretative accounts which often aim to elevate the findings of a study to the level of abstraction and often involve the use of pre-conceived ideas or concepts in an analyst's mind. One way for an analyst to do this is through the use of sensitising theories. Blumer, 1954, introduced the idea of 'sensitising concepts' to either discover new knowledge or refine existing knowledge. Sensitising concepts are said to be the central organising idea that a researcher develops, repackages and refines during their time in the field and could arise inductively or deductively. Sensitising concepts can be taken directly from the data itself (as is often the case in grounded theory) or they can be rooted in existing sociological theory and sometimes are derived from analogous ideas external to the research topic at hand including art, literature, theatre, music, allegories or metaphors. However, sensitising theories can also be applied to data which has already been collected or to make sense of a corpus of data on a given topic. Sheard et al. (2017a) applied institutional theory as a sensitising concept to their understanding of why hospital healthcare staff in the UK struggled to make improvements to their practice when presented with feedback from their own patients. They found that normative and structural legitimacy needed to exist for even small improvements to be made and that organisational readiness was key for medium to large scale improvements. This interpretative account could not have arisen directly from what healthcare staff participants talked about verbatim during fieldwork. In a study also about healthcare quality improvement, Armstrong et al. (2018) use the notion of *blame* as the central organising sensitising concept to understand why participants viewed a national QI tool as a performance management tool rather than means to improve care or services. The sensitising concept of blame arose from the data itself and steered the findings towards high level interpretation rather than description.

The idea for this paper arose after I observed a trend over several years; that qualitative papers submitted by members of the research teams I worked closely with were accepted by journal editors more readily and reviewed more favourably when the analysis was descriptive or stated as thematic analysis and the findings section reported surface level themes. This was to the exclusion of more interpretive, abstract or higher order analyses which seemed to be subjected to significantly more scrutiny by peer reviewers and editorial personnel alike. That is, interpretive accounts receiving significantly more critique and resistance in the academic publishing process than straightforward descriptive accounts. In order to investigate this further, I conducted a documentary analysis (Bowen, 2009) of all peer reviews I received relating to five years' worth of manuscript submissions (explained fully in the Methods section below). The findings were presented to delegates at a national UK medical sociology conference in September 2019 where the idea was met with enthusiasm and an outpouring of similar experiences from fellow qualitative researchers. Buoyed by this positive reception to the research idea and significant resonance with other qualitative researchers, I decided to write the findings into a paper for publication in order to disseminate widely to an international audience.

2. Methods

It is said that many research questions can be answered by exclusive use of existing sources rather than creation of new primary data (Green & Thorogood, 2018). Examination of accessible documents in the public realm is growing in popularity, particularly in the policy sphere. Examples include: an analysis of national information technology policy documents in the UK to understand the implementation of healthcare technology from the 1980s to present day (Clarke et al., 2016), examination of provincial public health policy documents to understand health inequities in Canada (Pinto et al., 2012) and an analysis of prison inspection reports in the UK to understand health promotion in the prison estate (Woodall, 2020). There is significantly less published work which focuses on existing documents that are not easily accessible or not already in the public eye. One exception is an interesting mixed methods documentary analysis conducted by Drabble et al. (2014) which looked to understand how and in what ways health researchers included qualitative research alongside randomised controlled trials. The documents analysed were grant proposals and final reports which were requested from the lead researcher themselves, with the return rate of documents being 46%. Bowen (2009) has noted that the 'nuts and bolts' of documentary analysis are rarely or poorly described in the applied health literature, particularly regarding the procedures that researchers follow and warns against 'biased selectivity' (an incomplete collection of documents, often due to organisational record keeping but can also be due to researcher selectivity).

I conducted a qualitative documentary analysis of 32 peer review documents, received in relation to four papers I had submitted to academic health research journals between 2014 and 2019. The process of selection was as follows:

1. All manuscripts from the whole corpus of my academic work submitted to academic journals during the 2014–2019 timeframe were considered (n = 22)
2. I examined all submitted manuscripts where I was first, second or last author in the time frame above (n = 16). The rationale for this was that prominent authorship confers substantial involvement and intimacy with the texts.
3. Manuscripts which were excluded represented quantitative studies, protocols, essays, methodological or review papers (n = 7). Manuscripts were also excluded if they presented a straightforward, descriptive thematic analysis as this was not the focus of enquiry (n = 5).

4. This screening process yielded four manuscripts on which to base a documentary analysis of their associated peer review documents.
5. All peer review documents related to these four manuscripts were examined (n = 32)

The high volume of peer review documents (n = 32) in relation to the number of manuscripts (n = 4) is explained by all the selected manuscripts proceeding through multiple rounds of peer review and, for three of the papers, at several journals each. Manuscript A was published as Sheard et al. (2017a), Manuscript B was published as Sheard et al. (2017b), Manuscript C was published as Sheard et al. (2019) and Manuscript D is yet to be published. In three of the four manuscripts (B, C and D), the author teams specifically commented in the Analysis section on their use of conceptualisation - as opposed to description - and why they chose this approach. The four papers were submitted to at least one of the following journals (in alphabetical order): BMJ Quality & Safety, BMC Health Services Research, BMJ Open, Health Expectations, Journal of Health Services Research & Policy, Journal of Patient Safety, Qualitative Health Research, Social Science & Medicine.

Important to note is that Associate Editor, Section Editor and Editor in Chief reports have all been included as part of the documentary analysis. This is because reports from people in these roles often included substantive comment about the analytic intention and focus of the manuscripts. Therefore, it would be erroneous to exclude these documents which are in the direct line of enquiry. All documents were received via email directly from the relevant journal institutional email address between September 2016 and October 2019. The shortest document considered was three sentences and the longest was fifteen paragraphs of text. In order to help the reader contextualise the content of the manuscripts and the relationship of peer reviews reports to them, a brief description is given of each in Table 1. Note that the unit of analysis are the peer reviewer reports, not the content of the manuscripts themselves.

It is appreciated that analysing and reporting peer review comments post publication could be considered sensitive. Nearly all the identities of these peer reviewers (and most editorial personnel) are not known to the authors and will never be due to the double blind peer review process used by most journals. Therefore, the peer reviewers cannot be contacted to ask permission for their quotations to be published. Guidance on confidentiality surrounding peer review reports is scant with the Committee on Publication Ethics (2017) not being able to reach a conclusion about who "owns" the content of peer reviews. In order to protect the identities of the peer reviewers and editorial staff, the following steps have been taken: 1. Shorter rather than longer extracts are deliberately reported in this paper in case particular phraseology or a unique writing style could be recognised. 2. Following excerpts from documents, peer review reports are identified as "reviewer" and editorial personnel are referred to as "editorial" – different editorial roles are not distinguished between in order to preserve anonymity.

I followed the three steps of a qualitative documentary analysis as instructed by Bowen (2009): skimming, reading and interpretation. I identified meaningful and relevant passages of text and pertinent information was separated from that considered not pertinent (Bowen, 2009). For this paper, that meant understanding which parts of the documents were relevant and being aware that both implicit and explicit comments about analysis could be made (and were made) in any section of the document. A careful and focused re-reading of the documents then took place in order to uncover meaning whilst demonstrating objectivity (representing the research materials fairly) and sensitivity (responding to subtle cues to meaning) (Bowen, 2009). The documentary analysis was wholly inductive and was not structured based on an existing theoretical framework. In order to situate my analysis and findings further, I have provided commentary on reflexivity (at the end of the Findings section) in order for the reader to consider these reflections in context.

3. Findings

On the whole, I found that most of the peer reviewers made positive comments regarding the topic, findings or ethos of the four papers. Common phrases used were: "interesting", "thorough", "well written", "important", "useful" and "original". The headline findings and subject matter of the papers seemed to resonate with peer reviewers, who were experts in the fields of patient safety and quality improvement, with findings often said to be of national importance (and several times, international importance).

> *A fascinating paper with interesting and important outcomes* (Manuscript B, First choice journal, Reviewer, Document 7)

> *This is a thorough piece of qualitative research which adds to our understanding of how and why patient safety and service improvement initiatives take hold in service settings. It is clear, well-written and is appropriately grounded in relevant literature* (Manuscript B, Reviewer, Second choice journal, Document 12)

> *The manuscript potentially makes an important contribution to readers and practitioners elsewhere in the world because it identifies macro and micro factors influencing the lack of engagement by staff and managers within hospitals in the UK with the volume of patient experience feedback that is being generated. These issues are potentially of interest and therefore relevant to readers from other countries because health systems elsewhere often "follow" what is "being done" in the UK* (Manuscript C, Reviewer, Third choice journal, Document 19)

> *Both reviewers enjoyed reading the paper and overall were positive towards it. There is no doubt that the paper addresses an important and significant area* (Manuscript C, Editorial, Third choice journal, Document 17)

> *This is an interesting paper and it is nice to see an attempt to collate the findings from qualitative studies that have evaluated QI initiatives. I personally believe there is wealth of learning to be gained from these sources, particularly around the contextual influences on QI initiatives and on frontline healthcare staff engagement with them* (Manuscript D, Reviewer, First choice journal, Document 27)

> *This is a well written paper, analyzing an important topic. Its themes are clear and discussed thoughtfully* (Manuscript D, Reviewer, Fourth choice journal, Document 32)

An examination of the way in which reviewers praised the content of papers did not find a common style across the documents. That is, reviewers did not seem to uniformly begin or end their reviews by making a lone positive statement for the sake of pleasantry or collegiality. However, somewhat strikingly, to the employment of a high level interpretive approach to analysis was met with a majority negative commentary from peer reviewers. The main overarching finding from the documentary analysis is that employment of interpretive analytic techniques which aim straight for a conceptual understanding of a dataset do not 'fit' with what reviewers expected from manuscripts in the applied heath research sphere. The documents revealed that reviewers seem wedded to *notions of replicability* as a primary method of evaluating whether they 'trust' the qualitative findings contained within a manuscript. This *sense of trust* in wanting to be reassured that findings had not been erroneously ascribed was pervasive throughout the documentary dataset. How this manifested itself can be separated out into three distinct but linked issues (which could be classed as themes, or perhaps, broad statements) which can be divided as follows: 1. Data coding is paramount 2. Always quote verbatim 3. Compare, don't conceptualise.

3.1. Line by line coding is paramount

Documents related to all four manuscripts showed that reviewers continually asked for evidence that standard coding techniques has been

Table 1
Content of the manuscripts and the relationship to peer reviews reports.

Manuscript	Description	Data	Analysis	Findings	Peer review process	Published as
A	A large scale, longitudinal process evaluation of a complex patient safety intervention, published in 2017. There were six authors.	Audio recordings of key meetings, facilitators' field notes and telephone interviews. The process evaluation involved 102 participants across five hospitals over 18 months, between 2013 and 2014.	Abductive analysis (Tavory & Timmermans, 2014) was undertaken. The analysis could be considered novel because it iteratively moved between the literature and empirical data in order to construct theory.	The paper proposes a conceptual framework and theoretical propositions as to why hospital staff in the UK find it difficult to make improvements based on feedback from their own patients.	This manuscript was accepted at the first choice journal, having undergone two rounds of peer review based on the reports of three reviewers in the first round and two reviewers in the second round (Documents 1–5)	Sheard et al. (2017a) The Patient Feedback Response Framework – Understanding why UK hospital staff find it difficult to make improvements based on patient feedback: a qualitative study. *Social Science & Medicine* 178: 19-27
B	The same process evaluation as above, also published in 2017. There were six authors.	The same data sources as above	A bespoke analytic technique developed by the authors of Manuscript B (later published in its own right: Sheard & Marsh, 2019) in order to analyse the temporal nature of the data, having found no existing analytic technique that was fit for purpose	Reports the different ways in which teams of ward staff engaged with the patient safety intervention. The main finding was that dilution of the intervention had occurred which ultimately led to it showing no effect in the context of a trial.	The first choice journal rejected the manuscript, with a large commentary from the Associate Editor and two peer review reports (Documents 6–8). At the second choice journal, it was accepted for publication after proceeding through three rounds of peer review and received eight reports from four peer reviewers (Documents 9–16)	Sheard et al. (2017b) Exploring how ward staff engage with the implementation of a patient safety intervention: a UK-based qualitative process evaluation. *BMJ Open,* 7
C	An exploratory qualitative study published in 2019 which sought to understand how healthcare staff at all levels collected, viewed and used patient experience feedback. There were four authors	Interviews and focus groups were conducted, with 50 participants across five hospitals in 2016.	The analysis was conducted at an interpretive, conceptual level	The main findings were that structural, organisational and individual level factors were significantly impeding the meaningful use of patient experience feedback. 1. An intense focus on the collection of feedback has developed into its own self-perpetuating industry. 2. This is at the expense of pan-organisational learning and improvement. 3. Organisational culture and systems are moving too slowly in response to how staff want to use feedback	Both the first and second choice journals desk rejected without substantive comment. The third choice journal responded with reports from the Section Editor and two peer reviewers, and rejected the paper (Documents 17–19). At the fourth choice journal, the manuscript attracted six reports over two rounds of the peer review process, including commentary from the Associate Editor, after which it was then published (Documents 20–25)	Sheard et al. (2019) What's the problem is patient experience feedback? A macro and micro understanding based on findings from a three site UK qualitative study. *Health Expectations* 22 (1), 46–53,
D	A narrative integration which sought to understand the meso level barriers to improvement work being undertaken by healthcare staff. There are seven authors.	Multiple sources of original data included: ethnographic field notes, interviews, focus groups and action research diaries, involving 216 participants combined.	This analysis started with the original qualitative datasets of four studies and generated new theory. Unusually, it did not aim to synthesis published findings from these four studies but aimed to generate higher level findings from their original data.	The three headline findings were: 1. QI asks frontline staff to think and act differently to their clinical role 2. QI is at odds with how healthcare organisations are structured and managed. 3. QI runs contrary to a pervasive clinical culture of audit, monitoring and performance management	This paper has yet to be accepted for publication and attracted the most commentary from disparate sources. It was sent out for peer review by the first choice journal and received two peer reviewer and one substantive editorial comment, but was rejected (Documents 26–28).The second, third and fourth choice journals all desk rejected but substantive commentary was received from editors at the second (Document 29) and third journals	Not accepted for publication yet

(*continued on next page*)

Table 1 (*continued*)

Manuscript	Description	Data	Analysis	Findings	Peer review process	Published as
					(Document 30). The fourth choice journal rejected after receiving two peer review reports (Documents 31 and 32)	

applied to the datasets in question. There was an inherent assumption that unless line by line coding of all data sources had been undertaken, then the findings were dubious or simply speculation/the unsubstantiated opinion of the author team. Several reviewers asked the author team to "show your coding" as a safety net to ensure rigour of reporting (the raw coding of the dataset in Manuscript C ran to over 100 pages of text). In making this request, the reviewers were implicitly asking the researchers to revert to the descriptive and surface level content of the transcripts/field notes and to ignore theoretical or conceptual depth resident across the dataset. Important to state is that the directive to undertake line by line coding was often applied to all forms of data (such as reflexive field notes and researcher diaries etc) alongside interview transcripts. The fundamental implication seemed to be that unless the analyst could demonstrate that every line of every data source had been equally included in the account of the findings then the potential existed for a dangerously biased or lopsided account. The above is wrapped up in the rejection of creativity on behalf of the qualitative analyst and a firm assumption that qualitative analysis should be performed like any other positivist scientific experiment. That is, with replicability as its core concern. The following comments were received from reviewers regarding the above:

> *You claim an abductive method, following which you need to show your data coding, revealing how literature reviewed a priori interacts with themes emerging from data* (Manuscript A, Reviewer, First choice journal, Document 1)

> *The use of pen portrait methodology is interesting, and the pen portrait given in the appendix provides an accessible overview of the engagement trajectory of the site, but this is not based on systematic coding and analysis of data so the robustness of this approach could be questioned* (Manuscript B, Editorial, First choice journal, Document 6)

> *A more complete description of the analysis approach is required (e.g. how were data coded, charted etc to enable comparison and synthesis?)* (Manuscript D, First choice journal, Editorial, Document 26)

> *We require these article types to be very transparent, and include enough detail so that your study can be reproduced* (Manuscript D, Editorial, Third choice journal, Document 30)

3.2. Always quote verbatim

Linked to the above idea that a coding schema must pay equal attention to all data sources is the proposition of an implicit bias which manifests if selected verbatim quotations from participants are not equally distributed across participant groups or themes. A recurrent trope in applied health papers is never to use the same participant/transcript twice to elaborate a phenomenon – no matter how eloquent that participant's understanding of an issue – otherwise implications of bias may be incurred. An Associate Editor trying to guard against this perceived bias commented:

> *The qualitative notes and comments need to be categorized into themes with an "N" of how frequently the complaint arose* (Manuscript D, Editorial, Second choice journal, Document 29)

Going further, if verbatim quotations are not presented at all in order to reinforce narrative findings then this is viewed as disruptive to the traditional conventions of qualitative reportage in the applied health literature. Manuscript D fell foul of this in its attempted reporting of three conceptual level findings which tried to move away from what the participants discussed verbatim across four studies about quality improvement (QI) on hospital wards:

> *Without explicit data examples to support the argument, the paper provides a biased account of healthcare in some places … The statements read like the author is a healthcare worker with their own assumptions/opinion of how healthcare works* (Manuscript D, First choice journal, Reviewer, Document 27)

> *The findings are presented narratively but no data extracts are provided to support the argument which significantly weakens the paper.*(Manuscript D, First choice journal, Editorial, Document 26)

Manuscript D represents an interesting case study as few of the abstract themes proposed in this paper could be lifted verbatim, straight from the mouths of participants. A major theme in this paper concerned quality improvement culture being epistemologically oppositional to a pervasive culture of audit, monitoring and performance management, to which most clinicians are subjected to. On revising this paper to include verbatim quotations, I found it difficult to find direct quotations to 'support' this abstract theme – largely because individual clinicians and healthcare workers did not vocalise it as an issue at that level of abstraction. Rather, it was a pervasive and consistent theme which arose *implicitly* from across the corpus of data (interview and focus group transcripts, field notes, audio recordings of QI meetings) which I (and other researchers) had gathered after spending several years working closely with hospital ward based teams on QI research and noticing the 'big picture' of why many quality improvement initiatives seem to flounder.

In general, across nearly all sources for this documentary analysis, reviewers were often bewildered that an analysis could be presented at the level of abstraction and believed it to be erroneous if the analysis did not rest entirely on what participants described verbatim. Again, this pushes researchers towards descriptive analyses by discouraging any theoretical advances which cannot be traced back to the mouths of individual participants.

> *As it stands the manuscript 'tells' the story, but there is very little primary data revealed.* (Manuscript A, First choice journal, Reviewer, Document 1)

> *Overall I found the prose style accessible and engaging and this made for an enjoyable read. There were, however, points where what was required was more cautious and scholarly. Specifically, you needed to present more evidence in support of your statements or arguments, make the link between your data and your interpretation clear* (Manuscript C, Fourth choice journal, Reviewer, Document 22)

3.3. Compare, don't conceptualise

Some reviewers made suggestions that the author teams re-framed or even entirely re-worked the findings portrayed in the papers, in an attempt to move the findings away from reportage at a conceptual level and situate them at a descriptive level. In doing so, they were asking the

author teams not to generate concepts or theory but instead to return to the dataset and generate a simple, comparative analysis based on contrasting participant's accounts with each other. The reviewer's rationale in recommending this re-analysis was sometimes put forward as a move towards being "more systematic" with the implication that findings generated at a conceptual level are not systematically derived:

> *I would like much more comparative analysis, and for similarities and differences across wards to be more explicit and clear in a systematic way. Summary tables of data might help?* (Manuscript A, First choice journal, Reviewer, Document 1)

Moreover, a few reviewers put forward their own suggestions for how the data could be re-ordered into descriptive level themes, without having access to the raw data themselves:

> *Although I can see that the micro/meso distinction is an important part of your analysis, I nonetheless suggest arranging your findings thematically e.g Patient experience as a metric; Use and usability; the influence of organizational factors. This will make it easier for the reader* (Manuscript C, Fourth choice journal, Reviewer, Document 22)

> *The manuscript needs to be re-framed in terms of "culture of safety", "work load", "working environment" and "just cause".* (Manuscript D, Second choice journal, Editorial, Document 29)

In several instances, a reviewer proposed or recommended that thematic or framework analysis should be used to re-analyse the data and provided the author team with citations which would assist us in this task. In this sense, we were actively being told not to pursue an analysis which was interpretive or conceptual in nature and were instead being 'handed the tools' to begin with an entirely different analytic endeavour.

Whilst some reviewers requested a more descriptive and basic reportage rather than a conceptual one, others asked if the analysis had been or could be deductively coded based on extant theory: "*My suggestion is to see whether the ecological systems framework is not more applicable" (Manuscript C, Reviewer, Document 21)*. Several reviewers put forward suggestions for differing theories the author teams could base a reworked analysis on. It seems there was a substantial disconnect between the analytic purpose of these four papers (interpretative reporting and generation of new theory) versus the request to abandon this endeavour and base the analysis on the theory of others. A proportion of what has been described above could be viewed as an 'authorial stance' taken by reviewers. That is, they were asking for analysis and findings to be reported within the remits of their own publishing and paradigmatic conventions.

3.4. Reflexivity and positionality

A sense of doubt: Hamdan (2009) defines the process of reflexivity as "the researcher observing him or herself in the act of observing, researching him or herself in the act of researching". Trainor and Bundon (2020) have remarked that reflexivity is about the role of the researcher as an active agent in the production of knowledge. I started out the analytical process with a close re-reading of all 32 peer review documents related to the four papers, highlighting any parts of the text that focused on analysis. Being confronted with this mass of critique was overwhelming at times and my first reaction upon re-reading some of the documents was embarrassment coupled with bewilderment. A central overriding thought which occurred to me often was: "why do my other studies which put forward a straightforward descriptive account seem to get such as easy ride in comparison with my interpretative accounts? Am I wrong in trying to push for interpretation?" Undoubtedly, facets of my social identity impacted on this mix of emotions. As a woman from working class/"first gen" background (first person in my family to attend university or work in academia) but coupled with my long standing expertise as a qualitative methodologist; I felt conflicted. Were these reviewers more knowledgeable than me? Was it simply the case that all my interpretative reportage was subpar but my descriptive accounts were decent? I overrode these internal doubts by noticing that peer reviewers overwhelmingly wrote about the resonance they felt with the findings I and the author team had described. Over time, this idea became the first section of the Findings and emboldened me to continue with the analysis and subsequent write up. I then looked across the dataset for identifiable *reasons* which were given as to the critique about interpretative analysis and found early evidence to categorise the data extracts into three broad statements, the titles and meanings of which evolved over time as I scrutinised the data and played with different styles of writing it up. As the analysis progressed, I became more confident in the findings as I noticed that nearly every reviewer comment pertaining to the analysis could be ascribed to one of the three broad statements and as such there was minimal 'wastage'.

Articulating creativity: I was asked several times by the (very patient) peer reviewers of this paper to articulate what I mean by a creative interpretative analysis and to articulate the principles of it in the content of this paper. At first I objected to this on the basis that a concrete underpinning of the steps of an interpretative analysis is highly individualistic and very difficult to distil (even for more experienced qualitative researchers) and could easily be a paper in its own right. I realised I was being arrogant and that such an articulation may be the missing piece of contextual puzzle which readers need to see in order to judge my framing of this paper. So here we go! At the start of an interpretative analysis, I would already know what the semantic descriptive themes were and these would have been written up (or in the process of being written up) for an internal or external audience by myself or a colleague. I would be looking to build on these descriptive themes and to "affirm, extend and generate new concepts" (Gioia et al., 2022). After that, I am seeking to make sense of the data and interrogate deeper meaning when my mind is wandering and I allow myself to play around with thoughts. This is where I am mentally moving backwards and forwards between conceptual ideas/broader disciplinary ideas and the empirical data in the way that Broom (2021) describes - "an explanation of what is going on with your data". Sometimes I'm thinking about my favourite dead white guy theorists such as Bauman, Foucault, Bourdieu, Goffman etc and whether any of their theories would help to explain what is going on in the data. This a direct product of my classical sociological training during my undergraduate and master's degrees in the UK in the early 00s. Braun and Clarke (2019) similarly talk about how their PhD training in social sciences at Loughborough in the late 90s gave them the grounding and confidence (instilled by their PhD supervisors) to think reflexively and conceptually and to experiment with research methods. Correspondingly, ones disciplinary and analytic training is socially and temporally situated therefore the ideas and theories that one brings to interpretation will also differ hence it being a highly individualistic endeavour. I am of the opinion that this is one of the main reasons why it is so difficult to concretise 'how to' conduct an interpretative analysis.

Other times, extant theory isn't suitable so I'm thinking about sensitising concepts that have arisen from the data itself or a sensitising concept that I can apply to the data or some sort of underpinning shared meaning. This often tends to concentrate on a macro systems/organisations level perspective – which is where my core disciplinary expertise and interest lies. Sometimes an analogy, metaphor or an idea from history, literature, art or music will appear in my thoughts as a broad explanatory concept (see Sheard and Peacock (2020) for an essay about how conducting health services research in the collapsing British healthcare system is akin to 'fiddling while Rome burns'). Van Maanen's (2010) idea of 'headwork' which incorporates an almost bricolage approach to what influences the analysis is useful to mention here. Sometimes, I have what I call a 'walk in the woods' moment as an analytic breakthrough often occurs on a solo walk alone in nature or on a swim. Gioia (2022) has likened this to a "shazam" moment. The shazam moment has also occurred in conversation with other researchers or ideas sparked by them has been the catalyst for a greater shazam moment (for Manuscript B the shazam moment was in a café with Claire Marsh). The above distinctly contrasts with the notion of a researcher sat at a

computer laboriously coding data with a qualitative analysis software package. Atkinson (2017) has remarked that ideas "will definitely not 'emerge' just from our repeated inspection of notes and transcripts" It is important to note that a lot of my qualitative work is descriptive and is often left at that level of analysis without the need to probe deeper. I am only looking to peel back the surface on a few topics which I sense warrant further interpretative articulation: a lot of the time there is no further analytic itch to scratch.

After any sort of analytic breakthrough, I return to a selection of the original transcripts and field notes (and also coding of the descriptive work) and I look to prove or disprove my conceptual understanding – "questioning one's own knowledge and a close scrutiny of evidence" (Reinhart, 2021). There have of course been instances where I have excitedly over-reached an analytic connection and returning to the data has made me realise it is a non-starter and I probably just had too much caffeine already. If I think my interpretative understanding rings true, I will have discussions with colleagues who worked on the same study to refine my ideas but also make sure I am not over-reaching (or in some cases, they have told me I might be under reaching and I could go further). After that, it is a process of working through the data to open code into higher order ideas and to develop a conceptual coding framework with framework being refined as coding progresses. I am continually working backwards and forwards between theories or sensitising concepts and the data. Not all data sources will be given precise equal weight and I am not looking to code every line of all transcripts (see Sheard and Marsh (2019) for a defence of this selective approach). I will trial run my interpretative account to see how it sits with colleagues and, often, a conference audience. I am recurrently thinking about what my overarching story is for the final output, being reminded of Braun and Clarke's (2019) idea that interpretation is about "telling 'stories' … not discovering and finding 'the truth'". It is important to state that the above description is not linear, often involves roadblocks and dead ends can take a long time often several months (sometimes years in a few cases).

Of course, the above process is *hard* to distil in the one or two paragraphs of word count that are allocated to this content in applied journals. I have successfully packaged it previously – in Manuscript A - as abductive analysis (Tavory & Timmermans, 2014) and unsuccessfully in previous drafts of Manuscript C as adaptive theory (Layder, 1998) but this does not always fit to every interpretative endeavour. Moreover, several reviewers have stated they did not know these texts and therefore recommended that thematic analysis was conducted instead! (See Section 3.3. "Compare, don't conceptualise"). I am fully mindful that a condensed or curtailed account of a lengthy and individualistic practise could represent a threat to trustworthiness.

4. Discussion

Through undertaking the documentary analysis, I discovered that the findings of all four of the manuscripts seemed to resonate with peer reviewers and were often described as being important. However, the author team's attempts to present abstract and/or conceptual rather than descriptive findings were largely viewed as problematic by peer reviewers with an over-arching notion of replicability being of primary concern. I propose three interlinking broad statements to explain this. First, "data coding is paramount" with reviewers requesting evidence to demonstrate that line by line coding had taken place with equal weighting of every data source. Second, "always quote verbatim" with reviewers needing to see verbatim quotations from participants directly linked to all themes in order to be viewed as a hallmark of replicability and quality. Findings at the level of abstraction which could not be supported by a participant's direct words were viewed with suspicion. Third, "compare, don't conceptualise" whereby author teams were asked by reviewers to report a simpler, comparative analysis instead of the abstract analysis they had submitted to the journal. This sometimes involved a request to deductively code against extant theory or to specifically pursue a thematic analysis. Overall, interpretative analyses did not seem to 'fit' with reviewers expectations of how qualitative findings should be reported in applied health journals with an issue of trust in how the researchers' had arrived at their findings.

Green and Thorogood (2018) have discussed the 'art' of qualitative analysis which utilises the analyst's imagination and her ability to make links in the dataset with a broad range of knowledge outside of the original foci of the research study. They draw upon Denzin (1994) who argue that this art can only be learned by thinking about interpretation of qualitative data as a form of storytelling. Van Maanen (2010) talks about the theoretical and conceptual choices which qualitative researchers make as resting on personal taste as much as how they fit with the data: "the rabbits we pull out of our hats". More recently, Braun and Clarke (2019) have remarked: "qualitative research is about fun, play and creativity". Mees-Buss et al. (in Gioia, 2022) have discussed the importance of paying attention to "power games, cultural practices, ideological differences, taken-for-grantedness" outside of the direct verbal accounts of interviewees. This directly contrasts with predominant displays of qualitative analysis in descriptive accounts which rely on a stepwise 'paint by numbers' approach, often involving the use of checklists. As the use of qualitative research has grown exponentially in applied health research, the art of creativity and storytelling *to this audience* seems to be met with confusion and sometimes disdain. As I discovered, qualitative findings in the applied health research sphere are expected by reviewers to be reporting facts at a descriptive level with minimal incorporation of wider knowledge. It is useful to stop and ask at this point: what is propelling this 'methodological conservatism' (Tracy, 2010) and why do interpretative accounts come up against these problems when trying to publish in the applied health sphere? It is necessary to contemplate the wider environment within which applied health research is situated; where markers of quantifiability are held in esteem including cost benefit analyses, a culture of continuous audit and a demand for measureable outcomes. This wider context may lead to a burden of justification for the reportage of qualitative studies *in health research* that is higher and more stringent than in other disciplines. Further, an illuminating example of this paradigmatic clash can be seen in the academic publishing industry whereby applied health manuscripts in medical and health journals are expected to fit a natural science structure and stringent word count, often based on reporting requirements of trials or quantitative studies. Therefore, due to methodological and paradigmatic conventions, some applied journals may never wish to publish papers which are based upon notions of creative social science. This is to the detriment of conceptual papers which aim for 'telling a story' rather than simply reporting the facts.

Morse has written extensively over several decades about the fundamental tension between theoretical and high level interpretive inquiry versus descriptive research, the latter of which she rallies against noting it as "obvious and trite" (Morse, 1997). Morse (2020) states that there has been a recent movement in qualitative research in the health arena:

> … *from in-depth profound theoretical research, to minutia and trivia, broad and thoughtful inquiry to content that is obvious and results that do not reveal anything new, and careful conceptual and theoretical development, to superficial description that skims over a topic*

She believes this has come about through the inappropriate use of techniques borrowed from quantitative research such as the requirement for the use of multiple coders and interrater reliability, which has led to the invalidation of interpretative work. Remarking of the qualitative health research community she states: "We adhere to false methods of ensuring validity. We fail to trust ourselves and what we hear in our interviews and to explore and interpret what is implied" (Morse, 2020). This point deeply echoes the fundamental idea at the heart of the reviewers' collective consciousness seen in the documentary analysis. But in my case, this could be flipped: it was not that I did not trust myself with the four interpretive analyses, it was that the reviewers' did not trust the

interpretation I had reached. We are getting closer to finding the missing piece of the jigsaw puzzle: perhaps the interpretation was often not trusted because it did not adhere to standards, processes and techniques demanded of *quantitative* inquiry.

The above can potentially be understood through several interesting contradictions resident in the dataset. One of the starkest contradictions is that, overall, reviewers indicated that the findings resonated with them and were deemed to be important but simultaneously the reviewers did not seem to trust the analytic process that had been undertaken because it leaned towards creativity rather than replicability. This seems counter intuitive: if findings were erroneously derived or even over-stated then it would be unlikely that they would resonate with experts in the field. Indeed, Lincoln & Guba (1985) writing in 1985 assert the notion of credibility as one of the key four facets of whether qualitative knowledge can be trusted – credibility of a study is determined when readers recognise the experience reported in front of them. A relevant example is the comment from a reviewer of Manuscript D: "*The statements read like the author is a healthcare worker with their own assumptions/opinion of how healthcare works"* This review excerpt was poignant for me as lead author of the paper because I am not a healthcare worker and have never worked in healthcare but, as a qualitative researcher, I had managed to sufficiently portray the system level issues facing the healthcare workforce to the extent that it was erroneously believed I was a healthcare worker with an axe to grind. Several linked contradictions arose from the "Compare, don't conceptualise" theme. A few reviewers took an authorial position and proposed descriptive themes that the author teams could base a re-analysis of the data on but had no access to the raw data themselves to verify the accuracy of their suggestions. Several more reviewers asked if a re-analysis could be performed based on deductive coding against an existing theoretical framework. In both cases, the reviewers were not willing to engage a constructive assessment of the interpretive reportage in front of them and were asking for something that was more structured, 'neutral' and comfortable – for them.

The ultimate question to ask is: why does it matter that description was favoured over interpretation by editors and reviewers of applied health research journals? Broom (2021) has described the proliferation of descriptive accounts and a lack of interpretative accounts as "overrun by a form of qualitative empiricism, which lacks identification of the broader meaning of the data and a critical eye". This could be said to be coupled with what Tracy (2010) has identified as "a methodological conservatism" evidenced by funding organisations' preferences for quantitative, statistical and generalizable research, with powerful decision makers unprepared and unable to evaluate qualitative studies. This relates to the idea that methods and analyses not only generate knowledge but simultaneously *justify* knowledge, leading to a higher burden of demand in fields such as health research where applicability and the quantifiability take centre stage. The findings of the documentary analysis have demonstrated that the current state of play stifles high level interpretation and creativity in qualitative reporting with a connected over-dependence on conventional techniques more suited to generating descriptive accounts. This presents difficulties for researchers wanting to perform theoretical or conceptual work in the applied health research space because there is minimal guiding light to show them the way. Empiricist gatekeeping is encouraging an oversimplification of the complexity resident in many qualitative health research studies. This is to the detriment of interpretative or theoretical advances because rarely can these be generated based on verbatim accounts of what participants explicitly vocalised during an interview or focus group. We need a bold new vision with strident defence of interpretive qualitative analyses, which does not aim to be subdued by the rigid demands of quantitative empiricism or conservativism. This will take time, effort and undoubtedly frustration. In writing this paper, my ultimate goal is that it can be used as a citation/evidence to further the importance of interpretative accounts with peers, gatekeepers, journal editors and funding panels alike.

4.1. Limitations

The findings of the documentary analysis are based on peer reviewer reports all received by me and colleagues in my immediate research team. A criticism of my approach could be that other markers of quality were at play which were extraneous to the main finding that editors and reviewers are adverse to interpretive analyses. I appreciate the methodological incongruity in writing a paper which posits headline, concrete messages as to why interpretative accounts are difficult to publish whilst not taking an interpretative stance in and of itself.

I performed the documentary analysis and wrote the paper. I discussed the content and findings of the paper with several researchers who had worked on the original research studies from which the four manuscripts (and their associated peer reviews) were derived. Internal review of this paper was received from three researchers with skills in qualitative research. However, I did not formally involve another researcher in the coding or interpretation of the dataset. This could be viewed as a limitation but given the topic of the paper, rather, it is viewed as an ironic meta statement. That is, after everything you have read, are you willing to trust my interpretation?

5. Conclusion

After conducting the documentary analysis, I found that whilst the content of the manuscripts seemed to resonate with peer reviewers, they did not wholly trust the interpretation of findings. The reasons for this are explored in detail but largely relate to peer reviewers judging a creative process and output against the standards of quantitative empiricism. Interpretive qualitative analyses will continue to be difficult to publish in the applied health sphere until this elephant in the room is addressed.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors.

Ethical statement

The study is based on a documentary analysis, therefore, the author did not apply for ethical committee approval.

Ethical concerns are addressed in the Methods section, along with how these were approached and overcome.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

I would like to thank the audience who attended my talk "Yearning to move beyond 'what the participants said': navigating conceptuality and rejecting the descriptive" at the British Sociological Association Medical Sociology conference in September 2019 in York. To the enthusiastic responders to my presentation, to the people who asked interesting questions and to the qualitative researchers who caught up with me over lunch and the rest of the conference to express the similarity of their experience: this paper is for you. Massive thanks to my three qualitative research colleagues who internally reviewed a previous draft of the paper and suggested vital improvements: Natasha Hardicre, Bella Scantlebury, Tom Mills. I really appreciate the effort you took to improve the paper. Sincere thanks to the two peer reviewers who determinedly stuck with this paper through several rounds of review: your careful attention and gentle persuasion has led to a much improved version which is significantly more balanced and eloquent than the first draft.

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