Post-structural feminist interpretive interactionism

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Abstract
Aim To present an adaptation of interpretive interactionism that incorporates and honours feminist values and principles.

Background Interpretive interactionism as described by Denzin can be useful when examining interactive processes. It is especially useful when events affect turning points in people’s lives. When issues of power and power imbalances are of interest, a critical post-structural lens may be of use to the researcher. The authors planned to examine the interactions between midwives and women at the ‘epiphaneal’ points of decision making during second-stage labour. It became clear that it was necessary to honour and thus incorporate feminist principles and values in their methodology.

Data sources This paper draws upon a recently completed PhD project to demonstrate the application of Post-structural feminist interpretive interactionism. 26 midwives representing each State and Territory across Australia and every model of midwifery care offered within Australia were interviewed to gauge their experiences of what they believed represented good and poor case examples of decision-making during second-stage labour.

Review methods The authors critique the philosophical underpinnings of interpretive interactionism, and then modify these to acknowledge and incorporate post-structural and feminist ideologies.

Discussion Interpretive interactionism is a useful methodology when the research question is best addressed by examining interactional processes and the meanings people make of them, especially if these occur at turning points in people’s lives. Interpretive interactionism methodology can and should be improved by taking account of issues of power, feminism and post-structural values.

Conclusion Post-structural feminist interpretative interactionism has much to offer healthcare researchers who want to develop methodologically robust findings.

Implications for practice/research Post-structural feminist interpretive interactionism enables the researcher to be more cognisant of the complex social political and historical context of midwifery. Researchers using feminist and post-structural ideologies will enhance research findings when these tools are applied consciously and reflexively.

Keywords Methodology, feminism, post-structural ideologies, interpretive interactionism, Denzin
Introduction

This paper discusses the genesis and application of post-structural feminist interpretive interactionism (PSFII), a methodology modified from critical post-structural interpretative interactionism. Critical post-structural interpretative interactionism was developed as a modification of interpretive interactionism during an investigation of clinical and ethical decision making in critical care (Sundin and Fahy 2008). Interpretive interactionism offers the researcher an understanding of social processes. The interpretative interactionist returns to the data so that a grounded theoretical account of the social interaction is produced (Denzin 1989).

There are, however, problems with using interpretive interactionism when examining interactions inherently involving issues of power that relate to its philosophical foundations in symbolic interactionism (Sundin and Fahy 2008). Critical post-structural interpretative interactionism evolved to encompass post-structural insights and the consideration of power imbalances inherent in interactions between people (Sundin and Fahy 2008). As our investigations into clinical decision making extended to midwifery, it became clear that critical post-structural interpretive interactionism needed some further modification to encompass the principles and values important to feminist research.

Feminism’s political aim of liberating the oppressed and promoting personal emancipation is founded on the philosophical assumption of women’s value judgments and claims of truth (McNay 1992). The aspects of mutuality among interpretive interactionism, post-structuralism and feminism that affected the philosophical framework of the researchers’ study were: ‘docile bodies’ and autonomy, power and emancipation, and the deconstruction of language. Similarly, it was vital to consider the constitutive and constraining social realms in which midwives make decisions (Foucault 1977, Foucault 1980, Foucault 1983, Lacan 1991, Irigaray 1993, Irigaray 2002, Jefford et al 2009).

The partnership between midwife and woman, which is central to safe professional practice, honours feminist values (Tully et al 1998). Philosophically, there is agreement among midwives that when making clinical decisions, they should negotiate sensitively with the woman while considering all features of the context for the decision (Davis-Floyd 2006). Furthermore, midwives’ abilities to make decisions and their capacity to implement these decisions in predominantly patriarchal birthing environments are shaped and influenced by context, culture and even the history of midwifery’s place in the hierarchy of health sciences (Harding 1987, Lather 1988, Hartmann 2003).

By incorporating these philosophical tenets, PSFII acknowledges the contextual nature of ‘the truth’ for women. In this study, we were particularly interested in midwives, the women for whom they care and how they make decisions together during labour. We asked the question: ‘What are the necessary and sufficient conditions for optimal midwifery decision making during the second stage of labour?’

This paper begins with a brief background to the development of PSFII. An abbreviated discussion of the post-structural critique of modernism then follows, which is presented in discussion and in summary. Critiques and the modified methodology for examining midwives’ decision making are noted. Adaptations made to interpretive interactionism are also included. Next, the modified PSFII is presented, highlighting the changes made to Denzin (1989)’s original six-step research procedure. These modifications allowed the aims of this study to be met and are integrated throughout to demonstrate their application in feminist research.
Background

‘Interpretive interactionism’ is a research tool designed by Denzin (1989) to understand the lives of ordinary people by focusing on their interactions with others during critical incidents or ‘turning points’. Denzin acknowledged the symbolic interactionist paradigm in which his work was located (Denzin 1989): in this paradigm, researchers work to produce theories that make explicit the underlying patterns of social life, specifically process and change in the community and context of people’s experiences (Denzin and Lincoln 1994, Scott and Marshall 2005).

Symbolic interactionists are guided by the following philosophical assumptions:

- People are thinking animals who manipulate symbols and are therefore able to create and reproduce their culture.
- People give meanings to their bodies, feelings, lives and situations in their social contexts.
- Everyone places different meanings (Q4 and interpretations) on each situation, so their responses will be different depending on the meanings (Blumer 1969, Smith, Ross, McKenzie, et al 2005).

These assumptions allow researchers to focus on turning points in people’s lives that illuminate broader social structures and processes (Denzin and Lincoln 1994). One of the major benefits of Denzin’s interpretive interactionism is the easy-to-follow methodology of the design (Table 1).

We first modified interpretive interactionism to incorporate post-structural insights when considering power imbalances inherent in interactions between relatives, nurses and doctors in the context of decision making in critical care (Sundin and Fahy 2008). We then applied our modification to our study of midwives’ clinical decision making during second-stage labour.

Methodology

The post-structural critique of modernism

In this section, we present a brief reprise of our original 2008 critique (for a fuller discussion see Sundin and Fahy 2008). Modernist and humanist assumptions are embedded in symbolic interactionism. These assumptions place people at the crux of meaning making, whereas post-structuralists argue that people are more humble, and meaning is culturally and contextually formed and relevant (Grosz 1990, Butler 1993). Symbolic interactionists argue people can choose their responses to situations (Blumer 1969), whereas post-structuralists deny this (Johnson 1996). Notably, Foucault (1984) saw the subject as socially constructed, which, he argued, is the result of power relations that have shaped who we may be. Importantly, we cannot know ‘reality’ through the words of subjects because there is no one self and no single reality (Sundin and Fahy 2008). The various perspectives our research subjects bring are knowable. Thus, researchers gain multiple perspectives of each situation and are not constrained by having to develop a single theory or model or trying to explain and predict reality. Finally, symbolic interactionists value reason over emotion, placing emphasis on thought in the belief subjects can choose their own responses to situations (Sundin and Fahy 2008).

This rational, integrated subject of modernism is the focus of the post-structural critique (Smart 1993, Johnson 1994). The subject in post-structuralism is embodied and emotional as well as rational (Grosz 1990); people often respond to their emotions and values, not only to what is rationally sensible. The role of reason, however, is not denied in working out
where one’s best interests lie, but this is a learned rather than innate human art (Grosz 1994).

Post-structural ideas, we argue, must be used consciously and reflexively, providing us with the conceptual tools that enable us to be much more aware of the complexity, context, history and power that is operating in any situation. Post-structuralist ideas can, therefore, be harnessed for the benefit of midwifery research without sacrificing our commitment to improving people’s lives by generating knowledge (Mitchell 1996, Heslop 1997, Walker 1997, Francis 2000, Allen and Harding 2001, Stajduhar et al 2001, Fahy 2002).

Denzin acknowledged the need to respond to these post-structural criticisms and insights. His later writings called for symbolic interactionism to become more self-consciously interpretive (Denzin 1992). He argued for the adoption of ‘insights from post-structural philosophy, principally work in cultural and feminist studies’ (Denzin 1992).

In our study, PSFII helped to produce a similar multi-vocal text representative of multiple perspectives including the researchers’. Its principles were incorporated into the following steps to develop a design that allowed the aims of the study to be met.

**Post-structural, feminist interpretative interactionism**

**Framing the question**

The first requirement of interpretive interaction is to ‘frame the question’ (Denzin 1989). This refers to the examination of the contemporary literature and issues related to the phenomenon of interest.

This step needed no modification for PSFII. In our study, framing the research question involved prompted critical, historical and comparative thinking when engaging with the research. The question also encouraged examination from the context of the researchers’ backgrounds in relation to their research area and focused on the process of interaction, with particular attention given to factors influencing the interactive process (Denzin 1989). Clarification of how the phenomenon of interest related to a question of social importance that affects many individuals, institutions and communities – primarily women and their families, midwives, maternity services and the health workforce – was applied.

**Deconstructing and critically analysing prior conceptions of the phenomenon of interest**

Previous theories, observations and analysis of the phenomenon being studied were critically examined (Sundin and Fahy 2008). Possible misconceptions and previous biases uncovered in existing understanding were acknowledged. A review of the contemporary literature was undertaken.

**Capturing instances of the phenomenon from the world of practice**

Capture involves sampling a number of cases of the phenomenon of interest. In the midwifery study, the researchers designed questions to elicit multiple examples of decision making by midwives during second-stage labour. The midwives were asked to recall episodes from their practice that they felt
reflected ‘positive’ and ‘negative’ clinical situations in which they made decisions.

**Focusing on instances of the phenomenon from the world of practice**

This step required modification for PSFII because of the commitment to include the researcher’s understandings and values. Denzin (1989) referred to ‘bracketing’ during this stage of analysis, advocating that researchers remove the phenomenon from the world to examine it in detail as a text to be deconstructed. This differs from the concept of bracketing one’s values and preconceptions during analysis. In light of this and the post-structural critique of modernism, ‘bracketing the phenomenon’ was renamed ‘focusing on instances of the phenomenon in the world of practice’.

Focusing on or examining instances of the phenomenon involved several distinct yet inter-related analytical steps:

**i. Finding examples of positive and negative decision making in the stories of practice**

Data were inspected for examples of the phenomenon in the midwives’ broader narratives. Midwives’ personal narratives in relation to their perspectives of experiences of decision making were heard and examined purely from the midwives’ perspectives (‘emic’ interpretation).

**ii. Locating the phenomenon of interest in the larger story from practice**

The researchers’ focus was limited to midwives’ decision making. Previous understandings reached through deconstruction of the literature were suspended, and the participants’ narratives were inspected and dissected purely as examples of their experiences of the phenomenon (Denzin 1989, Sundin and Fahy 2008). However, the heading was changed from Denzin’s ‘bracketing the phenomenon of interest in the larger story from practice’ to ‘locating the phenomenon of interest in the larger story from practice’.

**iii. Examination of text or narratives for key phrases, silences or gaps that highlight and locate the critical processes for the decision makers**

This step required searching the transcripts for reoccurring phrases or terms that highlighted examples of significant moments in making decisions. Where a silence or gap was identified in the narrative, a different font was used.

**iv. Interpreting the story as an informed reader or researcher**

Thick (in depth) (Q5: ‘Thick interpretation’ and ‘thick description’ are common methodological terms. We have placed in-depth in brackets beside the term) interpretation of the data occurred as the researchers identified key moments and their importance.
Concept names were given to the factors identified in the key moments of interactions, and brackets placed around the named factors. The researchers inserted their ‘informed etic’ (Q6: Please see comment/argument in attached table) perspective into the participants’ unfolding stories.

The literature
As analysis unfolded and key phrases, gaps and silences developed into concepts, themes and an emerging model, the researchers returned to the literature. This was explored in relation to the analytical classifications to validate and further understand the emerging model in light of contemporary evidence and practice.

Critical reflection
Feminist researchers have been shaped by their roles and broader social backgrounds, which must not overpower the narratives of the participants. Consequently, it was important that the researchers undertook critical reflection to remain true to the phenomenon being investigated and the analytical process.

v. Identification of the core processes of the interaction
As the study progressed, it became clear that for the researchers to build a model of ‘optimal’ midwifery decision making, they needed to be able to describe and justify what was meant by ‘good’ midwifery practice and ‘good’ decision making. Thus, codes were developed for factors that represented either ‘good practice’ or ‘poor practice’. These later came together in a model of optimal midwifery decision making.

vi. Identification of factors that seem to be influencing the core processes
The researchers isolated and identified all key factors affecting the identified core processes; it was at this stage that gaps and silences became important in the deconstruction of the midwives’ narratives. An a priori decision had been made to further categorise the factors, defined below, as an aid to ongoing analysis and theory development:

a. Personal key factor: the midwife’s biographical, experiential and intrapersonal factors that affect his or her decision making and/or the partnership with the woman.

b. Contextual key factor: the context in which the situation of interest occurred. Contextual factors include the physical and organisational environment. Where relevant, they can also include policies and procedures that are expected to be followed, and which emanate from outside the organisation.
vii. Tentative ordering of core factors and processes

Following identification of the core factors and processes in each midwife’s story, an analytical framework was developed. To ensure rigour in analysis, all the stories were analysed until no new concepts emerged and all concepts could be meaningfully incorporated into the developing model. The categories displayed in Table 2 are the core processes that emerged during analysis: clinical reasoning, good midwifery practice and ‘birth territory theory’ (‘birth sanctum’). The factors under each category are the influencing factors, conceived as variables, drawn from the midwives’ narratives. Each of these variables was given a numerical value from -3, meaning absent or negative influence, through 0 meaning neither positive nor negative, to +3 meaning very positive influence. Where we could not substantiate a factor, we used ‘not known’ (NK). Where a factor was inapplicable, we used ‘not applicable’ (NA). Thus, the application of this analytical framework helped in considering emic and etic perspectives in the analysis of factors.

Constructing a tentative conceptual model

(Q7: Please advise, is this the correct heading level here: have changed above)

This step requires the reassembling of identified and deconstructed factors into a conceptualised theory (Denzin 1989). ‘Construction’ follows and yet integrates with analysis (Denzin 1992, Sundin and Fahy 2008). Construction, too, has a number of distinct sub-steps:

i. Listing and tentative ordering of bracketed factors in the process for the individual

At the end of each interpreted narrative, the key phrases, gaps and silences were listed, together with tentative conceptualisations of the significance of each factor to the process (Jefford 2012). At this stage of construction, the researchers listed and grouped ‘factors’ under their conceptual categories.

ii. Ordering of factors as they appeared in the process

Factors were sorted, subsumed and organised into a temporal timeline. (Q8) Factors were given conceptual labels, examined for similarities, and were eliminated or subsumed if not recurrently recorded.

iii. Tentative development of temporal and contextual ordering of key factors in the interactional process for each subgroup

Denzin (1989) suggested that following the listing of the bracketed factors and the assignment of conceptual labels, various factors should be examined for some indication of how they interrelate with each another and the process being studied. In our study, examination of the concepts occurred and they were organised into a tentative model of the decision-making process from each midwife’s perspective.
iv. Production of a concise statement or model of the process
We produced a statement or model indicating how the relevant identified concepts cohere into a totality (Denzin 1989) and develop a theoretical model for decision making consistent with best practice.

5. Contextualising the new model in the world of practice
Contextualisation is the first step in interpretive interactionism (Denzin 1989). This step provides depth to the meaning of the constructed theory or model. Contextualisation lays aside original bracketing, with researchers comparing and contrasting the new theoretical model with the research data, the contemporary literature, and their own experiences and world views.

6. Recommending and creating changes in practice
This is a new step. Critical post-structural interpretive interactionism (Sundin and Fahy 2008) by acknowledging the critical imperative, works to bring about change in the social world (Q9: missing words? Needed an ‘s’ on work). The purpose of our study was to discover the necessary and sufficient conditions for optimal decision making by midwives during the second stage of labour. Ultimately, the project has produced a model for decision making that is consistent with best practice (Jefford, 2012). (Q10: Update: sentence and reference now updated).

Discussion and conclusion
Despite state and national calls for enhancement in the development of midwifery-led care, and the emergence of a variety of alternative midwifery-led models of care, midwives in Australia ‘predominantly’ practise within the constraints of medical-led units run by the traditional biomedically-focused, male-dominant paradigm (Haslie, 2006) (Q11: preceding sentence changed). The institutions and the constitutive and constraining social realms in which midwives make decisions need to be considered when examining this process (Harding 1976). Hospitals’ sub-culture and historical customs also need to be explored.

When the post-structural lens is turned on the moment when a clinical decision is made, it helps to identify different clinicians’ perspectives. We have argued that Denzin’s interpretive interactionism is useful when the research question examines interactional processes at turning points in people’s lives. Sundin and Fahy (2008) argued that interpretative interactionism could be improved by taking account of issues of power. We believe that this methodology can be enhanced further by taking account of feminist post-structural ideologies.

Sundin and Fahy (2008) began these methodological modifications by considering the post-structural critique of modernism and applying these to interpretative interactionism. Further research has caused us to consider the applicability of feminist values and post-structural ideas to midwifery research. PSFII enables the researcher to be much more cognisant of the complex social political and historical context of midwifery. Researchers using feminist and post-structural ideologies will enhance research findings when these tools are applied consciously and reflexively.
We have demonstrated how interpretive interactionism might be modified and applied as a new methodology in the understanding of midwives' decision making. PSFII offers another tool for researchers with interests in healthcare systems, decision making and the related collegial interactions.

References


Table 2 Analytical framework for the midwives study

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<th>Questions derived from analysis</th>
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<td>1. Was the birthing environment warm, quiet and peaceful?</td>
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<td>2. The standard model of care was midwifery caseload?</td>
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<td>3. There are enough midwives to provide one-to-one care during labour?</td>
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<td>4. The woman’s goals for labour/birth were respected by doctors and senior midwives?</td>
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<td>5. Policies appeared to be evidence-based?</td>
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<td><strong>Overall: this context represents a birth sanctum</strong></td>
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<td>1. Accurate knowledge base in line with best evidence</td>
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<td>2. Cue acquisition – appears to be comprehensive</td>
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<td>3. Cue clustering – appears to be comprehensive</td>
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<td>4. Cue interpretation – generating multiple hypotheses – if relevant</td>
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<td>5. Focused cue acquisition – if needed and relevant to hypothesis</td>
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<td>6. Ruling in and ruling out of hypotheses – if relevant</td>
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<td>7. Making a diagnosis</td>
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<td>8. Evaluate treatment options relevant to the diagnosis – if relevant</td>
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<td>9. Prescribes and/or implements planned care</td>
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<td>10. Evaluates outcomes</td>
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<td>11. Uses intuition to aid decision-making</td>
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<td>12. Links intuition to cues and reasoning</td>
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<td><strong>Overall: CLINICAL REASONING = GOOD</strong></td>
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NA=Not applicable, NK=Not known MG=Midwifery guardian, MD=Midwifery domination, MA=Midwifery abdication  
Table 2 continued over page
Table 2  Analytical framework for the midwives study continued

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<th>Questions derived from analysis</th>
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<td>1. Stays in the room with the woman in labour</td>
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<td>2. Shares a common, known goal with the woman</td>
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<td>3. Trusts the woman and her body</td>
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<td>4. Maintains rapport with the woman appropriately</td>
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<td>5. Maintains rapport with the support people appropriately</td>
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<td>6. Asserts appropriately with the woman and support people</td>
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<td>7. Honest and complete sharing of information with woman and/or partner</td>
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<td>8. Uses power integratively to promote the woman’s empowerment</td>
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<td>9. Accountability for own professional behaviour in accordance with professional frameworks</td>
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<td>10. Skills in negotiating with medical staff or senior midwifery staff</td>
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<td>11. Assumes appropriate responsibility for woman/baby’s wellbeing during labour</td>
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<td>12. To what extent does the midwife show reflexive practice?</td>
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<td>13. When the woman and midwife disagree about care the midwife takes appropriate action (documentation and consultation)</td>
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<td>14. The woman is the final decision-maker</td>
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<td><strong>The midwife demonstrated GOOD MIDWIFERY PRACTICE</strong></td>
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NA=Not applicable, NK=Not known MG=Midwifery guardian, MD=Midwifery domination, MA=Midwifery abdication
Table 1  Post-structural feminist interpretive interactionism: modification to interpretive interactionism and application

<table>
<thead>
<tr>
<th>Symbolic interactionist premise guiding interpretive interactionism</th>
<th>Modification for PSFII</th>
<th>Application in study</th>
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</thead>
<tbody>
<tr>
<td>People cognitively manipulate symbols, creating and reproducing culture (Blumer 1969)</td>
<td>People are autonomous in their actions – able to have different responses to the meanings they make of different situations (Fahy 1997)</td>
<td>Sought participants’ reflections on how they made a decision. Acknowledged what they deemed were positive and negative examples of decision making</td>
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<td>Individuals are able to react to each individual situation, depending on their interpretation of it (Blumer 1969, Smith et al 2005)</td>
<td>Autonomy suggests distinction from individuals and the making of decisions in one’s best interests. The subject is considered to be the result of interactions and power relations, that is, socially constructed (Fay 1975, Johnson 1994). Modify to acknowledge the inherent interconnectedness of all people</td>
<td>Sought participants’ reflections on, and recollections of, interactions with others during decision making, including the environment, women and their support</td>
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<td>People give meaning to all aspects of their selves and their lives as well as the broader social context in which they live. The ego or self is multilayered yet integrated (Blumer 1969, Smith et al., 2005)</td>
<td>Modify to acknowledge the multiple selves and multiple realities of social and cultural systems, resulting in ‘split subjectivities’ for the individual and different prescribed discourses for different situations and interactions (Butler 1993, Smart 1993, Johnson 1994)</td>
<td>Analysis examined participants’ narratives for varying subject positions (roles) adopted at differing times during their experiences and influenced by time and context</td>
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<td>Emphasis placed on patterns of shared interaction or frequent social processes that exemplify the underlying patterns of social life: ‘Looked into first-order, primary, lived concepts of everyday life’ (Denzin 1989)</td>
<td>Modify to represent the effects of the macrosocial world on those that trigger the person’s suffering (Habermas 1987, Agger 1998, Taylor 2002a)</td>
<td>This study examined participants’ narratives for the wider influences on their behaviours as well as the inter- and intrapersonal (Q15 i.e. structural, procedural and policy supports or constraints)</td>
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<td>The analysis reflects the viewpoints of the study participants. The implication is that issues of power need not necessarily be addressed (‘emic’ perspective) (Denzin 1989)</td>
<td>Modify to retain the emic perspective but include etic perspective to allow issues of power to be addressed (Taylor 2002b)</td>
<td>Analysis of the participants’ stories included examination of social issues and forces in the healthcare system that affected decision making, ranging from the professionalism of the healthcare staff to the effect of communication on midwives’ decision making</td>
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<td>Focus on spoken word in analysis (Denzin 1989)</td>
<td>Modify to include what is unsaid and what might have been said, that is, the gaps and silences in narrative texts. Analysis should also include the ‘gaps’ in social context that are constraining participants from acting in their own best interests (Sundin and Fahy 2008)</td>
<td>Analysis of narratives examined the spoken interactions between key players</td>
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