SAGE Secondary Data Analysis

Ethical and Representational Issues in Qualitative Secondary Analysis

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Although secondary analysis holds considerable promise for optimizing the health knowledge that can be constructed in relation to existing qualitative databases, methodological developments to guide design and evaluation of this research have not been fully explored in the qualitative research literature. This article extends preliminary methodological explorations to address two specific concerns arising from secondary analysis: ethics and representation. Because secondary research creates the potential for exaggerating certain errors in both ethics and representation, the risks associated with such analyses must be considered in the light of the opportunities. Preliminary strategies for helping secondary qualitative researchers to articulate and resolve the representational and ethical problems that may arise from their work are offered.

The Value of Secondary Analysis

As health researchers increasingly rely on qualitative approaches to develop clinical and theoretical knowledge, the volume of qualitatively derived data is rapidly expanding.

Because each database represents an inordinate investment in time and funding, many researchers are beginning to consider their potential application for secondary analyses that extend beyond the originally proposed research questions. Although content analysis and related deductive secondary analytic techniques have received some attention, there has been little guidance in the qualitative health research literature with regard to interpretative or inductive secondary analytic processes. Much of the qualitative health research that has been published relies on primary data sources, often involving observation and interviewing. Rarely is the text generated from these primary studies acknowledged as a data source beyond the original research.

However, because qualitative data generation is typically an intense and exhaustive process, each database may well represent a significant investment in knowledge construction. In addition, there are increasingly restrictive limits to the number of primary databases that funding agencies will be inclined to support and health researchers committed to developing. Thus, maximizing the extent to which qualitative databases can be used to answer subsequent research questions is an obvious efficiency (Bernard et al., 1986; Glaser & Strauss, 1967), and efforts have begun to create archives for storage and **[p. v4-2 ↓]** retrieval of qualitative materials (Corti, Foster, & Thompson, 1996). Beyond the issue of efficiencies in knowledge development, it must also be acknowledged that some research questions, such as those associated with rare clinical phenomena or those that are particularly vulnerable to researcher effects, may inherently require secondary analytic techniques if they are to be studied at all. Thus, whereas meta-analysis serves as a strategy for synthesis of research findings, secondary analysis provides a mechanism for extending the contexts in which we are able to use and interpret qualitative research data.

Theoretical Problems Associated with Secondary Qualitative Research

Despite the apparent logic of employing secondary analytic processes in qualitative health research, a solid methodological foundation on which to base designs and procedures for such inquiries does not currently exist. This article extends an earlier attempt to develop such a foundation (Thorne, 1994), specifically considering some of

the ethical and representational challenges posed by secondary qualitative analysis. However, because formal secondary analyses have not yet appeared in significant numbers within the qualitative health research literature, a brief review of the nature of such research and the issues involved in its implementation is in order.

At least five distinct types of secondary qualitative research have been identified. These include *analytic expansion*, in which the researcher conducts a secondary interpretation of his or her own database to answer new or extended questions; *retrospective interpretation*, in which an existing database is tapped to develop themes that emerged but were not fully analyzed in the original study; *armchair induction*, in which inductive methods of textual analysis, such as hermeneutical inquiry, are applied to existing data sets, such as those constructed by another researcher; *amplified sampling*, in which comparison of several distinct and theoretically representative databases permits broader analysis than the original studies could consider; and *cross-validation*, in which analysis of existing data sets is used to confirm or discount patterns or themes beyond the sample with which the researcher has had personal involvement (Thorne, 1994, pp. 266–267). By comparing bodies of research within a program or comparing the demographic variables reported for specific studies of various researchers, a reader can readily detect evidence that such secondary applications have been and continue to be employed. However, with a few notable exceptions, they are rarely reported as such.

This apparent hesitation of researchers to acknowledge their work as secondary analysis may arise from their awareness of the intellectual challenges secondary work poses combined with the absence of a solid body of methodological theory to support their procedural decisions. To illustrate, qualitative health researchers are well aware of the manner in which the **[p. v4-3 ↓]** researcher as instrument may bias data construction, and they have established complex techniques to reduce and account for researcher influence. However, secondary analysis undoubtedly creates the potential to intensify or exaggerate the effect of such researcher biases, in either a positive or a negative direction (Swanson, 1986). Another predictably difficult issue is the reality that most qualitative data sets are sufficiently small as to harbor all manner of statistically improbable conditions, creating the potential for exaggerating the influence of convincing peculiarities within that data set if its features are uncritically accepted. A related challenge is that salient features of the context or research process that are obvious to a primary researcher may not be apparent to a secondary investigator

one step removed from the data source (Cicourel, 1982; Scheff, 1986). As has been acknowledged by many qualitative health researchers, the immediacy of involvement in data construction often yields tacit understandings and nuances that may be impossible to reconstruct at a later time.

The major theoretical challenges that secondary analysis poses can be summarized into problems associated with the nature of data and problems in fitting the secondary question with the design of the primary research (Hinds, Vogel, & Clarke-Steffen, 1997; Thorne, 1994). Each of these may impair the researcher's capacity to make a convincing argument for the validity or credibility of this type of work. Although the complexity of such issues must be recognized, I believe that they can and will be worked out, taking three distinct directions. The first is to articulate an acceptable standard for inductive analysis with textual data. Within the hermeneutic tradition, interactive interpretation of text depends on certain conditions of engagement. As Tesch (1987) explained, these would arise from an act of “imaginative participation” (p. 238) in active dialogue with the textual materials, so that the researcher and the text question each other. It has been argued that the constant comparative method of interspersing periods of objectivity and subjectivity, immersion and distance, can equally be applied to engagement with text as they can to human interaction (Glaser & Strauss, 1967; Patton, 1980).

The second direction is that of developing appropriate modifications in the tradition of credibility measures for qualitative research. In recent years, various authors have articulated a creative and adaptable set of procedures with which researchers can make inductive analytic processes explicit, articulate an auditable decision trail, and construct findings that are convincing in their avoidance of the more predictable errors of interpretation (Catanzaro, 1988; Kirk & Miller, 1986; Lincoln & Guba, 1985; Sandelowski, 1986). Because secondary analysis often involves triangulation of the researcher, the source of data, or the unit of analysis, it may strengthen some types of claims about accuracy within qualitative research findings (Brody, 1992; Knafl & Breitmayer, 1986). Although some of the more traditional approaches, such as validity checks with original informants, will generally not be available to the secondary researcher, it is possible to conceive of a variety of appropriate alternatives toward the same objective.

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A third direction requiring attention has to do with the culture of research reporting. Because the theoretical obligations of the secondary analyst within the qualitative tradition are complex, it is apparent that close attention to the implications of design decisions will be critical if the results are to be regarded as credible. At minimum, one would require documentation about such factors as the original data collection procedures, the processes used to categorize and summarize the data, strategies for managing threats to credibility in both the primary and secondary analyses, and the processes by which conclusions were derived from the data set (Knafl & Howard, 1984). As qualitative researchers are well aware, a thorough accounting for even these minimum conditions is impossible within the space requirements of most scholarly and professional journals. However, because the conclusions from secondary analysis are only as valid as the processes by which they were created, secondary analysis may require consideration of alternative forums for reporting research.

Ethical Problems in Secondary Research

Beyond these critical methodological concerns, secondary analysis of qualitative databases raises several troubling questions regarding adherence to the principles underlying ethical research. At a superficial level, secondary analysis seems more straightforward than does primary research with regard to ethical issues. Because the researcher is investigating text rather than human subjects, inquiries may not be subject to the same sorts of ethical reviews that health researchers have come to expect with their clinical investigations. Furthermore, because there is no face-to-face involvement, issues associated with risk and benefit, intervention, and reactivity do not pose problems to the secondary researcher in the way that they do for those immersed within the data. However, it can be argued that secondary analysis raises difficulties in confidentiality, informed consent, nonmaleficence, and fidelity that will require thoughtful consideration to dignify the spirit of ethical research.

Confidentiality

Although data sets are typically devoid of identifying information, the secondary researcher may be at risk for unwitting violations of confidentiality that the primary researcher would more easily avoid. By virtue of immersion in the phenomenon, primary researchers sensitize themselves to delicate issues within communities or cultures that may be inaccessible to secondary analysts. They often mask individual responses with the awareness that certain informants may be more easily recognizable than others to members of the community under study or even to those outside it (Archbold, 1986). In research involving vulnerable populations, investigators regularly make ethical decisions regarding the extent to which they will publish and report all aspects of the data revealed to them by the subjects they study (Ramos, 1989). To some extent, the researcher's immersion in the field **[p. v4-5 ↓]** is believed to safeguard the subjects by assisting the researcher to calculate any risks inherent in divulging sensitive information. For example, Lipson's (1994) fieldwork with a population of refugees living in a large American city has confronted her with several instances of legal infractions. Her ability to contextualize these within a cultural and social frame guides her decisions about when or how to report them. Thus, secondary analysts may have a special obligation to familiarize themselves with the actual or potential privacy needs of both individuals and populations represented in the qualitative databases they employ.

Informed Consent

Although research subjects may well have signed a consent form that was sufficiently vague as to permit secondary analysis, the complex question of informed consent is especially problematic in secondary qualitative research (Hinds et al., 1997). Recognizing that research directions tend to evolve over the course of a study, primary qualitative methods theorists recommend a “process consent” to account for the ever-changing field (Munhall, 1988, p. 156). However, because this mechanism is inaccessible to the secondary researcher, judgments about the fit between the original and secondary question and intent must form the basis for interpretations about informed consent. Secondary analysis almost always implies a new question or at

least a new dimension to the old one. Research participants have no opportunity to consider the degree to which the new question reflects their experience or values, and thus, the onus for this decision rests with the researcher. Although it is arguable that many of the individuals who have contributed to primary research would adamantly encourage as many researchers as possible to tell their story, there may be especially sensitive instances in which the implied consent of original participants cannot be presumed. For example, informants in studies on living with cancer assume that their accounts will be used to inform patients, families, and health care professionals about the subjective experience of cancer illness. We can imagine that they might experience great distress if, for example, a secondary analyst probed their accounts for words or phrases indicative of a “cancer-prone personality.” Thus, whereas subjects may have volunteered to share their experiences about a phenomenon for an identified purpose, a radical departure from that stated purpose could well violate the conditions under which consent was obtained. Ethical secondary research therefore requires a defensible judgment as to the scope of the original consent as well as an analysis of the specific conditions under which secondary analysis would be appropriate.

Nonmaleficence.

The researcher's obligation includes doing no harm, an obligation that has been actively taken up by action researchers within the qualitative tradition. It is widely accepted that research subjects must be treated as an end in themselves rather than a means to that end. Where harm is implied in qualitative research, it may take the form of violations to privacy or may arise from an attitude of neocolonialism, in which the researcher believes he or she understands the best interests of the population being studied better **[p. v4-6 ↓]** than they can understand it themselves (Cassell, 1980). Such attitudes seriously threaten the autonomy of communities or cultures and have resulted in the evolution of a set of ethical principles to guide the conduct of fieldwork, the conditions for intervention, and the rights of populations being studied to negotiate the form of the research reports.

Health research “affects human lives and has far-reaching moral and social implications” (Armiger, 1977, p. 332). For example, unlike their colleagues in more theoretical disciplines, the health professional researcher always assumes that findings

may have an impact on practice, whether they are portrayed as generalizable or not. In articulating the larger social responsibilities underlying academic inquiry, the practice mandate of health researchers may prove an important asset in working out the ethical obligations inherent in secondary analysis. Furthermore, the temporal distance imposed by secondary analysis may also offer some advantages that are inaccessible to the primary researcher. As Gadamer (1988) points out, a historical consciousness toward the data may clarify prejudices and enhance the possibility for understanding.

Fidelity

The fidelity problem represents the gray area between validity and ethics best characterized by the obligation for truth telling. In secondary qualitative analysis, the distance between the original data source and the analyst poses threats to fidelity in the interpretation of findings beyond those presumed in primary research. In the face-to-face encounter, we assume that if we fail to understand our informants' perspectives, they will find a way to correct us. Furthermore, we assume that the engaged and respectful relationships we build in the course of our data construction activities create some natural impediments to misinterpretation or falsification.

The literature alerts us to particular types of intellectual errors that could threaten fidelity in the secondary tradition. Rosen (1987) depicts one of these threats as that of theory, which is the contemplation of truth being replaced by interpretation, which he sees as a perspectival fiction masquerading as theory (p. 9). Sandelowski (1991) points out that all interpretation, even scientific explanation, involves human fabrication (p. 165). Without the grounding in a phenomenon such as that which is valued by the primary qualitative researcher as a foundational source of perspective (Loflund, 1976), secondary researchers run a serious risk of finding what they seek rather than learning what is there. Thus, it may well be that the limits of qualitative secondary analysis are increasingly suspect the further the analysis evolves from the data and into the realm of abstraction and theory building.

Representational Problems in Secondary Research

As has been evident in the discussion of problems that might confront the secondary qualitative researcher, the notion of what the research claims to represent about an individual or population has significant ethical overtones. **[p. v4-7 ↓]** Although ethics and representation are clearly interrelated, within the theoretical literature they tend to be addressed separately and by theorists with distinct agendas. For this reason, representation will be considered as an issue that compounds the ethical problems described above and operates at a somewhat different level of interpretation.

Sampling

Within qualitative research circles, considerable theoretical attention has been paid to working out issues of representation. Beyond the traditional direction provided by such perspectives as theoretical and purposive sampling (Glaser & Strauss, 1967; Lincoln & Guba, 1985), researchers have struggled with the extent to which any qualitative study can claim to represent anything other than the perspectives of discrete individuals at the particular point in time during which they were studied (Thorne, 1997). However, because research implies the desire for knowledge for some purpose beyond the immediate knowledge of a particular case, what the findings from any study ought to represent is often a point of contention (Sandelowski, 1996).

Secondary analysis creates conditions within which original representational problems can be exaggerated or assumptions distorted. For example, in a recent meta-analysis of the qualitative research on diabetes experience, Paterson, Thorne, and Dewis (1998) discovered that, although the body of available knowledge comprises several dozen qualitative studies, most rely disproportionately on well-educated White, female, married participants with insulin-dependent diabetes. Clearly the *convenience* sampling of most designs systematically privileges a distinct perspective within the diabetes experience, and analysis of that body of research is prerequisite to a full appreciation for the implications of these representational problems. Because it is difficult to deny the

probable truth of findings when they appear across samples, settings, and researchers, the secondary analyst may well be in a position to contribute to further entrenchment of limited or erroneous conclusions. An important representational issue is therefore a critical accounting for the inherent nature of the samples involved in creating the original databases.

Voice

The problem of representation has been most actively examined by qualitative researchers applying emancipatory approaches, such as those drawn from critical social theory and feminism (Cheek, 1996; Ladwig & Gore, 1994; Patai, 1994). In response to what has been understood as a tradition of appropriating voice within the social and health sciences, these scholars strive to ensure that there are adequate mechanisms to remove the expert or professional biases of the researcher, that those studied feel effectively represented by what is expressed on their behalf, and that the results of research are explicitly employed toward the empowerment of those studied (Maguire, 1996).

This theoretical perspective, therefore, adds an additional dimension to the discourse on representation, the notion of an ethical stance with regard to how researchers construct and use the knowledge that resides within groups of persons in a society or culture. Where a primary researcher typically has access to key participants and other sources of consensual validation for **[p. v4-8 ↓]** both the accuracy and the responsible interpretation of findings, a secondary researcher will necessarily be somewhat removed from the context of the original research and may be at increased risk for misrepresentation or misappropriation. Furthermore, because the sociopolitical consciousness of a group may undergo collective change, interpretations that would have been acceptable to the members at one time may not be understood the same way at a later point. Thus, the obligation of the secondary analyst in the context of politically sensitive health knowledge may extend as far as negotiation with those who hold social credibility as advocates for particular voices within society at the time of the secondary research.

Conclusions

Thus, representation raises an ethical dimension to our research that extends beyond the usual scope of what is considered important in research ethics. An ethical approach to faithful representation of the interests and perspectives of the original data sources may require creative strategies to check the developing analyses against the available sources of grounding. Clearly, the mere availability of an existing database should not be the only consideration when designing secondary studies with new research questions. Rather, issues of sampling and voice will guide us to develop boundaries around the kinds of questions for which a database can be tapped in an ethical manner. To effectively represent the perspectives of the individuals and groups that participated in the original research, secondary analysts ought to be thoroughly familiar not only with the original data sets but also with the reports of findings made in relation to those data by the primary researchers. When dialogue with primary researchers makes it possible to solicit their advocacy on behalf of what would be considered the truth according to the original research participants, this step could help assure at least a limited measure of fidelity. Awareness of the implications of the representation problem will also lead many thoughtful researchers to consider who should be involved as active members of research teams and with whom ongoing findings ought to be discussed and strategized. In many instances, this will involve health care consumers or other appropriate representatives of the issue under study.

Finally, secondary analysts might consider including some primary data gathering within their designs as a mechanism for estimating accurate representation about the way in which a phenomenon is constructed, if not about the actual individuals whose accounts helped to construct it.

In conclusion, it seems evident that secondary analysis does and will exist within the qualitative research tradition and that discourse about it is critical in awakening our sensibilities to its very real difficulties and equally powerful opportunities. Specific strategies and procedures must be worked out to deal with the theoretical as well as the ethical and representational issues it raises. **[p. v4-9 ↓]** However, with an appropriate body of understanding to guide us, I believe that qualitative secondary analysis may offer us opportunities for much more extensive collaboration in our work, for expanded

development of our emerging theories, and for extending our capacity to critically scrutinize the bases on which our diverse interpretations of clinical phenomena are constructed.

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