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# SAGE Research Methods Cases Medicine & Health Submission for Consideration

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## **Case Title**

Conducting Evaluation Research with Exercise Referral Schemes as an Insider

## **Author Name(s)**

Coral L Hanson<sup>1</sup> and Linda J Allin<sup>2</sup>

## **Author Affiliation & Country of Affiliation**

<sup>1</sup>Edinburgh Napier University, UK

<sup>2</sup>Northumbria University, Newcastle, UK

## **Lead Author Email Address**

Email: c.hanson@napier.ac.uk

## **Discipline**

Public Health [D26]

## **Sub-discipline**

Health Services Research [SD-PH-3]

## **Academic Level of intended readership**

## **Postgraduate**

## **Contributor Biographies**

Dr. Coral Hanson has worked as a research fellow in the School of Health and Social Care at Edinburgh Napier University since January 2017. Prior to this, she spent 20 years working in the public leisure sector environment. Her research has mainly focused on factors influencing participation in physical activity interventions for those with non-communicable diseases and resultant changes in physical activity behavior. She is currently involved in several research

projects; a mixed methods project examining how gender affects participation in physical activity interventions; the development and evaluation of a physical activity mobile health app to support participants in an exercise referral scheme and a feasibility randomized controlled trial aimed at increasing medication adherence among adults with atrial fibrillation using mobile health technology.

Dr. Linda Allin is an Associate Professor in the Department of Sport, Exercise and Rehabilitation, Northumbria University. She is predominantly a qualitative researcher, with research interests focusing on experiences of women and other disadvantaged groups in sport, outdoor and physical activity contexts. She has been involved in several evaluations of community health and physical activity schemes including; a family initiative supporting children's health, an early years physical activity programme and, currently, an intervention using the maternity/early years pathway to engage postnatal women from low-income groups in physical activity.

### **Published Articles**

Hanson, C. L., Oliver, E. J., Dodd-Reynolds, C. J., & Allin, L. J. (2019). How do participant experiences and characteristics influence engagement in exercise referral? A qualitative longitudinal study of a scheme in Northumberland, UK. *BMJ Open*, 9(2), e024370. Retrieved from <http://bmjopen.bmj.com/content/9/2/e024370> doi:10.1136/bmjopen-2018-024370

### **Abstract**

The case study aims to highlight key methodological and ethical challenges faced whilst conducting mixed methods evaluation research as an insider with a senior position in an exercise referral organization. This case derives from a PhD study exploring the expectations

and experiences of participants in an exercise referral scheme for people with non-communicable diseases in northeast England. This case focuses mainly on the qualitative element of the evaluation and gives insight into the value of longitudinal semi-structured interviews as a research tool and the use of a framework approach to analyse the data. It explores some the benefits and dilemmas involved in conducting insider research, and discusses how using a reflective diary can raise awareness of bias; help develop research skills and aid analysis.

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### **Learning Outcomes**

By the end of this case study, the student should be able to

- Provide an overview of a mixed methods evaluation research project in exercise referral
  - Describe and reflect on some of the ways in which being an insider can influence the planning and undertaking of evaluation research in exercise referral
  - Explain why using a reflective diary can be a useful tool when conducting insider qualitative research
  - Discuss the value of undertaking longitudinal semi-structured interviews as a qualitative evaluation tool
  - Describe the process of framework analysis as a method for analysing qualitative interviews
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### **Case Study**

## **Project Overview and Context**

### *Exercise Referral Schemes*

This case study is based on a PhD study evaluating an exercise referral scheme (ERS) in Northumberland, UK. ERSs are one of the UK's most widespread interventions aimed at increasing physical activity (PA) and in England, local authority public health teams usually commission them. They involve the referral of patients with non-communicable diseases from healthcare to a third party, usually leisure providers. Participants take part in targeted PA programs.

Delivery of ERSs varies widely, with little evidence about 'what works' best. Systematic reviews by Campbell et al. (2015) and Pavey et al. (2011) criticize ERS effectiveness but acknowledge considerable differences between schemes. The National Institute for Health and Care Excellence (2014) suggest that the construction of an informative evidence base is limited by a lack of understanding about what schemes are delivering and how. This makes it difficult to identify which ERS elements influence effectiveness and there is a need to examine existing schemes in increase understanding.

### *Local Context for the Study*

Northumberland is the largest unitary authority in the UK and is the most northern county in England. It has an area of 5,013km<sup>2</sup> and is the least densely populated county in England (62 people per km<sup>2</sup>). It is a mainly rural county where deprivation is lower than the England average. However, the southeast is urban and there are pockets of high deprivation. The population from the 2011 Census was 316,028.

Northumberland has a large ERS delivered by the charitable leisure trust that manages local authority leisure centres in the county. Existing since the 1990s, the scheme receives approximately 1800 referrals per year and consists of three one-to-one consultations (pre, mid and post scheme) and 24 weeks of twice-weekly supervised PA sessions. A full description of the scheme can be found in Hanson, Allin, Ellis, and Dodd-Reynolds (2013). I (the first author) began working for the ERS in 1995, initially as an instructor and later as a manager involved in the development of the scheme. Following the publication of guidance by the National Institute for Health and Clinical Excellence (2006) that ERSs should only be commissioned if they were part of a research project, NHS public health commissioners wanted to understand how effective the scheme was in order to make decisions about future funding. This resulted in an opportunity for me to undertake a PhD and my role as an insider researcher began.

### *Insider Research*

Simmel (1950) suggested that only outsider researchers could be objective but Merton (1972) argued that an outsider researching a topic in an unrelated area, culture, group and status would not understand the issues studied, making it difficult to justify findings. Indeed, Smetherham (1978) commented that insider insight is derived from not only reflexive accounts of personal experience, but also how experience is used to establish a flow of information. More recently, Greene (2014) has suggested that an insider researchers' pre-existing knowledge of the topic studied and easy access to informants and empirical material constitute the main benefits of insider research. As a manager in the organization providing the intervention studied, I benefited from unique insight, and the ability to generate relevant questions, gain access to participants, collect data and use findings to implement change.

Additionally, I was also able to engage with wider ERS stakeholders such as referring GP surgeries and commissioners to share findings. As Sidebotham (2003) reflected, professional experience can add to research and provide learning that would not have been possible through experience alone.

These benefits were balanced against potential bias due to existing knowledge, a potential desire to present findings in a positive way and recognition of power relations in both interviews and staff relations. These issues have created much debate in qualitative methodology. For example, Kanuha (2000) highlighted questions about the objectivity, reflexivity and authenticity of insider research due to knowing too much or being too close to the project. This required much reflection on my role and influence.

The initial concept for my PhD developed through co-production between public health commissioners and the ERS provider. A mixed methods approach allowed for (i) the examination of routinely collected quantitative data (participant demographics, physiological health status measures, attendance and resultant change in PA behaviour) and (ii) a longitudinal qualitative exploration of participant experiences. This case focuses on the qualitative element of my PhD project, although there are some references to decisions taken because of the quantitative element.

### **Section Summary**

- Exercise on referral schemes (ERS) are a widespread intervention aiming to increase physical activity levels in those with non-communicable diseases.
- There is a limited evidence base for ERS and commissioners of the Northumberland scheme stipulated the need for robust evaluation to secure further funding.

- As an employee of the scheme provider and a manager, I undertook a PhD as an insider researcher, which had both benefits and challenges.

## **Research Design**

### *Insider Status and Evaluation Research*

This project was grounded in evaluation research. Secret, Abell, and Berlin (2011) define this as the systematic application of research methods to assess the effectiveness and outcomes of the intervention, with the intent of generating new knowledge. I approached my PhD as a new researcher but with 15 years of ERS experience. My understanding of scheme practicalities was far greater than a researcher who might approach this area from a purely academic standpoint. Having been involved in the scheme since 1995, my experience spanned almost the entire existence of not only this ERS, but of UK ERS in general. This related not only to delivery but also to shaping the format of the scheme, securing ongoing funding and defining an existing internal evaluation process. My insider status therefore influenced both the design of the research and the ability to implement it as an evaluation.

Through practical experience, I knew that the influences on ERS were likely to be very complex. I was aware that collecting quantitative data about referral demographics and participation could answer questions about who engaged with what, but not why. Years of dealing with referrals had taught me that individual participants could react to the same intervention in very different ways depending on their reasons for attending and barriers to being active. In addition to this, the delivery of the scheme itself was likely to be influential in decisions about engagement. I had previously noticed that where staff followed procedure,

retention was higher. The attitudes/personalities of staff seemed to influence success. Because of this, I identified the need to undertake both quantitative and qualitative evaluation.

### *Mixed Methods*

Teddlie and Tashakkori (2013) define mixed methods research as pragmatic approach to using qualitative and quantitative methods in conjunction with each other. Creswell (2013) identifies options to collect and analyze both quantitative and qualitative research concurrently or sequentially by building one onto the other in a way that gives priority to both. In evaluation research there are numerous examples of initial quantitative-only projects having a follow-on qualitative component in order to make greater sense of numerical findings; adding the *how or why did a program succeed or fail to did the program work?*

### *The Influence of Previous Quantitative Evaluation on the Qualitative Research*

In this project, I was able to access large amounts of data available via referral forms, physical activity questionnaires, consultation processes, and attendance recording due to my organizational position. Collating and quantitatively analysing these data allowed me to make a preliminary examination of whether referral to the ERS resulted in scheme engagement and whether physical activity levels/physiological indicators of health changed for those who participated. Although analysing these data gave me some insight into the ERS, this approach was too simplistic to gain a rich and deep understanding of scheme engagement.

Quantitative analysis identified that those over 55 years, those referred via a cardiac rehabilitation pathway and females were more likely to engage successfully with the ERS,

while those who lived in areas of greater deprivation and/or were obese were less likely to adhere (Hanson et al., 2013). Prediction accuracy of engagement and adherence using statistical modelling was limited. Overall, 19% of referrals did not engage with the scheme and of the 81% who did, 46.5% of these dropped out in the first 12 weeks, while only 10.5% dropped out between weeks 13 and 24. Median attendance for those who dropped out early was two (IQR 0-5) sessions out of a possible 48. These data highlighted a need to understand why referrals did not engage in the first instance and how early experience of participation influenced decisions about continued attendance.

### *Planning the Qualitative Research*

Having established the need to investigate why some referrals were more likely to engage/continue to engage than others were, I chose a qualitative approach to explore this. I wanted to use individual interviews, partly because I was aware that these were the most used qualitative tool but also due to my insider knowledge about the potential for each referral to react differently to the ERS. I needed to decide the best time to carry out interviews to gain the most useful information. Given my knowledge of the scheme, I felt that the ideal time to target participants to understand decisions about initial engagement was after referral but before the start of the ERS. Since most of those who dropped out did so within the first few weeks, I was interested to explore perceptions of barriers before participants started the scheme. I understood the scheme process and knew that asking referrals to speak to me when they were attending their initial consultation would reduce participant study burden. While I acknowledged that the referral process itself might be a factor in participant engagement decisions, the practicalities of identifying and recruiting people who did not know about the ERS but were eligible for referral were beyond the scope of my study.

Additionally, I was interested to understand whether what happened in the first few weeks influenced early dropout and whether there was a ‘tipping point’ during the initial 12-week period where participants were likely to become adherers. I therefore designed a study comprising longitudinal semi-structured interviews, one interview pre-scheme and one interview after 12 weeks. This design also enabled me to follow up on any engagement decisions or perceptions from the first interview.

### *Planning the Interviews*

I constructed an interview guide containing a list of key areas and example questions for the interview. I reviewed qualitative methodology and the wider ERS literature to develop this. It was an aid to keep me on track and remind me of potential follow up questions. I undertook one pilot interview, which allowed me to discuss my approach and practical experience of interviewing with my supervisors. I also considered how my own preconceptions influenced questions, a particularly important element since I recognised my bias as an insider.

I analyzed the pilot interview with the help of one of my supervisors before deeming the interview guide suitable to use. I kept a detailed reflective diary that focused on participants’ social context, the quality of the interaction, and my experiences. This gave me a written record where I could acknowledge and reflect on my biases and reactions to interviewees’ experiences. This latter part was particularly important where participant experiences differed from how, as a manager, I knew the scheme should run. The value of the reflective diary and some of its contents are discussed later in this case.

### *Data Analysis using the Framework Approach*

Interviews were audio-recorded and transcribed verbatim. They were subject to thematic analysis using the framework approach suggested by Ritchie, Lewis, and O'Connor (2003). This approach was developed in the context of evaluating effective delivery of social policies and programs, making it relevant to this study. It is a matrix-based method for analyzing qualitative data and provides a structured way of managing and making sense of data. It involves indexing initial themes/concepts, synthesizing data via a charting process and constructing classification typologies.

I undertook initial data analysis along with ongoing interviews. I transcribed each interview before completing the next one and familiarized myself with transcripts through reading and re-reading, and by listening to audio-recordings to check accuracy. One of my supervisors helped me by separately analyzing the initial three transcripts. This enabled us to discuss initial thoughts and codes as they developed, giving an opportunity to refine the process and ensure any biases did not lead to overly selective coding.

Using Microsoft Excel to organize data, I openly recorded preliminary concepts and patterns for the first three transcripts. I did this by creating tables containing open codes headings and related quotes. Using one spreadsheet allowed easy visualization of developing codes and meant that I could cut and paste codes/quotes into different areas of the table as my thinking developed. After discussion between my whole PhD team, we established agreed codes to form an initial analytical framework for the pre-scheme interviews. After analyzing three more transcripts, we refined and finalized of the framework to allow comparison within and across all participants. We created a matrix to map and explore connections within and between participants and categories. During interpretation, analysis went beyond descriptions of individual cases to develop themes that identified and offered possible explanations for

types of ERS experience. We repeated the process after the second interviews and combined the two analyses to create typologies of ERS experiences.

## **Section Summary**

- Evaluation research is the systematic application of research methods to assess the effectiveness and outcomes of the intervention, with the intent of generating new knowledge
- Longitudinal semi-structured interviews allowed for individual accounts of pre-scheme expectations and experiences of participants referred to the ERS
- Data were thematically analyzed using the framework approach to develop themes and offer possible explanations for types of ERS experience.

## **Research Practicalities**

### *Geographical considerations*

Referrals made over a two-month period to two of the nine leisure sites delivering the ERS were invited to join the study. Northumberland is large and referrals were recruited from only two leisure sites due to practical limitations such as time and cost of travel between sites. Both study sites were in urban areas meaning that understanding of engagement issues related to rurality or other local issues was limited. However, referrals to included sites were representative of the whole spectrum of ERS participants; that is a broad adult age range, both genders, from a range of economic circumstances, and with the different medical conditions included in the referral criteria.

### *Ethical considerations*

My institutional ethics committee granted ethical approval and all participants needed to give written informed consent. At first, the ERS administration officer asked all referrals invited for an initial consultation during the recruitment period if they wished to participate in the study. Later, I provided guidance from developing themes about the characteristics of further participants. The administration officer contacted referrals via telephone by to arrange their initial consultation. During this call, she explained the study and invited them to take part. Postal information was sent to interested referrals, who returned a signed consent form register for the study. ERS staff arranged interviews and I did not have access to personal details until I received signed consent. From a participant perspective, my only contact was in a research capacity. The invitation letter included the information that I was a senior employee of the organization and that the aim of the study was to understand experiences in order to improve ERS delivery. Study information and consent forms assured participants that discussions were confidential and that in any feedback to scheme staff would involve general themes only to ensure anonymity. I reiterated this during interviews.

### *Recruitment considerations*

I was particularly interested in recruiting referrals who would not engage or would dropout. This was because, for me as an ERS professional, understanding non-engagement seemed more likely to stimulate service improvements. However, since the quantitative element of my PhD was a limited predictor of engagement it was difficult to pick a 'stereotypical' non-engager or dropout. Additionally, if a participant did not intend to engage with the ERS, they were unlikely to engage with my study. To add to this, if I was successful in recruiting a proportionally large number of ERS non-engagers/dropouts, there was risk that they would also dropout of my study. This created a conflict about whether to recruit participants until no

new major themes developed during analysis, or to over-recruit to give the potential for more completed second interviews. Due to time limitations, I decided to recruit until no new major themes developed from analysis.

### **Section Summary**

- Due to time and travel practicalities the study was limited to two of the nine sites delivering the ERS, meaning that there was a risk of not exploring local issues affecting engagement.
- Ethical considerations in the planning stage included the need to recruit through ERS scheme staff and gain written informed consent.
- Recruiting non-engagers and those likely to drop out of the intervention studied presented challenges and given the longitudinal method, led to a higher risk of study dropout.

### **Method in Action**

#### *Recruitment*

Because I was an insider researcher, my ethical approval stated that I was unable to recruit participants directly. This was to prevent referrals feeling pressured to take part in the study and because it might affect the power balance in interviews. This meant that I was reliant on colleagues to recruit people. The ERS administrator involved in recruitment was enthusiastic and successfully engaged participants. This may have been because I held staff meetings to discuss commissioner requests to provide evidence about scheme effectiveness. Awareness of why this research was taking place was high and staff understood that future funding depended on providing an understanding of engagement. Since I was a senior manager, it was easy to engage with the person responsible for recruiting as the ERS team reported to me. If

conducting insider research as a junior member of staff, it may be useful to engage a senior staff member with the project and ensure good communication prior to starting. In my position, I needed to respect that staff were busy and being asked to take on additional work to recruit on my behalf.

### *Interviewing*

Due to extensive reviewing of ERS literature and my insider status, I felt that I had a good understanding of relevant questions to ask. At work, I had previously completed motivational interviewing courses and believed that I had reasonable skills in asking open questions and allowing people to speak. Before the study, I completed a two-day qualitative interviewing course. When I listened to my first interview recording, I was shocked at how often I interrupted or did not allow enough time for someone to reply. I noticed a few occasions where as I started to prompt, the participant took an intake of breath to say something.

I also allowed participants to drift off the point; in fact, I encouraged this by asking further questions that were 'off course' (an attempt to put them at ease). My supervisor helped me question and reflect on this. As the interviews progressed I became better at staying 'on course', but still allowed participants to develop their own narrative. On reflection, this had both strengths and weaknesses. Sometimes it encouraged people to feel comfortable, which then allowed them to speak more freely about the subject I was researching. There were 'pearls' of detail. Conversely, it increased the effort required for transcription without always adding anything. Sometimes the interviewee seemed to take control of the dialogue and it was difficult to direct them to relevant discussion. Analysing why a conversation goes in a

particular direction can be of interest in itself, as it can give a clue to unconscious motivations.

If participants asked about my work during interviews, I explained what I did but tried not to dwell on it. For the most part, I did not refer to my professional role. The dilemmas and constant negotiations around how much to disclose and reflections on interviewing as an insider are further highlighted in the lessons learned section.

### *Study Dropout and Timelines*

I expected that if I successfully recruited participants who dropped out, it might be difficult to engage them in a second interview, as they might not feel emotionally involved in the study anymore. Four of the 15 participants from the initial interviews dropped out of the study. Two of these did not attend any exercise sessions and the other two dropped out after attending a few sessions. I tried to contact all of them by telephone. The two who did attend were willing to talk briefly or to exchange texts, but not to attend the leisure venue for an interview. In hindsight, I think that I could have completed these two interviews by recording a telephone conversation (with their permission) had this been part of my study plan. I was unable to contact the two participants who did not attend.

The time taken to contact participants was longer than expected. Often I had to phone or text them several times, meaning that a planned twelve-week gap between interviews extended up to 20 weeks in some cases. Sometimes this was due to holidays but sometimes it was because I was busy and did not make time to call participants at convenient times for them (e.g. in the

evening). If I planned the study again, I would include the option for recorded telephone interviews to try to increase retention. I would also have agreed dates for second interviews at the initial interview. This highlights the importance of both interviews in a longitudinal study. Sending out reminder letters closer to the interview date and following this up with a telephone call might have helped keep to timelines.

### *Data Analysis*

Data analysis was challenging because of the need to analyze the initial interviews, as the content would influence questions for the second interviews. It took me a day to transcribe an hour-long interview and then a further day for analysis. The recruitment period was for those referred over two months. The ERS provider invited these people to join the scheme over approximately three months, creating a lot of work in a short time. Using the thematic framework approach separately for each set of interviews was helpful in providing structured analyzes of data to combine later.

I developed a longitudinal design as I expected the temporal aspect of participant stories to be important. Indeed, the longitudinal aspect resulted in the development of powerful experience typologies. Given this, I was surprised to have discussions with my supervisors about whether to present the two sets of interviews as separate studies, the first concentrating on expectations of referral and a second on experiences of the scheme. This approach would have allowed for one study giving more in-depth presentation of factors influencing pre-scheme perceptions/expectations and a second detailing scheme experiences. However, we decided to present findings as originally planned as we felt this would more clearly reflect the interactions between social context, referral reasons and experiences.

## **Section Summary**

- Using insider status to explain engage staff to understand the reasons for the research helped to facilitate recruitment.
- Good qualitative interviewing takes time to develop; listening to and reflecting on interview technique and the managing of the interview process is helpful in making improvements.
- Data analysis and type of interviewing influences perceptions about the best way to present results, which may be different to original plans.

## **Practical Lessons Learned**

### *Reflexivity*

Patton (2002) discusses the concept of reflexivity, which emphasizes the importance of self-awareness, political and cultural consciousness, and ownership of perspective within qualitative research. It allows for consideration of how the researcher and research process have shaped the data, and how prior assumptions and experience might have influenced inquiry (Mays & Pope, 2000). Reflexivity is therefore extremely important when undertaking research as an insider (Finefter-Rosenbluh, 2017). This section details the use of a reflective diary to help me recognise and understand my own position and influence as an insider, as well as the importance of analysis alongside ongoing interviews.

### *Pre-existing knowledge and research bias*

I questioned whether my experience of ERS meant that I had pre-conceptions of what I would find. This is an issue for all insider researchers. Did I ask questions that would

encourage the answers that I expected to find; or was I looking for themes within the data that I expected to exist? Patton (2002) discusses the idea of ‘empathic neutrality’, suggesting a middle ground between being too involved, which can cloud judgement, and being too distant, which can reduce understanding. How could I ensure that my findings were both credible and trustworthy?

Taking the time to consider potential bias is important and necessary if you are conducting insider research. I found the ‘vested interest issue’ the easiest to deal with and felt confident in justifying my approach. Delivering an effective intervention motivated me and so I focused on understanding what ‘did not work’ in order to effect change. Evidence for the health benefits of being active is strong, while evidence about how to get people more active is weak. Doing nothing was not an option. I was confident that public health colleagues shared my view and this study aimed to understand why the scheme worked for some and not others. Taking the time to develop a shared stakeholder vision created a secure environment in which to share negative findings.

Thoughts about potential bias and influence on the research process and outcomes due to my work role were constant. I tried to be reflexive in assessing what I knew, how I knew it, and what shaped my perspective. I do not believe that anyone comes into any research situation with a truly value-free perspective and think an insider perspective is valid providing there is awareness of bias. This is a fundamental principle of qualitative research. Overall, I felt that my experience, knowledge and influence provided more benefits than negatives.

### *Using a reflective diary*

After interviews, I kept a reflective diary to help identify how much my insider status influenced my opinions and interactions. The following excerpts illustrate how detailed notes taken directly after interviews are helpful in framing analyses.

Sometimes my knowledge helped developed rapport and encouraged more in-depth discussion:

*‘Given some of his answers, I told him a lot more about the scheme than I intended to – to try and explore his reactions, particularly over cost and the idea of being in a group. This did really affect the balance in what was said’*

It was evident that I was giving considerable thought to how much I was influencing participants. I was blurring the lines between researcher and employee, although on reflection, I think I would have positively influenced participants by interacting with them regardless of my work role:

*‘Still struggling with how much input to give; I am worried that by telling the participants about what should happen, I will influence the outcome of their journey.’*

It was clear that my experience and nature influenced interviews. I felt comfortable in my professional role but more uncertain as a researcher:

*‘She is absolutely terrified about the scheme. I found I was reassuring her that she would be fine and fit in. Would I take a very different approach if I didn’t know so much about the scheme, or do I naturally try to reassure anyone who is uncomfortable?’*

On one occasion, I felt that I wanted to take action after a participant described a bad experience:

*'I asked her after the interview whether she would like me to raise this with anyone, but she said that she didn't.'*

I later raised client care during training sessions, since addressing issues head-on would have broken confidentiality. I felt compromised in my work. On reflection, it would have been helpful to consider more how to deal with issues like this prior to the study.

### **Section Summary**

- Reflexivity is an important concept in qualitative research that allows for consideration of how the researcher and the research process have shaped the data, and how prior assumptions and experience might have influenced inquiry.
- There is a need to consider how constant balancing and negotiation of the insider/researcher role occurs in order to build rapport and trust within interviews, while achieving the research outcome.
- The use of a reflective diary is helpful in reflecting on research practice, bias and in framing analyses, and is particularly important for insider research.

### **Conclusion**

The case highlights key methodological and ethical challenges faced while conducting evaluation research as an organizational insider in a senior position. Insider status can give an excellent understanding of the program studied, access to data and the ability to use findings

to implement change. Insider research has practical and ethical dilemmas however. There is a need for awareness of power relations, both in dealing with staff delivering the intervention studied and participants. Added to this is consideration of insider influence on the presentation of findings. Ethically, insider researchers need to ensure that research participants do not feel pressured to take part because of organizational roles. Careful consideration is needed at the outset about maintaining participant anonymity and confidentiality when presenting findings to staff and stakeholders.

The boundaries between researcher and employee can become blurred. Keeping a reflective diary is particularly important during insider research, especially if you are in a position of organizational influence. It helps with awareness of bias and potential preconceptions about results. Additionally, it is useful to have other researchers to help recognize where influencing is occurring and promote open discussion.

The use of longitudinal interviews is advantageous in introducing an element of temporality, but creates time pressures due to the need to analyze initial interviews prior to undertaking second interviews. Planning times for second interview with participants during first interviews may increase retention. For inexperienced researchers, the framework approach provides a structured way to analysis data. If I started again, I would consider whether a realist approach, as suggested by Pawson and Tilley (1997), might be a more appropriate way to structure the research. This is becoming a common approach to evaluation in health research.

## **Section summary**

- Insider research has the benefits of high levels of understanding of the intervention studied, access to data and participants, and the potential to use findings to implement change but can create practical and ethical dilemmas.
  - Longitudinal interviews are useful if understanding of temporal issues is required.
  - Framework analysis can be a useful analysis process for inexperienced qualitative researchers.
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## **Classroom Discussion Questions**

1. Is it better to be an insider or outsider when doing evaluation research in an organization? Does it matter what position you have within the organization?
  2. What are the pros and cons of using longitudinal interviews as a qualitative method in evaluations like this one?
  3. Is keeping a reflective diary enough to address the challenges associated with insider research?
  4. Does using framework analysis help in being able to represent participant experiences over time?
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## **Multiple Choice Quiz Questions**

1. A key advantage of longitudinal interviews is
  - A. *Compared with single interviews there is more chance that participants will attend multiple interviews, as they will feel more involved.*
  - B. *You do not need to recruit as many participants.*

- C. *They allow exploration of whether/how individuals' perceptions, expectations and experiences change over time. CORRECT*
2. Being an insider can cause ethical issues in the recruitment of participants in exercise referral schemes due to
- A. *Potential power differentials and perceived pressure to participate CORRECT*
  - B. *Knowing the names of participants involved in the scheme*
  - C. *Asking administrative staff to recruit participants*
3. A reflexive diary is particularly useful when undertaking qualitative evaluation work as an insider because
- A. *It facilitates keeping track of the dates and times of the research interviews*
  - B. *It can help illuminate researcher-insider dilemmas and how being an insider influences the research CORRECT*
  - C. *It allows you to keep a record of quotes from participants made during in the interviews*

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## **Declaration of Conflicting Interests**

The Authors declare that there is no conflict of interest.

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## **Further Reading**

Finefter-Rosenbluh, I. (2017). Incorporating Perspective Taking in Reflexivity: A Method to Enhance Insider Qualitative Research Processes. *International Journal of Qualitative Methods*, 16(1). Retrieved from <https://doi.org/10.1177/1609406917703539>.  
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