

From research topic to research question: a challenging process

In this article, Rollanda Law reflects on personal experience of developing research questions for a PhD study. The research topic concerns palliative nursing care in the community; the initial research questions evolved from reflections on district nursing experiences and from the findings of a previous study. Observations of district nurse students in practice and discussions with district nurse colleagues raised questions about the term used to refer to their palliative care practice. This led to an exploration of these issues and subsequent pilot research activities to ensure that the research questions started from how district nurses themselves understand their role in palliative care in the community. The article illustrates the challenging process of developing a research question. This journey from research topic to refined research questions has been an important part of the study and is, according to Leininger (1985), an ongoing process

key words

- ▶ research question
- ▶ district nursing
- ▶ palliative care
- ▶ support
- ▶ counselling

Introduction

Developing a research question is a difficult and challenging step in the research process. Cormack and Benton (1996) warn that this process is very rarely a once and for all event and that it could take days, weeks, or even months of thought and effort to refine and sharpen the question.

The research question can be defined as a statement of the specific query the researcher wants to answer, in order to address the research problem (Polit and Hungler 1999). That is, the research question identifies and describes a gap in nursing knowledge, which the researcher seeks to address. Cormack and Benton (1996) explain that the research question helps the researcher to focus on the issues and develop a framework that will guide the whole research process. Therefore, they argue that one cannot undertake a research study without identifying a research question.

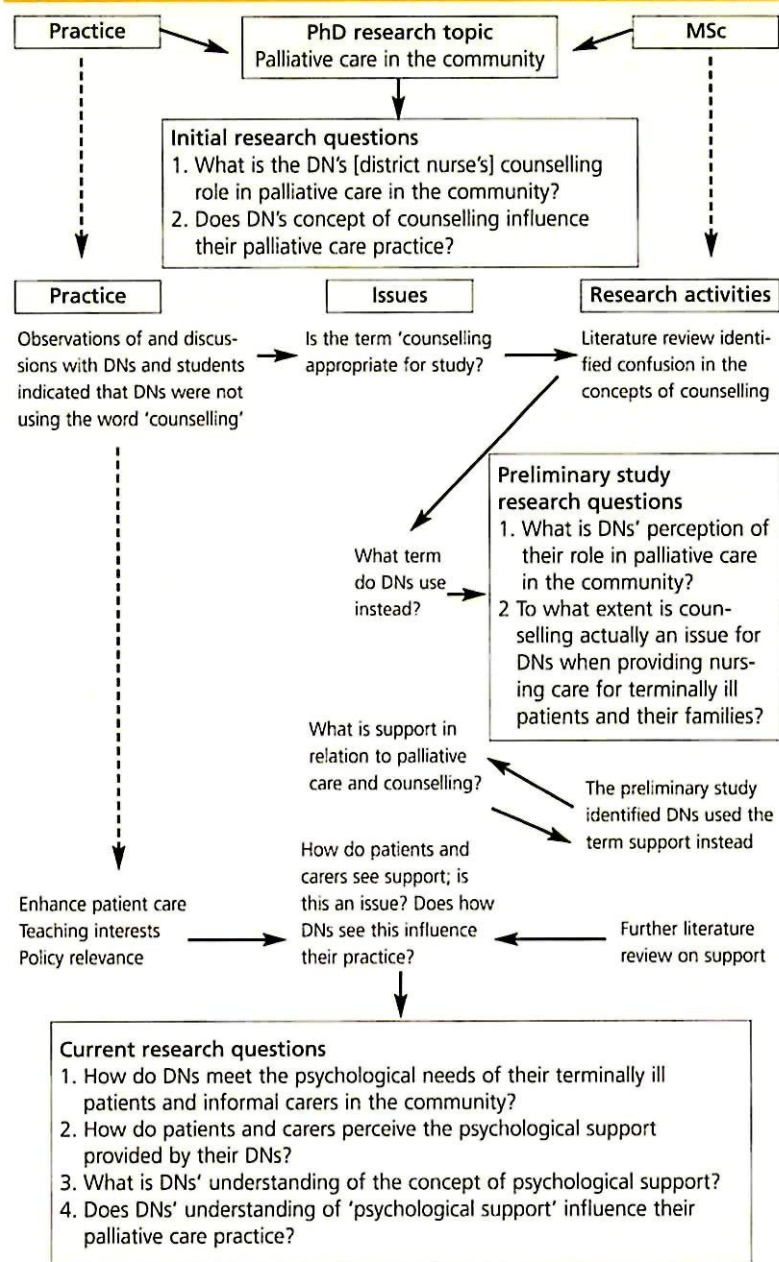
The aim of this article is to reflect on my experience of how I developed research questions during the very early stages of my PhD study. Figure 1 is an overview of the process from research topic to research questions. This process forms the structure of the article, in which I will attempt to explain how issues raised from my reflections and district nurses' practice led to a series of subsequent research activities and further questions until the current research questions were developed.

Research topic and initial research questions

According to Miles (1994), the first stage in formulating a research question is to identify a broad area of interest. Polit and Hungler (1999) suggest that there are several sources from where the research topic can be selected, such as experience, nursing literature, social issues, theories, and ideas from external sources. Palliative care was my area of interest, which stemmed from many years of experience as a district nurse. In addition to practical experience and reading nursing literature, knowledge about the subject was gained by undertaking courses in palliative care and counselling psychology, attending study days, and discussions with colleagues.

In 1994, I undertook a small study for my MSc dissertation, which focused on district nurses' role in terminal care in the community. The findings of the study highlighted several issues relating to their role in providing counselling

Figure 1. Process from research topic to research question



support to dying patients. One such issue was that while district nurses spent a large amount of their time in providing counselling support to their dying patients, some lacked confidence in this role. Specialist nurses, such as Macmillan nurses, were regarded as expert in counselling. However, interestingly, at the time of the study Macmillan nurses working in the area were not trained in counselling. The findings of this study raised two questions: 'What is it that district nurses do when they say they provide counselling support for their dying patients and families?' and 'Does their understanding of the meaning of "counselling" influence their palliative care practice?'

Following appointment as a district nurse lecturer in 1995 and after taking a few years to familiarise myself with a new role, an interest in district nurses' counselling role was rekindled. Subsequently a research proposal was submitted to the University Research and Ethics Committee in 1999 with the following questions:

- what is the district nurse's counselling role in palliative care in the community?
- does district nurses' concept of counselling influence their palliative care practice?

To answer the above questions, Schwartz-Barcott and Kim's (1993) Hybrid Model of Concept Development was considered as a guide to the research design, as the authors argue that the model can be used to identify, analyse, and refine the concepts from both literature and nursing practice perspectives in the initial stage of theory development. Participant observations and semi-structured interviews were proposed to explore district nurses' perceptions of their counselling role and palliative care practice.

Preliminary study research questions

Observations as a teacher of district nurse students and discussions with Community Practice Teachers (CPTs) about their palliative care practices revealed that the term 'counselling' had become unfashionable. Some practitioners were advised against using the term, as they were not trained in counselling. This raised the question of whether my initial research questions were still relevant. If district nurses were not providing counselling support to their dying patients, what were they doing instead? To find out whether

the term 'counselling' was appropriate for the study, a literature review was conducted to explore the concept of counselling in relation to district nurses' palliative care role.

Literature review

Conducting a pre-study literature review in qualitative research can be contentious. Leininger (1985), for example, argues that a pre-study search is disadvantageous because:

- it may lead to prejudgment and premature closure of ideas and research inquiry
- the direction may be wrong (the study focus may shift to another)
- the available data or materials used may be inaccurate.

Therefore, Leininger (1985) suggests that one should explore the issues of the study first from the participant's point of view, and then search literature which is relevant to the study. However, Cormack and Benton (1996) argue that a literature review should be considered fundamental to the development of any research question. This is because the research question should derive from a specific theoretical perspective so that the findings can be integrated into the knowledge base. Strauss and Corbin (1990) argue that literature is a source of theoretical sensitivity. A literature review enables the researcher to become familiar with other theories, research studies, and documents. Consequently, this rich background of information sensitises the researcher to what is going on with the phenomenon under study. For this study, a pre-study literature review was undertaken to check whether the initial research questions were appropriate.

The concept of counselling

The literature search found very little published work on counselling specifically in relation to district nursing. Definitions of counselling were conflicting, and some authors suggested that a nurse could not provide patient care without counselling because patients would inevitably bring their problems to the nurse and would expect the nurse to 'counsel' them (Bumard 1989, Fallowfield 1988). Furthermore, the activities covered by the term 'counselling' varied on a number of dimensions; on the one hand, it is used broadly to refer to a range

of situations encompassing specialist psychological help, and on the other, to a set of effective communication skills (Burnard 1989). Weinstein (1998) argues that in theory there is no difference between nursing and counselling. Parkes *et al* (1996) differentiate between counselling as used by professional counsellors, in which formal contractual agreements are made between the counsellor and the client, and as used by nurses, which is less formal.

Several reasons are given for district nurses' lack of confidence in their counselling practice. For example, Burnard (1994) suggests that nurses tend not to see themselves as fitting into the role of the 'counsellor'. Morrison and Burnard's (1991) study of district nurse students revealed that they referred to themselves as more able to give information and advice than to provide counselling in relation to patients' feelings. Parkes *et al* (1996) suggest that in palliative care, counselling usually takes place within the context of a relationship that is primarily focused on non-counselling activities, even though nurses are using core counselling skills.

No literature could be found that reported changes in district nurses' palliative care practice, nor were there any research studies which explained why district nurses avoided using the term counselling to describe their role in supporting dying patients. However, Bayne and Nicolson (1993) suggest that the term 'counselling' has become increasingly more specific and more exclusive to the professional counsellor. They also recommended a way of labelling the role that many professionals and volunteers adopt when applying the methods and values of counselling to working with people in relationships other than that of counsellor and client, such as nurse-patient or teacher-student relationships.

The literature review demonstrated that the term 'counselling' was used in many ways in nursing and that it sometimes overlapped with 'counselling skills' and 'communication skills'. However, it did not clarify whether counselling was relevant to district nurses' role in palliative care. I was left wondering – what term do district nurses use instead?

The preliminary study

As the literature review did not help in clarifying the appropriateness of the term counselling for the study, it seemed that this would need to be explored

in practice. The main aim of the preliminary study was to explore district nurses' perceptions of their palliative care role and whether their concept of counselling would influence the way they provided palliative care to their terminally ill patients. Hence, the preliminary study research questions were refined and stated as:

- what is district nurses' perception of their role in palliative care in the community?
- to what extent is counselling actually an issue for district nurses when providing nursing care for terminally ill patients and their families?

A convenience sample of five district nurses was selected from two local community primary care trusts. The limitation of such a small sample size can, according to Sandelowski (1995), undermine the credibility of research findings. However, Parahoo (1997) argues that in qualitative studies, size is not the starting point. It is the purpose for which the sample is required which should decide how many respondents are recruited. It was felt that a sample size of five district nurses was adequate for an in-depth preliminary study to explore their perceptions of their palliative care role.

Audio-taped semi-structured interviews were conducted. To avoid leading the participants, and to facilitate an in-depth reflection of participants' palliative care practice, the word 'counselling' was purposely not used in the interview schedule. However, when the participants mentioned 'counselling' during the interview, their understanding of the concept was further explored. The interviews were transcribed verbatim and analysed using Bums and Groves' (1997) four stages of content analysis. The findings revealed that district nurses had a diverse role in providing care for their terminally ill patients in the community. This role can be divided into two main areas:

1. Management of patient care role, which involves collaborating with members of the multidisciplinary team, including statutory and voluntary agencies, in order to co-ordinate patient care.
2. Support role, which has three components:
 - providing information
 - providing physical support, that is, nursing interventions
 - providing psychological support.

The preliminary study found that district nurses used the term 'support' to describe their everyday intimate care and relationship with their patients and carers. The purpose of their support role was to meet the physical and emotional psychological needs of dying patients and their carers. The term 'counselling' was used by some participants only to explain how they provided psychological support for their dying patients and their carers. It appeared that there was confusion in the participants' perception of the meaning of counselling and in whether psychological support was synonymous with counselling support. This is because participants in the study gave similar descriptions for the terms 'support', 'psychological support' and 'counselling', as illustrated in the following quotes:

'It's just having someone that will listen to patients' fear and concerns, so the counselling is the listening.'

'Psychological support is spending time, I think when you are visiting terminal patients you should allow that time ... listening, sitting down, listen to the patients and carers and supporting them in that way.'

Interestingly, one participant felt that her psychological support role was formal counselling, but she said that her colleagues would argue that district nurses were only sitting and listening to patients, and were therefore not counselling. Two participants differentiated between psychological support and counselling by arguing that district nurses were not trained in counselling, therefore they were providing psychological support.

Those participants who believed that district nurses were practising counselling recognised limitations in their counselling role specifically in dealing with aggressive and very anxious patients and carers. In such situations, they would refer the patients and carers to a professional counsellor or to a community psychiatric nurse if the patient or carer had had a history of mental health problems. The lack of training in counselling meant that some participants based their counselling practice on their own personal experience and intuition. Consequently, they found it stressful not knowing whether they had done the right thing or given patients and carers the appropriate advice, as illustrated by one participant:

'A week ago, a lady [with] two children, in her late 40s died, and her husband just completely lost it, you know completely lost it. Didn't want to call the children home from school. I sort of said to him, I think your wife is going to die very shortly, I really need to get the children home pretty fast. But he just threw himself around the house saying I can 't do it, she can't die, can 't die, she can't die in the house ... I had to say look you really must get your children home. I was nervous you know, am I doing the right thing? ... I just did what I thought as a mother. If I was the mum and I was dying I would like to have my children. So I did it intuitively but I have no other way of knowing whether I was right or wrong.'

The preliminary study revealed that district nurses found psychological support was an important aspect of their role in palliative care. By not asking the participants about counselling directly during the interview, the study suggested that it was not just counselling itself that was the problem, but that the boundaries of 'counselling', 'support' and 'psychological support' were unclear. The preliminary study also identified that district nurses used the term 'support' rather than 'counselling' to describe their palliative care practice. Hence a further literature review was undertaken to explore the concept of support in palliative care and to gain a better understanding of how this concept might relate to district nurses' palliative care role.

Concept of Support in palliative care

Social support has been defined as 'an exchange of resources between at least two individuals perceived by the provider or recipient to be intended to enhance the well being of the recipient' (Shumaker and Brownell 1984). As early as 1976, Cobb identified the function of support as informing an individual that s/he is loved, cared for, esteemed, and valued, and belongs to a mutually obliging communication network. This is evident in the preliminary study's findings where district nurses described their support role as establishing a trusting relationship with patients and families, assessing and meeting all their needs, picking up the pieces, and comforting them.

Social support is a significant aspect of patient care. Cohen and Wills (1985) suggest that it has a direct effect on health and wellbeing, and acts as a buffer

in stressful situations. Supportive social relationships are thought to enhance positive health outcomes (Krishnasamy 1996), whereas unsupportive or negative social relations have been shown to have a detrimental effect on health (Rook 1990). Hinds and Moyer (1997) argue that although there is evidence that support assists patients to adjust to the stresses of disease and treatment, study findings show that patients and carers rarely report receiving support from nurses. The reason for this could be that nurses are not often adequately trained to recognise psychological or social distress and therefore cannot respond with the appropriate type of support (Broadhead and Kaplan 1991).

The literature supports the three components of district nurses' support role identified in the preliminary study; that is, providing information, physical support, and psychological support (House 1988). Similarly, Mcilpatrick and Curran's (2001) study of district nurses in two community trusts in Northern Ireland identified the 'psychosocial' aspect and the 'doing' aspect of their role in palliative care. These can be related to the preliminary study in that the 'psychosocial' aspect of care involves district nurses spending time listening to patients and carers and establishing interpersonal relationships. The 'doing' aspect of care corresponds with the district nurses' physical support role. Mcilpatrick and Curran (2001) argue that this 'doing' aspect of care dominates the district nurses' role in palliative care and should not be undervalued. They argue further that in providing the practical 'hands on' care, the district nurse is also providing emotional support for both the patient and carer. This is consistent with Parkes *et al's* (1996) findings.

Both the literature and the preliminary study have clearly identified several elements in the district nurses' palliative care role, and that the support element consists of both physical and psychological support (House 1988, Mcilpatrick and Curran 2001). The process of the research study thus far has helped in realising the significance of the proposed study and changed the focus of the study from 'counselling' to the broader area of 'psychological support' within the district nurse's role with terminally ill patients and their carers in the community.

Further insights from practice

Further insights from practice (see Figure 1) that contributed towards the

refining of the current research questions were provided by:

- one participant who suggested that gaining users' and carers' perceptions of the psychological support received from their district nurses would link theory to practice and enhance patient care and service provision.
- government policies (DoH 1997, DoH 2002) which indicated the importance of including users' perspectives in decision making and when planning services.
- my teaching interests aimed at improving education in district nurses' palliative care.

These insights highlighted the importance of users' involvement when studying and planning patient care. Therefore, the current research questions expand the study to include the perceptions of psychological support of terminally ill patients and their carers, in addition to those of district nurses.

Current research questions

The current research questions have therefore been refined to become:

- how do district nurses meet the psychological needs of their terminally ill patients and informal carers in the community?
- how do patients and carers perceive the psychological support provided by their district nurses?
- what is district nurses' understanding of the concept of psychological support?
- does district nurses' understanding of 'psychological support' influence their palliative care practice?

The shift in focus of the current research questions has now meant that the term 'counselling' has itself become problematic, so the original research design of analysing the concept of counselling using Schwartz-Barcott and Kim's (1993) Hybrid Model of Concept Development is inappropriate. Therefore, a different research design had to be considered. The study now aims to explore how district nurses and terminally ill patients and their carers understand and deal with what is happening to the change in district nurses' palliative care role over time. Furthermore, it aims to 'build theory' (Strauss and Corbin 1990) in order to understand how district nurses meet the psychological needs of their terminally ill patients and carers in the community. Schreiber and Stern (2001) suggest that grounded theory is useful for revealing the human characteristics of such

change and behaviour in response to, for example, the various palliative care situations. They also state that grounded theory is particularly useful for research 'in situations that have not previously studied, where existing research has left major gaps, and when a new perspective might be desirable to identify areas for nursing intervention' (Schreiber and Stern 2001). Strauss and Corbin (1990) suggest that 'formulating theoretical interpretations of data grounded in reality provides a powerful means both for understanding the world "out there" and for developing action strategies that will allow for some measure of control over it'. These statements support the purpose of the study; hence the grounded theory approach (Glaser and Strauss 1967) has been adopted.

Conclusion

This paper has attempted to demonstrate the complex process of formulating research questions, which, in my experience, took almost one year before I eventually felt confident that they were researchable. The process (Figure 1) involved several strategies and phases, from using information and experience gained in practice to conducting a literature review and undertaking a preliminary study. Consequent changes to the research questions resulted in a change in the research design. Although the current research questions have helped to clarify the focus of the proposed study and confirmed the study design, Leininger (1985) argues that in a grounded theory study the research question is developed from the data and that the final refined research question comes at the end of the study. This suggests that the process of developing my research questions may not be complete. However, the current research questions have now enabled me to prepare a research proposal to be submitted to the local research ethics committee for approval.

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- Bayne R, Nicolson P (Eds) (1993) *Counselling and Psychology for Health Professionals*. London, Chapman and Hall.
- Broadhead WE, Kaplan BH (1991) Social support and the cancer patient. Implication for future research and clinical care. *Cancer*, 67, 3, 794-799.
- Burnard P (1989) Counselling as liberation. *Nursing Standard*, 49, 3, 36-37.
- Burnard P (1994) *Counselling: A Guide to Practice in Nursing*. London, Butterworth Heinemann.
- Burns N, Grove SK (1997) *The Practice of Nursing Research: Conduct, Critique, and Utilization*. Third edition. London, WB Saunders.
- Cobb S (1976) Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 5, 300-314.
- Cohen S, Wills TA (1985) Stress, social support and the buffering hypothesis. *Psychological Bulletin*, 98, 2, 310-357.
- Cormack DF, Benton DC (1996) Asking the research question. In Cormack DF (Ed) *The Research Process in Nursing*. Third edition. London, Blackwell Science.
- Department of Health (1997) *The New NHS. Modern, Dependable*. London, DoH. [Online]. Available: www.archive.official-documents.co.uk/document/doh/newnhs/newnhs.htm
- Department of Health (2002) *Involving patients and the Public in Healthcare: Response to Listening Exercise*. London, DoH. [Online]. Available: www.doh.gov.uk/involvingpatients/listening.pdf
- Fallowfield LJ (1988) Counselling for patients with cancer. *British Medical Journal*, 297, 727-728.
- Glaser B, Strauss AL (1967) *The Discovery of Grounded Theory. Strategies for Qualitative Research*. Chicago, Aldine.
- Hinds C, Moyer A (1997) Support as experienced by patients with cancer during radiotherapy treatments. *Journal of Advanced Nursing*, 26, 2, 371-379.
- House JS (1988) *Work Stress and Social Support*. Reading, MA, Addison-Wesley.
- Krishnasamy M (1996) Social support and the patient with cancer: a consideration of the literature. *Journal of Advanced Nursing*, 23, 4, 757-762.
- Leininger MM (Ed) (1985) *Qualitative Research Methods in Nursing*. London, Grune and Stratton.
- McIlpatrick S, Curran C (2001) The perceived role of the district nurse in palliative care. *Journal of Community Nursing*, 15, 1, 4-6.
- Miles J (1994) Defining the research question. In Buckeldee J, McMahon R (Eds) *The Research Experience in Nursing*. London, Chapman and Hall.
- Morrison P, Burnard P (1991) Students' view on counselling. *Journal of District Nursing*, 10, 2, 11-13.
- Parahoo K (1997) *Nursing Research: Principles, Process and Issues*. London, Macmillan.
- Parkes CM et al (1996) *Counselling in Terminal Care and Bereavement*. Leicester, British Psychological Society.
- Polit DF, Hungler BP (1999) *Nursing Research: Principles and Methods*. Sixth edition. Philadelphia, Lippincott.
- Rook KS (1990) Parallels in the study of social support and social strain. *Journal of Social and Clinical Psychology*, 9, 1, 118-132.
- Sandelowski M (1995) Focus on qualitative methods. Sample size in qualitative research. *Research in Nursing and Health*, 18, 179-183.
- Schreiber RS, Stern PN (Eds) (2001) *Using Grounded Theory in Nursing*. New York, Springer.
- Schwartz-Barcott D, Kim H (1993) An expansion and elaboration of the Hybrid Model of concept development. In Rodgers BL, Knaff K (Eds) *Concept Development in Nursing: Foundation, Techniques, and Applications*. London, W B Saunders.
- Shumaker SA, Brownell A (1984) Toward a theory of social support: Closing conceptual gaps. *Journal of Social Issues*, 40, 4, 11-36.
- Strauss A, Corbin J (1990) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. London, Sage Publications.
- Weinstein JA (1998) Curiouser and curiouser: The competing and complementary approaches of counselling and nursing. *Managing Clinical Nursing*, 2, 117-121.

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