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## *A place for mixed methodologies? Response to: The relevance of Speech-Language Pathology and Audiology Research and Practice – Challenges for the Professions*

The authors are to be commended for raising pertinent issues relating to the ways in which the professions conduct research and the relevance for accountable practice, especially at this point in our professions' and nation's history. Given our past and current realities the challenge is to advance research and professional practice responsibly and responsively. In the new spirit of redressing previous inequities, and increasing the access of the majority of South Africans to professional services, there has arisen an urgent need for research that guides ethical service delivery in the context of cultural and linguistic diversity, poverty, and the ravages of pandemics such as Tuberculosis and HIV/AIDS.

Posing solutions to the questions raised by the authors might suggest that there are ready answers which is, manifestly not the case. Hence this treatise considers some of the issues relating to the production of knowledge and the challenge of making it responsive to professional practice.

### **How do we produce knowledge?**

The ways in which knowledge is produced reflects particular worldviews – which have changed over time. Critics (such as Habermas, 1972; and Lincoln & Guba, 1985) of the modern positivist approach which espouses that the natural causal laws gov-

erning the real world can best be understood by objectively analyzing the components using experimental methods, assuming linearity, absolute truth and rationality, suggest that it is no longer useful in knowledge production. A deconstructive post-modern alternative posits that knowledge is relative as it is subjectively constructed by unique individuals arising out of their lived experiences within a particular culture and social structure (Usher & Bryant, 1989); while the critical paradigm recognizes the relationship between researchers involved in knowledge-making and the institutionalized political and cultural power that favours the privileged (Calas & Smircich, 1999). Action research, according to Reason and Bradbury (2001), is “concerned with the development of democratic forms of knowledge” (p.6) and is conceived of being possible only “with, for, and by persons and communities, ideally involving all stakeholders both in the questioning and sense-making that informs the research and in the action which is its focus” (p.2), with the ultimate purpose of research being “human flourishing” (p. 10). The participatory worldview promotes inquiry into what “flourishing” is and incorporates elements of both positivism (i.e. “there is a ‘real’ reality”) and deconstructive postmodernism (“any account ... of the cosmos ... is culturally framed”), hence facilitating use of positivist techniques and knowledge (where appropriate) and framing “these within a human context” (p. 7).

How do we best take advantage of these different ways of knowledge production? The choice of research method signals a particular worldview – and also ought to reflect deep consideration of the complexities of the issues facing the profession. It could be argued that the participative framework has potential for addressing issues of concern in the practice of our professions, where we draw on the knowledge gained from the positivist research and work with our patients/clients towards improved interventions.

### **What methodologies promote research that is responsive to professional practice?**

A challenge lies in seeking out methods for research that are acceptable to the communities being researched and which yield data that advances the interests of their members. Action research would suggest involvement of the community in democratically making this determination by reviewing and discussing options.

Certain research questions may best be answered by one or other approach. Quantitative methodologies for example, may be suited to inquiries relating to: determination of incidence and prevalence of disorders; establishment of developmental norms in a variety of languages and cultures; and evidence based practice.

Other research questions, such as the impact of hearing loss on the quality of life, may be more suited to a qualitative approach. Re/habilitation involves prolonged contact with individuals, their families and even their communities. Failure to consider the context and the participants’ lived experiences may render the research based interventions irrelevant. For example, in recommending home discharge with a fine bore nasogastric tube to decrease discomfort, one could seriously compromise the health and nutrition of the patient if there is no access to electricity or a food processor, and tea ends up being poured into the tube. Qualitative methodologies may be more reflective of the prevailing dynamics and thus ultimately lead to interventions that are responsive to patients.

Further, in the production of knowledge, one might suggest that mixed methodologies have relevance. Both quantita-

tive and qualitative modes of research are umbrellas that accommodate a range of research methodologies within their ambit. It could be recommended that judicious selection from among these broad research schools could enhance knowledge production as well as practice, e.g. prevalence of children with late identification of hearing loss, and its impact on their lives. However, Giddings (2006) cautions against mixed methods being seen as a “quick fix” in the face of economic and social pressures and they must be considered against the need for sophisticated designs that address the complexities challenging Speech-language pathologists and Audiologists nationally and internationally.

### **The research agenda**

Determination of the research agenda is frequently driven by academic researchers’ interests and experiences, in a climate where research and publication are a requirement of the job. Researchers are in a powerful position to determine the issues that will receive attention as well as the scope and nature of the research. However, researcher interests may not match the research needs of the community in which the research will be conducted. Further, the definitions and values espoused in such enquiries may reflect researcher perspectives rather than those of the participants. Without consideration of the communities and research participants’ context, realities and needs, the responsiveness of the research to the germane issues may be challenged, and the consequent relevance for practice may be questionable. So the question that arises is: is it possible to conduct research without engaging communities in a participatory manner?

Organizations such as the World Health Organization and the United Nations typically have global perspectives on health research needs, and research funding agencies such as the National Research Foundation and the Medical Research Council may be more responsive to the broader needs of the country and attempt to guide research by determining research directions and providing funding to conduct research within these parameters. Some of the health research trends tend to derive from national burden of disease data which are based on mortality statistics. However professions such as Speech-language pathology and Audiology are concerned primarily with re/habilitation, and research directions may be better informed by information on disability in general and communication disability in particular, of which there is a paucity nationally. Where research is funded by international agencies, the benefits to the local communities (and indeed to researchers) need to be addressed. Is there and should there be room for collaboration across these spheres of interests?

### **Over-researched communities**

In communities with a high prevalence of a particular health phenomenon of interest, there may be many research projects within the community with the same individuals being asked to participate in several studies. A consideration that arises is one of distributive justice whereby these individuals have to bear more of the burdens relative to the fruits of research. Researchers may want to consider establishing community advisory panels to negotiate entry into the community, determine research needs, and explore options for methodologies that are acceptable to the community, as well as yielding data that is meaningful. Criteria for selecting members of the advisory panels warrant consideration to enhance representation of the community. Further, their independence of the researchers, and empowerment of the advisory panels are important to ensure their credibility.

### The nature of the knowledge to be produced

Should research endeavours be ultimately geared to promoting human flourishing? From a participatory research perspective, all research should be for the betterment of mankind. What are the ethical considerations when a limited resource, such as national researchers in our profession, is expended on research that adds to our knowledge and understanding of the basic sciences but may not have immediate or apparent application for practice? What is the impact of constraining academic freedom by eschewing research based on anything other than national needs? Will potential innovations be lost by prescribing the nature of knowledge to be produced?

### Who are the researchers?

The current demographic profile of the profession and its researchers are predominantly of White and Indian descent with relatively fewer indigenous African and Coloured researchers – reflecting the historical legacy of inequitable access to tertiary education in the country. Such a situation results in a cultural and linguistic mis-match between the majority of the researchers and the populations to be researched. There continues to be an imperative to redress the inequities in access to training in these professions. However, given the urgent need for profession specific research in South Africa, it may not be as important to match the culture and language of the researcher and participant, as it is for the researcher to demonstrate awareness of and sensitivity towards the pertinent characteristics of participants and their communities.

In other professions, such as medicine, clinicians are frequently researchers, but this is not necessarily reflective of our professions. The question that arises is: should cohorts of clinicians be prompted to be researchers as well? Why should this be a consideration and what would clinicians gain? Nationally, research in our professions has been conducted by academics, and post- and under-graduate students at universities, who constitute a limited pool of researchers. Further, it is

the clinician who faces the challenge of providing meaningful professional services to the diversity that constitutes the South African public. Clinician researchers are the “bridgers” between the research and practice communities, and are best suited to develop clinically relevant research, (Yanos & Ziedonis, 2006), to develop innovations for therapy (Charlton, 1997), and to disseminate the research findings into clinical practice (Yanos & Ziedonis, 2006). What is the feasibility of developing a culture of clinicians as researchers? Perhaps research partnerships could be established between academics and clinicians which could result in research being responsive as well as clinically relevant?

In conclusion, it should be noted that a particularly important issue in our professions is who speaks for those who cannot? Should empowerment of all vulnerable groups be a goal of research and of practice? It could be argued that research in our professions should ensure that we hear our clients and that we create opportunities for them to develop their own voices in order to be heard.

- Charlton, B.G. (1997). Natural kinds, natural history and the clinician-researcher. *QJM*, 90(11), 707-709.
- Habermas, J. (1972). *Knowledge and human interests; Theory and practice; Communication and the evolution of society* (J.J. Shapiro, Trans.). London: Heinemann.
- Giddings, L.S. (2006). Mixed-methods research: Positivism dressed in drag? *Journal of Research in Nursing*, 11(3), 195-2003.
- Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.
- Reason, P., & Bradbury, H. (2001). Introduction: Inquiry and participation in search of world worthy of human aspiration. In P. Reason, & H. Bradbury (Eds.), *Handbook of action research: Participative inquiry and practice* (pp. 1-14). London: Sage.
- Yanos, P.T., & Ziedonis, D.M. (2006). The patient-oriented clinician-researcher: Advantages and challenges of being a double agent. *Psychiatric Services*, 57, 249-253.