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Case Title

All in Good Time: Revisiting Existing PhD Data to Reveal New Insights

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Contributor Biographies

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Louise Hoyle is a registered adult nurse (RN) and a Lecturer in Nursing at The University of Stirling. Louise has a PhD in Sociology & Social Policy and MScs' in Criminology and Applied Social Research. She has research interests in the fields of: workplace violence and aggression, working conditions of nurses, health & wellbeing of nursing workforce, and health reporting in the media. She has methodological expertise in both quantitative and qualitative methods, using a range of research designs including: thematic qualitative analysis, secondary analysis of both qualitative and quantitative data and media analysis.

Published Articles

Hoyle, L.P., Kyle, G.K, & Mahoney, C. (2017) Nurses' views on the impact of mass media on the public perception of nursing and nurse-service user interactions. *Journal of Research in Nursing*. 22(8) 586-596. DOI: 10.1177/1744987117736363.

Abstract

This case study addresses some of the challenges and opportunities of revisiting data for a new purpose. In 2011, data was collected for a PhD, which aimed to explore the impact of new public management and nursing relationships in the NHS. This was analysed and written up for a PhD thesis. However, only a proportion of the collected data made it into the final cut of the PhD. Within a PhD it is important to have a clear narrative and so it is likely that aspects of the data will be discarded or left until later. Several years after PhD completion, in response to new research concerns, the data was revisited with a view to further analysis in order to reveal possible new and previously hidden insights. This case study takes you step by step through the process used to do this, and highlights key points for decision-making to ensure rigour in this retrospective analysis.

Learning Outcomes

By the end of this case, students should be able to:

1. Understand the importance of focusing on the main PhD question at the time, and knowing that it is ok to have data that may not be included in the final thesis;
2. Ensure that they understand the ethical process which enables the re-visiting of data and building this into ethical processes at the time of the initial data collection;
3. Be able to make a decision to revisit the data post-PhD when appropriate and understand that data can still be relevant despite time progression;
4. Provide an overview of how to re-visit, re-use and write up for publication, a paper focused on a new research question.

Aim of the Study: Revisiting Data to Answer Question on Nurses Views of Media Reporting

The original PhD focused on new relationships between public management and nursing. It explored the ways in which managerial practices (specifically professional management; discipline & parsimony; standard setting & performance measurement; and consumerism) have shaped the working relationships, interactions, and knowledge-exchange between managers, staff & patients, and the ability of staff to carry out nursing duties within an acute hospital setting (Hoyle 2011). Data was collected about nurse's views of media influence on nurse-service user interactions. However, only a small proportion of this data was actually included in the final PhD thesis. This is because when undertaking a PhD and writing up the thesis there needs to be a coherent narrative throughout, i.e. 'the golden thread' (Smith 2015); the central argument that pulls the thesis together and provides coherence throughout. This enables there to be closure within the thesis, as a clear central argument is made (Murray 2011). When drafting the final thesis, decisions are made about

which data should be included and which data may be needed to sit more quietly at the side-line. Nevertheless, that is not to say that the data is not valid or important, and it may be that you will want to revisit the data at a later date. This project focuses on why and how I revisited data from my PhD.

Why did I revisit this data?

Mass media, including the internet, television, radio and print media are all used to communicate messages and they are important sources of health information for the public (Van Bekkum & Hilton 2013). This means that the media plays an important role in influencing public perceptions of healthcare professionals and services (Stroobant et al. 2018; Bernabeo & Holmboe 2013; Lui & Prist 2009; Grilli et al. 2002). While potentially empowering for service users there are also concerns – not least among healthcare professionals – about the quality of information being provided (Van Bekkum & Hilton 2013). As the largest professional group in international healthcare systems, nurses play an important role as both arbiters and advocates of informed decision-making. Nurses are expected to shape the interactions between service user and hospital, and to meet service users 'raised expectations' (Hoyle 2011) and deal with potential disappointment should expectations not be met.

However, little was known about how the reporting of health stories by the media impacts on the day-to-day work of front-line nursing staff. This was touched on my original thesis, but not explored in-depth. In discussion with colleagues where we were exploring the issue of the media on the public, it became apparent that the data from my PhD could help to answer the question: what are nurses views on the perceived impact of the media on service users and how affects nurse-service user interaction? This was a question that had yet to be answered within the research arena. It was therefore logical for this data to be revisited to look at media and nursing staff views as this continues to be a relevant topic.. So, in the study Hoyle et al. (2017), we explored how the reporting

of health stories impacted on nurses' day-to-day work by speaking to front-line nursing staff based on previously collected PhD data.

Why should we revisit data?

When collecting primary data it is likely that not every aspect of the data collected will be analysed (Payne & Payne 2004). This means there are opportunities for data to be re-examined and re-used. There are many advantages to revisiting data, which can include cost and time (Ruggiano & Perry 2019; Bryman 2012). Data is already available (thus saves time) and can be accessed without the cost of running another research project. It also means that it is helping to reduce the potential for causing overburdening of research participants (Silverman 2011) and can it can continue to give voice to the research participants after the original study is completed. It can also be important to participants that their data are used to the full and that it makes the demands of participation worthwhile (Grinyer 2009). Within this study, the revisiting of data was about doing justice to the data. It was also to explore the implications of this particular data with a closer lens to see how the narrative could be developed.

Section summary

- PhD thesis report findings that are consistent with a chosen narrative or “golden thread” and so do not represent all data collected as part of the project.
- It is acceptable to revisit PhD data for further exploration and analysis.
- Revisiting data has many benefits including: cost, time and reducing burden on research participants.
- Media outlets are important sources of health information, but we need to understand how the media can shape people's views

Methodology

There is growing acceptance of secondary analysis of qualitative data as a recognized methodology (Bishop & Kuula-Luumi 2017). Secondary data is about using existing data, collected for the purposes of an earlier study and focuses on a research interesting which is different to the original work (Heaton 1998). Huge amounts of primary data is collected within research projects, but it is rarely revisited and so there is often data wastage. In revisiting the PhD data, this meant that we did not have to collect new primary data and these was less data wastage. However, revisiting data must not lead to 'salami slicing', as a researcher you must be sure that there is a clear need for revisiting data with a distinct research question to answer. It is not t about squeezing out another publication. Secondary data analysis should be either about investigating new or additional research questions or to be used to verify findings within previous research (Bishop 2016; Heaton 2008). This study was about exploring an additional research question which was not a focus within my original PhD study; it was adding something new to the narrative surrounding nurse's view of media reporting.

This original PhD research was qualitative interpretivist study (Atkinson *et al.* 1988; Crotty 2005) grounded in the methodology of adaptive theory (Layder 1998a; Layder 2006). A case study within an inner-city hospital in Scotland was the most appropriate method for accessing rich and in-depth data for the original study. Semi-structured interviews were used to collect the data and fieldwork took place during a 3month period in 2010. 31 qualified nurses working within an acute National Health Service (NHS) in Scotland were interviewed. Participants were purposively sampled from three specialties: emergency areas, medial wards and surgical wards. Early in the PhD process, following piloting of the interview schedule, a question on the topic of media influence on nurse-service user interactions was included in the final semi-structured interview schedule. But, analysis of these data were not fully examined as part of the PhD. The question about the impact of media on relationships between staff and service users was briefly highlighted within my initial PhD study, but the main focus of the PhD was on new public management and consumerism. Therefore, this

analysis wasn't undertaken at the time as it was not considered relevant to the main thread of the thesis. So, several years after the PhD was completed this data was revisited and re-analysed.

Section summary

- Secondary data analysis is about revising primary data and using it for a different purpose.
- It is worth considering re-visiting data post PhD if you have a research question that the data may answer.

Research Practicalities

The question about media influence on the public, briefly emerged at the time of the PhD and was broadly considered when doing first wave of analysis of the data in the original PhD project. But, it was determined that this was not a core element of the PhD. However, since completion of the PhD, this has become an area of growing interest. Therefore we decided to return to the data more recently.

A Team Approach: Within the PhD you tend to be working independently with the guidance of supervisors. However, within health and social sciences, it is more common to work within a team post-PhD =. This team working can allow for new insights and to make qualitative analysis more robust. A team approach can specifically aid with:

1. *Confirming relevance and currency of issues:* the team was able to confirm currency of the issue and relevance of this data to answer it. Data was drawn from my PhD from which I had spent many hours looking at and interpreting. This meant it was difficult to separate data from the PhD and write-it up as an article; this is due to being so close to the data as and as a PhD student. . However having the team perspective was helpful in this and two of the team members were more removed from the data.

2. *Distancing oneself from the data:* the team approach meant that there was a distancing from the data and a new focus when looking at the data. Teams can also foster an increased level of conceptual thinking which can enrich the process of data coding and analysis. It can facilitate the incorporation of different perspectives and to limit bias (Liggett et al. 1994).
3. *Enhancing rigour and quality:* team working can improve the rigor and quality of the research (Ruggiano & Perry 2019; Barry et al. 1999). A team approach enables better standardization of coding and accuracy in deriving concepts (Cornish et al. 2014; Delaney & Ames 1993). This allowed for increased credibility within the research analysis, as consensus was reached. This meant it was not just one interpretation of the data.
4. *Emotional support:* it can be challenging revisiting data following completion of the PhD as it can evoke memories (both good and bad!). It can be difficult to be objective when approaching data again. Again, having a team approach can help with this as they bring in fresh perspectives and they are not emotionally involved. Teams can also provide emotional support for individuals (Barry et al. 1999). You need to be able to return to data with an open mind and to not feel emotionally burdened when looking at the data again.

Ethics Considerations: This is something that needs to be considered at the start of the original project process. Within the initial ethics documentation for the PhD the opportunity of re-visiting data at a later date was considered. Within the participant information sheet and consent forms participants were informed that (anonymized) data may be used in further research and were given the option to opt out of this if requested. None of the participants in the original study opted out. This is an important consideration to make when developing a primary study. The reuse of data for secondary analysis purposes is becoming much more common, however, in order for data to be reused you must ensure there is appropriate ethical approvals in place for this to happen. In terms of the PhD project, as the researcher I had gained informed consent from participants and as part of this I had requested permission from participants so that anonymized transcript data could be

revisited at a later date. The British Sociological Association's Statement of Ethical Practice (2017) states that researchers must inform participants of the uses of their data and obtain consent for the future use of the material. This is what was done within the original study.

Accessing the original data: Due to the time period between the PhD and the current research, it was important to re-visit the original study and the methods used for data collection and analysis. It was helpful that data was stored within a software package (QSR Nvivo), as this meant the data was easy to find and access. Although, for the current study, there was a moment where it looked like the file has corrupted which caused a bit of a panic. However, this was fixed and the only other issues was that the original data file within Nvivo had to be upgraded to a newer version.

Data Analysis: At the time of the original interviews, the issue of the influence of the media was raised by all of the participants despite it not being a specific question within the semi-structured interview guide. Rather they were asked more general questions, and the media was discussed as part of a wider discussion when participants were asked the following questions (Box 1).

How would you describe the challenges that you face in your day-to-day work and what influences these?

What do you think is meant by the term consumerism? (This is where in more recent years, service users have been described as customers for the NHS.)

In your view, how important is it that the views of people who use the NHS are taken into account? In your opinion, what factors can promote good working conditions and what influences these?

In your opinion, what factors can discourage good working conditions and what influences these?

Box 1: Semi-structured interview questions

In terms of carrying out the data analysis for this current project, the anonymised transcript data was revisited. At the time of the PhD, all comments relating to media had been gathered under a single code within QSR Nvivo. This had been labelled '*media*'. Within the original PhD thesis the data

informed a section on consumerism, media and choice. The focus tended to focus on how media reporting was seen as negative and a discussion on 'informed patients' versus 'patient ignorance'.

QSR Nvivo was used within my original PhD as a way to store and organize the data, it was also used to facilitate data analysis for this current project being discussed. At the time of the PhD, all transcripts were anonymized prior to being uploaded onto Nvivo. This was to ensure confidentiality if supervisors or examiners wished to view the Nvivo file. Following on from the PhD and for this new secondary data project, there was a second 'pass' through the data that has been classified under the broad 'media' code by the research team. This was carried out within the original Nvivo file from the PhD to ensure that there was rigor and the data could be traceable back to the original transcripts. As a team, a thematic analysis approach was taken (Braun & Clarke 2006). We looked at the data and devised further themes for the 'media' code. The themes were discussed and consensus reached within the team to define the codes and to check the data being coded within each theme. The key themes identified were: scaremongering health stories; negative portrayal of the nursing profession and informed service users.

Finally, Standards for Reporting Qualitative Research (SRQR) (O'Brien et al. 2014), were considered throughout the research processes and in the write up of the article. Using such guidelines are helpful when writing up qualitative data and help to enhance the quality and transparency of data (visit: <http://www.equator-network.org/> for more information).

Section summary

- It can be daunting when considering re-visiting PhD data once the thesis is complete.
- Ethics needs to be considered at the time of the primary study to ensure that it is appropriate for data to be revisited.

- A team approach is valuable to enable new insights and to facilitate distance between the researcher and data
- Consideration needs to be taken in how to analysis qualitative data to ensure that appropriate analysis of the data occurs

Practical Lessons Learned

Overall, there are several lessons to be learnt from this case study. Firstly, don't panic if you have data that doesn't make the final cut within your PhD or if there is limited focus within the thesis! This is quite normal with the thesis process, but it is also important acknowledge what data is not making the cut and why. During the PhD much personal growth and development occurs. The process of carrying out research within the PhD can (and most likely will) spark ideas for development post-PhD. It is worth knowing your data and what is there, as you never know when you might want to revisit it. The data may still provide new insights and understanding several years after the thesis is submitted. It's worth remembering that even though data might be several years old it may still have currency and so should not be discounted.

Do not be afraid to work as a team to re-visit PhD data. Working within a research team when revisiting data can be beneficial as it allows for new perspectives and insights. It provides opportunities for discussion and development that might not be gained working independently. Finally, it is important to consider the ethics of your work and consent at the time of original data collection. You need to consider whether the original consent obtained will enable you to use the data wider than the PhD.

Section summary

- Although time might change, culture might change and data may get older it may still be relevant and have merit and provide new and useful insights.

Concluding Remarks

When looking at the data it was apparent that nurses tended to view media representation of the nursing professional as negative and stories about health were seen as scaremongering. This was therefore seen by participants to put pressure on nursing workloads and to erode professional boundaries (Hoyle et al. 2017). Revisiting the data from the PhD in order to address a research question which was not part of the thesis has been a valuable experience. With the passage of time and a team approach, a more critical reflection of the data was achieved. There was less of an emotional attachment to the PhD when revisiting and it also felt less isolating due to a team approach. Removed from emotional burden of undertaking a PhD a renewed interest and focus may occur, and if you re-visiting the data as part of a team, then colleagues are able to support you with this revisiting (following trauma of undertaking a PhD!). Furthermore, it was nice that previously unused data has now been shared, this means those who participated in the original study continue to have a voice on a topic that was not clearly explored within the PhD thesis.

Classroom Discussion Questions

These questions can be discussed in class or with supervisors/ research mentor:

1. What ethical challenges are presented when you ask people to consent to the future use of data?
2. How do you determine is something related to the core of your PhD or a side-line narrative?
3. How do you know when to stop data analysis in a time limited PhD?
4. How do you determine if the data you have is sufficient to answer the question you have and whether you should revisit the data?

5. What are some of the opportunities, challenges and limitations of using qualitative secondary data?
 6. How can you ensure rigour in qualitative secondary data analysis?
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Multiple Choice Quiz Questions

1. What do we call data that was collected in an earlier research project but is used to answer new research questions?
 - A. Field Notes
 - B. Secondary Data
 - C. Primary data

2. What is one of the main ethical concerns associated with conducting a secondary analysis of qualitative data?
 - A. The participants may not have given informed consent for the reuse of their data
 - B. participants may experience psychological or physical harm as a result
 - C. people may question the trustworthiness of the analysis

3. Which one of these is a method of qualitative data analysis?
 - A. Focus group
 - B. Thematic analysis
 - C. Multivariate analysis

Declaration of Conflicting Interests

The Author(s) declare(s) that there is no conflict of interest.

Further Reading

Web Resources

1. <http://www.equator-network.org/>

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