Qualitative research in the grant-funding jungle

Philip Darbyshire, Women's & Children's Hospital, University of South Australia, Flinders University

Introduction
I write this having just returned to Adelaide from an all day research grant review meeting for a major national grant making body. Our group of paediatric and child health specialists and researchers reviewed over 150 research grant proposals and had shortlisted around 35 proposals for more detailed discussion and evaluation. I was perhaps more than usually interested in the process as I was Chief Investigator on a qualitative study that was one of the grants shortlisted for possible funding. At the end of the day, my grant did not score highly enough to be among the ten or so studies that were funded. Was I disappointed? Absolutely. But failure can be as enlightening as success and the experience highlighted several important grant writing and funding issues that are important for researchers who use qualitative methods.

Plan of paper
I want to take the opportunity afforded by this paper to do several things. First I want to set out the context of competitive research grant funding and reviewing from my perspective both as a researcher who seeks funding and as a grant reviewer and assessor on national funding bodies. Secondly I want to slip momentarily into deficit mode and discuss some of the common shortcomings of some qualitative grant proposals and especially those that seem to alienate or antagonise reviewers. I will then propose some strategies and approaches that might strengthen qualitative proposals and increase their chances of securing competitive funding.

The grant funding context
Being a research grant reviewer is an enlightening and invaluable research education; to see research funding from the ‘other side’ as it were. There are several aspects of the research grant world that qualitative researchers need to be aware of if they are to improve their chances of success.

The world of grant funding is not a democracy, it is a meritocracy
By this I mean that researchers have no ‘right’ to research monies. These are not allocated on the basis of equitable shares for all professional groups or methodological camps. Funds are allocated following rigorous peer assessment and scrutiny and the prime consideration is what assessment guidelines generally
call ‘scientific merit’. Here the word ‘scientific’ should not evoke the common knee-jerk response from some qualitative researchers that the entire process is part of some ‘positivist plot’ by semi-satanic automatons in white coats. Scientific merit requires that the research question is important and original, that the method(s) chosen are appropriate and sufficient to answer the question, that the study design is clear, comprehensible and feasible and that the project has the capacity to increase knowledge and/or improve health and welfare. Qualitative proposals can meet these criteria every bit as well as quantitative ones.

Grant funding is not an equal opportunity employer
Grants are not allocated to please or avoid disappointing any discipline or group. Grant funding bodies do not work from a basis that says we have allocated $500,000 to quantitative studies so now we need to allocate the same amount to qualitative studies. They do not assess the submitted proposals to make sure equal numbers of, for example, men and women have been successful or all professional groups are equally represented in the list of successful grants. For qualitative researchers this means we cannot plead some special case as an oppressed minority and demand affirmative research action in favour of our preferred research approach. What will improve our success rate in gaining funding for qualitative research is not the depth of our indignation when our proposals miss out but the improved quality of the subsequent proposals that we keep submitting.

Money often goes to money
Funding a research grant proposal is a calculated risk with someone else’s money. If the research is state or federally funded then this is taxpayers’ money. If the funding body is a charitable trust, a great many volunteers, members and supporters will have worked hard to raise every dollar. Such monies are not handed over lightly. Grant reviewers use several agreed criteria to assess grants including those mentioned above. In addition they consider the track record of the researchers. If Professor Bloggs has won $10 million in previous grant funding for her previous 20 studies and has a list of publications the length of Chile, then provided her proposal is good, which is a fairly safe bet, funding her latest grant proposal will seem as safe as houses. It is more than highly likely that Professor Bloggs will conduct the proposed study on time, within budget and with successful outcomes.

In contrast if you are John Jones, relatively new researcher with little or no previous research experience or funding and with few publications, then you are much more of a funding risk. This is not to say that funding bodies and reviewers never fund new researchers. They do but they look for signs in the grant that the new researcher has been streetwise enough to construct their grant in such a way as to minimise this perception of risk associated with inexperience. One of the best ways for new researchers to do this is to form a small collaborative research team. In research many hands can indeed make light work and having a team means that an experienced researcher with a good track record can be invited to join the project. Does this mean that if you invite someone like Professor Bloggs to join the study that you have ‘sold out nursing research’ and that the project has now been hijacked by medics? Absolutely not. Reviewers we hope will be impressed by the wonderfully written and designed research proposal and will also be impressed that the inexperienced researchers have had the maturity and sense to seek the advice and help of a more experienced researcher who can help keep the study ‘on track’. The good news for John Jones is that if this first grant is funded and if the publications from the study appear as they should, then he now has an emerging track record that will stand him in good stead for the next grant application.

Funders want to see that we can ‘play nicely’ together
From a U.K. perspective, Smith is unequivocal in stating that ‘Collaboration is now a key facet of the research landscape (Smith 2001) and that ‘Collaboration in research activity is now the rule not the exception’ (Smith 2001). My perception from an Australian perspective is that there is a clear move within the world of grant funding towards support for collaborative, interdisciplinary research. Indeed one major national funding body in Australia has ‘Quality of partnerships’ as a clearly stated evaluation criterion for grant submissions on equal footing with ‘scientific merit’. I have discussed this research shift with many colleagues in Europe and North America and they share this view.

This move towards greater interdisciplinary collaboration in research has been widely recognised both for its omnipresence and its challenges (see, for example, Beattie et al 1996, Dufault 2001, Gaskill et al 2003, Maccallum & Scott 2003, McNeill 1999, Smith 2001, Titchen & Binnie 1993). This shift prompts us to question the value of a concept such as ‘nursing research’ if this is taken to mean research done solely by nurses on nursing. Perhaps we are seeing the start of the breakdown of old research camps such as nursing research, medical research, physiotherapy research and the beginning of a new era of health care research. Some suggest that such a shift in emphasis could be a double-edged sword for nurse researchers. Lorentzon (1995, 1998) is wary of such a move and cautions nurses against giving up ‘pure nursing research’ (Lorentzon 1998) in favour of what she calls ‘slavishly accepting the multidisciplinary ideology as a pragmatic means of gaining research funds’ (Lorentzon 1998).

I could scarcely disagree more. From my perspective as a card carrying collaborative researcher, pragmatist and grateful recipient of research funds I would not even begin writing a grant or devising a project unless I could identify tangible and meaningful collaborations with clinicians, with colleagues from other disciplines and with relevant consumers and/or community organisations. I have no wish at all to cloak myself in disciplinary purity and the preciousness of research poverty while at the same time bemoaning that grant bodies will not fund my untainted nursing studies. Borbasi et al’s recent review
of Australian nursing research outputs (Borbasi et al 2002) reported that nursing research was often ‘inwardly focused’ (p494), that publication rates had ‘not increased over the 6-year period of the review’ (p496) and that most research was being conducted ‘with seemingly no funding’ (p496). It is hard to imagine a clearer wake-up call to ‘nursing research’ purists.

There are far too many benefits in collaborative, multidisciplinary research that I for one would be loath to give up. As a children’s nurse I am essentially concerned with children’s health, illness and wellbeing within the local context of hospitals and the wider context of their homes, families and communities. These issues are not specifically ‘nursing’ in nature and the idea that nurses are somehow uniquely and solely qualified or entitled to this field of research is imperious and absurd. As Smith wryly observed, ‘Communities have problems: universities have departments’ (Smith 2001). Children’s health issues are not unidisciplinary and neither departmental, sectoral nor disciplinary tribalism should prevent researchers from working together. Children and their families care not a hoot about disciplinary integrity or who does the research but they do care that important research questions are asked, that health problems are identified and that new knowledge and understandings are created that will improve children’s health, care and general quality of life.

Every researcher should be an expert learner, ready to broaden their perspective and understanding of complex health issues. It is inconceivable that one discipline or speciality has a monopoly of knowledge or privileged access to understanding. One of the huge advantages of researching with colleagues from other disciplines is that we learn from each other and our studies are the richer and better for it. I have no concept of how I could have studied for example, children’s experiences of living in a problem gambling family without the involvement and expertise of someone who ran a gambling counselling service (Darbyshire et al 2001) or how I could have explored children’s experiences of place, space and physical activity without the insights and experience of colleagues from early childhood studies and community/public health (McDougall et al 2004).

**Why don’t qualitative proposals get funded and how can we make them better?**

Morse suggests (only?) two reasons for the comparative lack of success of qualitative proposals:

1. The first type of rejection of qualitative research occurs because the committee is simply wrong (…)

2. The second type of rejection, continues Morse, comes from committees that may be accustomed to hard science or population health research or committed to a different agenda (Morse 2003 pp739-740).

These reasons for rejection may have some validity but they are hardly the whole story. Grant reviewing is not an exact science and it is indeed quite possible that among the perhaps 95% of studies that fail to win funding that there are some good studies, both qualitative and quantitative. How this makes a committee with perhaps $500,000 to allocate and over 200 proposals seeking funding ‘simply wrong’ I have no idea.

The second reason would be widely accepted. There is no doubt that on most medical/health funding bodies doctors and laboratory scientists would predominate and indeed qualitative research is often alien to their research understandings and experiences. The question for qualitative researchers is, ‘What are you going to do about this? Are you going to complain about how unfair the world is and ‘take your ball and go home’ by refusing to submit your proposals or will you recognise how these committees actually operate and work and to influence them by writing qualitative proposals that actually engage and help reviewers (Sandelowski & Barroso 2003). You might also take up Morse’s (2003) suggestion and offer your services and expertise as a qualitative researcher by offering to join a grant review panel and while you are at it offer that same expertise to your institutional research ethics committees.

Morse overlooks a third reason why many qualitative proposals are rejected by reviewers. Sadly, they are badly written, poorly designed and thus do not deserve to be funded. For example if a researcher knows a committee is likely to be composed mainly of doctors and scientists, why would they spend two or three pages of a five page project outline railing against ‘the medical model’, patriarchy, positivism, science, quantitative research and the rest of the usual suspects? Is this meant to increase the attractiveness of their proposal or score a few rhetoric points? To increase your proposal’s chances of funding, start by noticing that ‘Grant Funding’ has a ‘G’ at the beginning. Sandelowski and Barroso’s exemplary advice should be taped to the computer screen of every qualitative grant writer:

> Writers must know, and show respect for, the audience to whom they want their proposals to appeal. They should defend their choices without being offensive (e.g., by implying that qualitative research is superior to other methods or by describing the ‘failures’ of other researches or research methods) (Sandelowski & Barroso 2003).

Another characteristic of some qualitative proposals is what I call the ‘phenomenological begatitudes’; a seemingly endless litany of philosophical name-dropping from Dilthey who begat Husserl who begat Heidegger who begat Merleau-Ponty and so on. Such icons are usually invoked as research talismans at the start of a proposal never to be seen again. My experience is that reviewers are singularly unimpressed by qualitative grants that valorise the conceptual, philosophical or theoretical at the expense of the practical.

Reviewers’ comments on such grants are often along the lines of ‘What does all of this jargon mean?’ or ‘Is there a question in here somewhere?’. Of course the jargon charge can be turned around. I would probably be baffled reading a proposal from the field of psycho-immunology or recombinant DNA, whereas to a laboratory scientist this may be everyday language. Reviewers however seem to distinguish between technical language that they appreciate is complex and jargon, and that seems to them no more than a clumsy attempt to obfuscate the obvious. Remember that as a qualitative proposal writer, the
onus is on you to prepare a proposal that is as clear and detailed as it is persuasive. You should not assume your reviewer will be an expert qualitative researcher, quite the contrary. Qualitative grant writers can avoid these pitfalls by writing as clearly and jargon-free as they can. It is a debilitating misconception that jargon confers an air of academic or research credibility. More often it obstructs meaning and irritates reviewers, especially if they have to wade through several pages of this before they find out what the research question is, why the study is important and needs to be done and what the study's aims are.

Qualitative proposals are sometimes written as if clarity and detail were the exclusive preserve of a randomised controlled trial. It is true that an interpretative study needs to maintain a phenomenological openness. There is no point in researching an issue if we are sure we already know the answer. However we need to do more in a proposal than saying in effect ‘Trust me, I'm a qualitative researcher and it will be alright on the night’. Saying that your sample will be ‘however many is necessary for saturation’, that to obtain the data you will ‘interview people’ and that you will then somehow ‘analyse/interpret’ the data and then produce a report that is essentially a reproduction of your ‘participants’ voices’ will not endear your proposal to the average grant reviewer, nor should it.

As a qualitative researcher on grant funding committees, I certainly want to support qualitative proposals but I won’t be a cheerleader and argue for funding for a poor proposal because it happens to be qualitative. The last thing qualitative research needs is some kind of ‘special treatment’ or charitable crumbs from the research table. I would be embarrassed as a researcher if I thought qualitative research was seen as the deserving poor, unworthy of funding using the same criteria of excellence other studies must meet. Our aim should be to prepare qualitative proposals that are so well argued and constructed, addressing questions that are so significant, prepared by research teams that have such balance and expertise and that demonstrate such value for money that reviewers will be falling over themselves to fund them.

As for my proposal that did not get funded this time, it has already been submitted to another grant funding body and it will continue to be refined and submitted because I and the rest of the research team think it is an important child health question that needs to be studied. Morse mentions ‘the shame of rejection’ (Morse 2003) that some qualitative grant writers apparently experience if their proposal is rejected, as if this were some kind of moral weakness or dark personal secret. Such a melodramatic posturing is as futile as it is narcissistic. There is nothing ‘shameful’ whatsoever in writing an unsuccessful proposal. If this were the case the majority of health care researchers would probably be in therapy as rejection is significantly more probable than success given the limited funding and high numbers of applications most funding bodies deal with. What would be a greater cause for concern would be researchers who thought they were somehow entitled to research funding by virtue of their methodological affiliation or researchers who thought a rejected grant was a wasted effort. It is only wasted if the researcher gives up at the first or second hurdle. Are nurses persistent? Of course we are. We do not ‘give up’ with patients or clients at the first rejection or sign of difficulty. Such focused persistence is what educators love to call a ‘transferable skill’ that we can bring to research. If a question is important enough and a research team is persistent enough and if the proposal is lucid, creative, informative and persuasive enough then it will eventually win funding. When it does it will have succeeded on its merits because it is the worthy equal of all the other funded proposals, not because poor little nurses needed ‘special funding’, slacker assessment criteria or any other research favours. Sounds difficult? You bet it is, but then no one ever said that nursing was easy and funded research is no different. So what are you waiting for?

Acknowledgments

The author and the Editor would like to acknowledge the reviewers Paul Arbon, RN PhD University of Canberra and The Canberra Hospital and Kathryn White RN PhD Edith Cowan University for their constructive comments.

References

Beattie J, Cheek J, Gibson T 1996 The politics of collaboration as viewed through the lens of a collaborative nursing research project. Journal of Advanced Nursing 24(4):682-687


MacDougall C, Schiller W, Darbyshire P 2004 We have to live in the future. Early Child Development and Care (in press)


Morse J M 2003 The adjudication of qualitative proposals. Qualitative Health Research 13(6):739-740

Sandellowsk M, Barroso J 2003 Writing the proposal for a qualitative research methodology project. Qualitative Health Research 13(6):781
