Opportunities, challenges and learnings from qualitative research with stakeholders in frailty in three European countries.

Abstract

The aims of this paper are to reflect upon the experiences of researchers involved in a cross-national qualitative study with stakeholders in three European countries (Italy, Poland and UK), within the context of the *FOCUS* project on frailty management and optimisation **(**see http://focus-aha.eu/en/home). Six researchers' reflections were gathered using open-ended questions. Responses were thematically analysed. We report on our team diversity including cultural differences in epistemological stances and describe how working remotely challenged clear communication. We comment on linguistic issues, our data collection approaches and methods of analysis. However, we also reflect upon the ability of such projects to build knowledge, generate capacity and promote the value of qualitative research in healthcare across Europe. Finally, we advocate an approach to cross-national research that is as much about building a cohesive knowledge exchange network as it is about understanding the lives, perspectives and experiences of our stakeholders.

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1 Background

Cross-national studies have the ability to contribute to a greater understanding of the dynamics of demographic change, ageing and health behaviours. Certainly, with many European countries facing the same challenges associated with demographic ageing, understanding how different cultures respond to and manage those challenges is critical (Lessenich et al., 2018). Qualitative studies provide a toolkit of research methods with the ability to generate rich insights into a range of age related behaviours, older adult and care professionals' attitudes and experiences. However, to date there has been a lack of cross-national qualitative studies on ageing (Lessenich et al., 2018, Haak et al., 2013). This may be because comparative cross-national qualitative methods are often difficult to manage successfully in terms of ensuring the validity, reliability and consistency of studies conducted by different researchers in different countries (Chen, 2012, Chapple and Ziebland, 2018) and in addition, authors suggest that they are "demanding in terms of language skills, cultural understanding, resources and time" (p449, Chen, 2012).

Many of these challenges have been discussed extensively elsewhere (e.g. Haak et al., 2013, Nyman et al., 2013, Mangen, 1999) with language and translation issues dominating commentaries, particularly with reference to the retention of concepts loaded with cultural nuances (Quilgars et al., 2009) and the maintenance of clarity during translation from native languages in to English, often for publication purposes.

Other authors (Lessenich et al., 2018) have focused on the social embeddedness of cross-cultural researchers, which is generally considered an advantage in qualitative research (Chen, 2012). However Lessenich et al. (2018), suggested that interviews carried out by a native speaker, an 'insider' sharing a cultural proximity or lifeworld, may entail 'tacit

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knowledge' with specific cultural patterns being left unquestioned by the researchers, resulting in a 'blind spot' and effectively 'biasing' the research. The term bias is used deliberately here, not as might be thought of in the quantitative paradigm as a distorting influence on the results of the study, but rather as a useful shorthand when working across languages for "what is seen, heard and felt from the data [that] is influenced by the researcher's own attitudes, beliefs and experiences" (Goldspink and Engward, 2018 p11) mirroring Gadamer's ([1960] 2013 pp 268-9) own use of the term.

However, there are other pertinent, practical methodological considerations in relation to cross-national studies and these include the provision and quality of resourcing, for example ensuring adequate staff are available, and that they have the appropriate experience and training to support the collection and analysis of high quality data. Typically qualitative research is dependent on the individual qualities and skills of the researcher which is difficult to standardise. (Chapple and Ziebland, 2018)

Another potential difficulty with cross-national qualitative work relates to a lack of visibility or acceptance as a suitable scientific method in some countries. In the last century, Mangen (1999) rejected (as we do) the positivist notion that qualitative research was unscientific, or only useful in an interpretivist sense, for exploratory studies or hypothesis generation, and while qualitative work is now well utilised in the health and psychology mainstreams in the United Kingdom, it may be that these previous attitudes still prevail in some research communities. Consequently, knowledge sharing, which has been defined as occurring "when an individual is willing to assist as well as to learn from others in the development of new competencies" (Yang, 2007, p83), may hold the key to changing attitudes towards and promoting qualitative research in other research communities.

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In this paper, we add to the literature on cross-national studies, by reflecting upon the particular challenges and opportunities we encountered while undertaking our research as part of the *FOCUS* project, and describing how it might be possible to improve knowledge exchange and make qualitative research in psychology more visible across Europe.

1.1 The FOCUS Project

The *FOCUS* project (Cano et al., 2016), which ran from April 2015 to April 2018, was a European Union funded project designed to reduce the burden of frailty in Europe by developing methods and tools to assist with the management and diagnosis of frailty. The project team consisted of researchers based in eleven institutions across six different European countries.

In this paper, we focus on exploring the opportunities, challenges and learnings gathered during our qualitative research work with stakeholders including service users (patients), health and social care providers, carers and policy makers. This work comprised two studies of one of the project's work packages. The first study (Shaw et al., 2017) sought to examine the views and perceptions of stakeholders relating to the malleability of frailty, as well as the acceptability and feasibility of frailty screening and prevention strategies, through thematic analysis of focus group and semi-structured interview data. The second study (Gwyther et al., 2018) took those stakeholders' views and presented them to seven European healthcare policymakers, during semi-structured interviews, to determine their own views and attitudes on the stakeholders' suggestions. The substantive focus of these studies was to explore stakeholders' experiences of frailty and to determine how they could be better managed to improve both healthcare systems and personal experiences. Evidence was sought from three different countries, Italy, Poland and the UK, to establish their similarities and differences, to uncover best practices, and

to find opportunities to share successes relating to frailty management through knowledge exchange.

1.2 Aim

Although the principal aim of our *FOCUS* qualitative work on frailty was to find ways of understanding and improving our stakeholders' lives, perspectives and experiences, we also discovered that we had inadvertently created a cross-national knowledge exchange network which helped to promote qualitative research across Europe. Thus, the aim of this paper is to explore and reflect on some of the collective learnings gathered during the qualitative phase of the *FOCUS* project. In this paper, we do not intend to present the results of our *FOCUS* studies (for those see e.g., D'Avanzo et al., 2017, Shaw et al., 2017, Gwyther et al., 2018). Instead, the goal of this paper is to showcase the messiness of the work that goes on underneath the surface in a multi-lingual, multi-cultural and multi-disciplinary qualitative research project. We gathered the six authors' reflections on research processes and their sense-making of the status of qualitative research in their home working environments.

2 Methods

2.1 Procedure

A short set of open-ended questions in English was distributed to the six authors of this paper who were also the researchers involved in the two qualitative *FOCUS* studies, via email. The questions were designed by RS with input from HG and were designed to prompt responses in some of the areas known to be challenging or problematic in cross-national qualitative research (e.g., staff experience and training, cultural acceptance and understanding of qualitative research, data collection and linguistic issues). Questions were completed in English and returned electronically to the first author. They were anonymised prior to analysis using pseudonyms, which were known to the research team. For the purposes of anonymity we call

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ourselves: Mathilde, Amy, Helen, Alex, Lydia and Lara. Researchers were asked to answer the following open questions, as briefly or as fully as they wished.

- Had you used qualitative methods before working on this project? If so which ones? How confident are you in using them?
- If you had not used qualitative methods before: how did you feel about them when embarking on this project? Have your views of qualitative methods changed as a result of this project?
- What are people's perspectives of using qualitative in your country/ discipline/ university/research centre?
- Did you face any barriers in using qualitative methods?
- What did you learn about using qualitative methods on the project?
- If English is not your first language, how did you manage the translation & working on analysis & writing up in English?
- What was your experience of working with people of other nationalities & with different languages? What were the most positive aspects? Were there any tensions? How did you manage those?
- What was the most challenging aspect of working on a qualitative project with researchers from different disciplines across several European countries?
- What was the best thing?
- If you worked on a similar project again, would you do it differently? If so, how?

Researchers were made aware that the questions were designed to prompt rather than restrict them in their reflections and were asked to share any other thoughts they had about the research process.

2.2 Analysis

Data from each team member were collated and tabulated in a spreadsheet. Overall six densely populated pages of data were generated and tabulated. Although the reflective responses consisted of relatively short written accounts, these data were complemented by many face-to-face and online discussions throughout the project, which were recorded in fieldnotes and analytical memos. We adopted a 'contextualist' stance (Braun and Clarke, 2006) in that we acknowledged that individuals make their own meaning of events but that these are bounded by the codes of practices within our disciplines, our countries and our cultures. The coding and development of themes broadly followed the process described by Braun and Clarke (2006). Recurrent themes were explored and constructed across questions, rather than for each question separately, in order to identify and synthesise themes across the dataset as a whole. The first author (HG) conducted a preliminary analysis, generating a coding framework directly from researchers' reflections, and clustered these concepts into a set of draft themes. The other authors were consulted and the analysis discussed and critiqued within the team until consensus was reached.

3 Results

We reflect upon the experiences of researchers involved in a cross-national qualitative study with stakeholders in three European countries and describe in four themes, the opportunities and challenges we encountered. First, we report on our team diversity and some of the commonalities and differences between researchers. Next, we describe how we capitalised on those differences, to build capacity and facilitate knowledge exchange, both for individuals and to promote the value of qualitative research within the healthcare field across Europe. Following this, we demonstrate how working remotely challenged communication, but how we enhanced our working practices through regular dialogue and uncomplicated respect. We reflect upon linguistic challenges as well as our data collection approaches and methods of

analysis and evaluation. Finally, we conclude that our approach to cross-national research is as much about building a cohesive knowledge exchange network as it is about understanding the lives, perspectives and experiences of our stakeholders.

3.1 Team diversity

The diversity of our team was both a challenge and an opportunity in this research. There were differences between researchers in terms of our nationality, cultures, career choices, personal lives and mindsets.

To establish the context, our group comprised six female researchers from academic and clinical backgrounds based in three different countries within Europe (Poland, Italy and the UK). Collectively we consider ourselves European, although we come from different countries and cultures; three from the United Kingdom, two from Poland and one from Italy. We are a highly educated group, consisting of two medical doctors, three psychology PhDs and a counsellor with a Master's degree in Philosophy. Prior to the start of the FOCUS project, we had not all worked together as a team. However, the UK based researchers had either previously worked with each other, or were, to varying degrees known to each other, as were the Polish researchers. Five of the researchers worked on the FOCUS project from the outset, while the other began nine months into the project. We span a similar age range, from 44 to 57 years old.

Critically, there were significant differences between our researchers in terms of our professional backgrounds and experience of qualitative research methods. We fall along a spectrum of experience, with Alex an experienced clinician, having had no prior experience of qualitative work while at the other end of the scale, Lara is an established academic with over 20 years' experience and a strong publication record in the field.

"Yes, I have been using qualitative methods for a long time! Since my final year project in 1995-6! I mainly use phenomenological methods (IPA), with semi-structured

> interviews or written descriptions. I have also used focus groups, thematic analysis, framework" (Lara)

Although the differences in experience and skill levels were a self-acknowledged "barrier" (Mathilde), particularly in terms of conducting analyses, Amy recognises that they also presented an opportunity.

> "It has been a useful exercise to have such a mixed team where each member can learn new skills".

This mindset was typical of the group as a whole and helped us to overcome some of the other challenges, including differences between researchers in terms of their epistemological positions at the onset of the work and the relative value placed on qualitative work in their respective countries. While these differences were not explicitly articulated initially, they are apparent now in the open-ended responses to our questions. Two of our non-UK based researchers expressed a broadly realist epistemological perspective. For example, Alex described her initial thoughts about using qualitative methods.

> "I felt that I was uncertain whether I would meet the challenge at the same time, without being fully convinced of the credibility and high scientific value of this kind of research"

Similarly, Helen initially displays a type of 'disciplinary tribalism' (Pawson, 2001) and suggests that qualitative methods are a "good supplement to quantitative methods". The implication being that they are not quite as acceptable (or as scientific) as quantitative methods.

This epistemological stance is unsurprising given these researchers' clinical backgrounds and previous research experiences. Our views are also a product of our socio-cultural environment and the relative value placed on qualitative methods in our respective countries. Alex describes

how qualitative methods are “not popular” and “rarely used”, while Helen suggests that “the quantitative methods are still more highly valued in the medical field”. There was also an acknowledgement from both Helen and Alex, that qualitative methods were not the method of choice for *their* profession (our italics), rather they were used “more often by [other professions] in the field of healthcare” (Alex).

It should be noted here that although Helen and Alex initially appeared slightly sceptical of qualitative methods, they remained open to them and willing to learn, and ultimately Helen states that “during the research I became convinced of the value of qualitative research”. Similarly Alex describes how her view has altered.

> “I learned about the high scientific value of this type of research, I got to know their tedious but professional, rigorous methodology and believed in their validity and reliability.”

This transition is explored in more detail under the knowledge exchange and capacity building theme.

Another researcher, Mathilde, had some experience of qualitative methods and like the others was very open to learning more. She claimed a middle ground regarding views of qualitative methods in her country.

> “Qualitative research is more and more used and appreciated, but I am not sure of the quality of the production on a whole, and I cannot have a firm opinion about this”.

Here we note how Mathilda’s cultural sphere differs slightly from Helen’s and Alex’s, in that qualitative methods are seemingly more respected in her country but we note her concerns about the authenticity of outputs. Although she chooses not to comment, in not commenting raises questions about the maturity of qualitative methods in her research culture.

We contrast these views with the acceptability of qualitative research methods in the UK. The UK-based researchers acknowledge that qualitative research methods are popular in the UK, as Lara describes.

> "Qualitative methods are largely accepted as mainstream methods in the UK now. NIHR [National Institute for Health Research] expect research proposals to include mixed methods, including qualitative methods".

However, as Lydia mentions, there is still scope for improvement and a greater acceptance of qualitative methods, particularly from factions within the medical community.

> "As a cross-disciplinary project (frailty crosses medical and health, social and psychological boundaries) we encountered some difficulties in publishing our work in medical journals, despite its potential interest to their readership".

Within this theme we acknowledge the diversity present within our team in terms of experience and cultural backgrounds, and recognise that while our epistemological differences had the potential to cause tension, they also provided opportunities for knowledge exchange and capacity building, which are addressed in the next theme.

3.2 Knowledge exchange and capacity building

Some of the most significant features of the *FOCUS* project were the opportunities for knowledge exchange and research capacity building. Our team was naturally diverse, drawn from different disciplines, with variation even within disciplines, and each member had a unique skill set. Within this project, team members supported each other to accomplish a set of tasks but also learned from each other, such that they could subsequently perform better both as professionals and individuals.

An example of a learning experience can be seen in our researchers' views on their ability to conduct qualitative studies. Given our collective education, it was perhaps surprising to discover that confidence was an issue for four of our researchers who all, at the start of the project, expressed doubts about their ability to conduct qualitative research effectively. Alex wrote about being "uncertain" in meeting the challenge of qualitative research, Helen questioned her aptitude "I'm hesitating whether I'm doing the analysis properly", Mathilde described being "less confident when we started *FOCUS*" and Lydia relayed previous obstacles experienced during another qualitative project. However, these doubts were overcome through the support of more experienced colleagues: both Lydia's and Mathilde's confidence issues were assuaged by the reassurance that a more experienced researcher was available to support and guide them through the process.

> "I knew that I had learned from some useful previous experiences but also that I had the support and mentorship of very experienced qualitative researchers". (Lydia)
>
> "I felt very excited to use them [qualitative research methods] with people more expert than I was, and rather confident to learn more and gain more skills" (Mathilde)

Having a senior or more experienced qualitative researcher on the team was seen as a positive feature, with opportunities for individual learning and capacity building in the area of qualitative research.

Certainly our group all gained professionally from the project, with learnings ranging from a better overview of the state of qualitative research in Europe (Lara), through a deeper understanding of the philosophy of qualitative research and reflexivity issues (Mathilde), to a greater appreciation of qualitative methods as a whole (Alex) to more practical and project specific issues such as improving analysis and evaluation skills (Lydia and Helen). Learning

and knowledge exchange was described by all members of the team, regardless of seniority, discipline, or prior experience in qualitative research.

> "My greater involvement in the analysis and particularly in the metasynthesis of qualitative papers than I've had in the past has been useful developmentally". (Amy)

Over and above individual development, there is also evidence that our researchers are taking their learnings into a wider community and espousing the merits of qualitative research within their own countries and research communities. Mathilde remarked,

> "I have recently presented a rationale for the use of qualitative research in my institution, where basic research, clinical trials and epidemiology and other basically quantitative disciplines are the pillars of the activity. I have found more interest and openness than I expected with some researchers expressing the will to use this approach to answer questions emerging from their work".

In itself, the ability of our group to promote qualitative research across Europe presents an effective knowledge exchange outcome from the FOCUS project.

3.3 Facilitating communication

Although in the main communications between the team worked well, we encountered a number of challenges, including the geographical distances between us, the variation in time zones and holiday periods, and our busy working schedules.

Lydia raised the point that being remotely located created difficulties in building a team and facilitating communication.

> "I think that getting to know the other co-researchers and understand their perspectives was challenging and took longer than for a co-located team. Similarly developing a shared dialogue around the work also took longer to develop. However, as the

> frequency of contact increased we came to understand working styles and constraints better"

Here we see the distinct need to connect as a group. Lydia, again, describes how more face-to-face meetings would have facilitated this.

> "I think that more meetings earlier on would help to build rapport and a team spirit which would improve dialogue and communication throughout."

Similarly, this view is supported by Amy who describes how an increased level of face-to-face communication might have assisted with the project development and management.

> "I think more opportunities to meet together, preferably face-to-face would have been very useful, if difficult to organise. Skype meetings worked well but I think we'd do more of that if we were doing it again."

There is also an acknowledgement in this quotation of the difficulties of arranging frequent meetings within a normal working schedule. Lara noted,

> "I loved working with people from different disciplines who work clinically *and* manage to maintain a research career. This is another thing that always impresses me. Technically some members of the team were working in their own time to keep their research activities going."

This quotation while demonstrating the extremely high level of commitment to the research from several members of the group, also highlights barriers to communication in terms of synchronising availability and working schedules. For example, given their other commitments it was sometimes difficult to get hold of clinicians in 'normal working hours' and thus, difficult to connect and discuss issues. Although Skype meetings and emails were helpful, our group placed the most value on face-to-face meetings,

> "I would give more opportunities to the researchers to meet and work together." (Mathilde)

> "I think that one of the biggest challenges was finding the time for us to go through the data. We only really had one meeting where we were able to do this. That was a great meeting!" (Lara)

> "Sometimes the barrier was the need to communicate via emails and Skype conferences but all partners were very patient, devoted a lot of time and I think that the effect is satisfactory for everyone." (Helen)

Although our group 'managed' to complete the project in a "satisfactory" manner, this selection of quotations suggest that face-to-face meetings might have been of more value in creating a shared understanding, promoting group cohesion and moving research more swiftly forward.

3.4 Data collection approaches and language issues

To put our data collection and analyses into perspective, our researchers collected data from stakeholders in their native languages. In order to retain any cultural nuances, transcriptions were analysed in native languages and only the results of those analyses were translated into English before being checked and corrected (if necessary) by a native English speaker.

We were fortunate that the standard of written and spoken English among our non-native English speaking colleagues was incredibly high, although sometimes they doubted their own abilities, for example, Mathilde reported,

> "I love using English, and I am enthusiastic of writing texts in English, so translating was not a problem, although my knowledge of the language is far from being perfect. In some cases, I have asked for help to mother tongue people or colleagues with a better knowledge than I have."

This quotation demonstrates Mathilde's modesty but also the excellent way in which the group worked together to clarify meanings where any comment or translation wasn't clear, although generally, it was all very well done indeed. In fact, Amy suggested that coding in native languages helped to make "the different nationalities' different approaches clear in the translations."

While this is true, Lara noted that there was on occasion a need to re-draft and examine certain analyses in order to refine the work and develop papers for publications.

> "I think another challenge was getting the subtlety we needed in the analysis and in the write-up. This really is not a criticism of those in the team whose first language is not English, because, as I said, I am in awe of their ability to work to such a high standard in a language which is not their own, I couldn't do that."

One final challenge in our analysis phase was the issue of transcription. Given that, for budgetary reasons, we did not translate complete interview transcripts, there is a possibility that "themes may have been missed" (Lydia), or that themes were not "really allowed to emerge from the data rather than 'top down' selection of what might interest each researcher" (Amy). To overcome this limitation, and any potential loss of data, Amy suggested that she would be likely to "push for full translation next time".

4 Discussion

Within this paper, we have been honest about the challenges we encountered during our cross-national research on frailty as part of the *FOCUS* project. Chen (2012) described how cross-national studies could be demanding in terms of language skills, cultural understanding, resources and time. We support this view but also promote the positive aspects of cross-national studies and suggest that they have benefits beyond the immediate enquiry into our participants'

lives and perspectives. We would like to highlight that our discussion sometimes goes beyond the findings of the reflective study presented here and also relates to the wider frailty study.

The challenges we experienced during the frailty study were not necessarily those we might have anticipated. For example, we had previously considered that there might be issues of language, linguistics and cultural nuances. A previous study had identified that there were challenges associated with translating 'frailty' into Dutch (Puts et al., 2009). However, in our frailty study, we noted no such difficulties with direct translations into Italian or Polish, although researchers were careful to check participants' understanding of the breadth of the term.

We were fortunate that our non-native English speaking colleagues spoke excellent English and so some of the hypothesised issues surrounding communication or translation difficulties did not materialise. Instead we found that many of the communication issues, were simply matters of logistics and the difficulties in coordinating the schedules of six busy people to meet at a mutually convenient time. Many of the challenges we encountered were easily overcome due to the goodwill of the team. Like Johnson et al., (2012) we found that working face-to-face was often more productive and efficient, resolving issues more rapidly than using video calls, conference calls or email. However, where this was not possible, people worked in their own time, demonstrating their commitment, both to their colleagues but also to the cause of bettering the lot of the people involved in their research, a commitment to improving their quality of life and the services they need.

Our researchers lived in their respective countries and worked in their native languages during the data collection process. Thus, we are 'insiders', sharing a cultural proximity to our participants (Lessenich et al., 2018) which may be an advantage when using qualitative methods (Chen, 2012). However, we can also claim 'outsider' status for each other's dataset in

that we had limited prior knowledge or understanding of each other's specific cultural patterns or healthcare systems, thus facilitating a different perspective on the data and avoiding to some extent the potential for bias. Furthermore, we each occupy a dual insider-outsider position in this reflective study as we have each responded to our own questions about our experiences of conducting the frailty study. The plausibility of the account we offer is contingent upon our self-awareness as researchers and our readiness or competence to engage with reflexivity. Throughout we have endeavoured to find the balance between presenting "flat, unreflexive analyses and excessive hyper-reflexive analyses" (Gough, 2003, p.21).

However, we acknowledge that there are also limitations within this reflective study. For example, reflective responses to questions were shared openly amongst the team. Given that we were such a small team, with such different backgrounds and experiences, it would always be relatively easy to determine the source of most comments, even supposing that those comments had first been collated and anonymised by a single researcher. It may be that we could have drawn upon an independent researcher to help facilitate or moderate discussions in preparing this paper. Certainly, there is a risk that the researchers' accounts and thus their level of disclosure may have been influenced in the interests of not upsetting each other personally, or jeopardising future working relationships. The use of reflective journals throughout the process would have been a more suitable method of generating these accounts, could have generated a larger dataset, and would also have helped us to be more critically reflexive about how our own attitudes, beliefs and experiences (Goldspink and Engward, 2018) influenced the data we generated. We recommend the use of such methods in future collaborative work.

One of the limitations of our frailty study was the lack of full interview transcripts in English for each group of stakeholders, notably the Italian and Polish groups. There is a delicate balance between project budgetary constraints, sensitivity to cultural nuances (Lessenich et al., 2018)

and ensuring that analyses are accurate and generated from within the data, rather than from individuals' own, sometime political, agendas. Full translations of transcripts would have enabled transparency and might have led to new or different themes. However, given the frequency of discussions over our analyses, the regular reflexive discussions and the legacy of papers we have produced, it is likely that we have a full understanding of the data. In future, we would certainly argue and advocate for a fully translated, shared and open data set during a cross-national project to ensure that the culturally diverse research team can expose and resolve preconceptions during the analysis process.

However, we note that there are advantages to the method we used. Our initial focused culture-centric thematic analysis by 'insiders' in each location, almost certainly provided information that an 'outsider' would not have noticed or emphasised. In this instance, 'tacit knowledge' (Lessenich et al., 2018) was critical, and rather than blinding researchers to cultural patterns, it enabled nuances between and within the countries to be identified and probed. Thus, a two-stage process of intense local analysis followed by cross-national sharing of themes may be beneficial.

In some ways our research group was very diverse, with differences in terms of our nationality, cultures, career choices, personal lives, mindsets and epistemological positions, even if these were not explicitly stated until the reflective study at the end of our project. We recognise that the differences within the team had the potential to cause tensions but rather we found that they provided us with an opportunity for knowledge exchange and to demonstrate the power and potential of qualitative research in practice. To some extent, adopting a pragmatic stance to the collection and presentation of data enabled us, as a diverse group, to separate our personal philosophy from our research practice. However, the open mindedness of our team, some of whom are culturally embedded within a positivist tradition, to new techniques and what

constitutes ‘knowledge’ certainly helped to undermine any possible tensions. We recommend that future projects begin the research process by clarifying researchers’ initial epistemological positions perhaps through their reflective journals. This would help researchers to become self-aware of and understand their own preconceptions and analytic focus, and determine how and whether researchers come to modify their positions when working collaboratively in this way. Irrespective, for every difference noted, we managed to find common ground, not least in the will to engage with our research and successfully drive the *FOCUS* project work to completion.

We discovered that qualitative methods are acceptable and gaining in popularity across Europe – at least in the partner institutions we worked with. This is reassuring. We note how our research project has led to knowledge exchange in qualitative methods and built a greater understanding of that work in some individuals. As noted in the introduction, knowledge exchange occurs “when an individual is willing to assist as well as to learn from others in the development of new competencies” (Yang, 2007, p83). Underlying this definition is reciprocity, a mutually beneficial, multi-directional dialogue. Certainly in this instance, every researcher on the project benefited developmentally from their involvement. Working within this team was enlightening for all of us, we learned about each other’s cultures and healthcare systems, and found common ground in the data we gathered, demonstrating that there is more that connects us than divides us. As a result, we anticipate a cascade effect, with our researchers advocating the value of rigorous qualitative methods to their colleagues and institutions across Europe.

Although the principal aim of our *FOCUS* qualitative work was to find ways of understanding and improving our stakeholders’ lives, perspectives and experiences with regard to managing frailty, we also inadvertently created a cross-national knowledge exchange network which helped to promote qualitative research across Europe. Working with a cross-national, multi-

disciplinary team was stimulating and a steep learning curve to begin with, but the group was exceptional in their willingness to learn from each other, and listen to other points of view and take on board different understandings. The project has resulted in a legacy of fruitful cross-disciplinary and cross-national collaboration that will have ongoing benefits for research and knowledge exchange between the institutions involved and for the development of new research continuing to address the challenges of an ageing population.

5 Conclusions

The aim of this paper was to share the learning experiences of multi-disciplinary and cross-national researchers during the qualitative aspects of the EU funded *FOCUS* project on frailty, and to demonstrate the benefits of conducting such work on attitudes towards qualitative research. We argue that whilst cross-national qualitative research presents many challenges, the benefits include the opportunity to improve the visibility and legitimacy of qualitative research across continental Europe, to work with people from different cultures and to build research capacity and generate knowledge exchange.

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