

1 **Training in Qualitative Research Methods for Professionals working with**  
2 **Persons with Disabilities**

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## **ABSTRACT**

22 **Purpose:** *The study aimed to investigate the impact of intensive in-service training in*  
23 *qualitative research methods on the research competencies of a cohort of rehabilitation*  
24 *professionals.*

25 **Method:** *A series of three-day workshops was held on professional development in the*  
26 *promotion and utilisation of qualitative research in the field of disability and rehabilitation.*  
27 *It was organised at five centres across India for professionals working in that field. Data was*  
28 *collected through a survey of workshop participants, to ascertain the impact and efficacy of*  
29 *the training provided.*

30 **Results:** *The results suggest that practitioners working in the area of disability and*  
31 *rehabilitation see considerable value in the application of qualitative research and are*  
32 *enthusiastic about its potential to improve the lives of those with whom they work. They*  
33 *believe that such an approach will provide useful data and increased knowledge in respect of*  
34 *the lives of individuals with disabilities and those interventions that provide them with*  
35 *greatest benefits. The survey revealed that the knowledge of qualitative research methods*  
36 *was limited even among professionals who had studied for research degrees.*

37 **Conclusion:** *There is the need for more intensive training in qualitative methods in order to*  
38 *enhance the quality of research in disability and rehabilitation in India, and to assist in*  
39 *improving the lives of individuals with disabilities, their families, carers and those who work*  
40 *with them.*

41 **Key words:** *professional development, training rehabilitation professionals, in-service*  
42 *training, short-term training, disability rehabilitation training India*

43

## 44 INTRODUCTION

45 In India, as in many other countries, research into disability and the provision made for  
46 people with disabilities has been conducted within a long-established positivistic tradition  
47 (Grills et al, 2017; Massenburg, et.al. 2017). This was evident in the survey of published  
48 research into intellectual disability conducted by Reddy and Narayan in 2007, which showed  
49 that even small-scale studies tended to report on data collected using quantitative methods  
50 (Mukhopadhyay and Gupta, 2014; Sarma, 2015). Within the positivist paradigm there has  
51 been a demand for statistical data which can be used to identify trends and patterns based  
52 upon large samples, allowing for generalisation to a wider population. This scientific  
53 approach based on the traditions of positivism has proven useful in respect of providing a  
54 broad overview of issues on a national or regional scale (Visser, et.al. 2016). The approach  
55 has been important in enabling policymakers, or those charged with the management of  
56 resources, to make plans for provision to improve the lives of those living with disability. The  
57 collation of statistical data based upon large-scale surveys, has been widely accepted as an  
58 appropriate means of understanding complex situations that impact policy and provision in  
59 the field of disability studies (Anderson, Larson, Lentz and Hall-Lande, 2019). However, the  
60 results of such studies have been found to have limited use in respect of influencing the day-  
61 to-day practices of professionals working most closely in the provision of support for  
62 individuals with disabilities or their families (Shakespeare, 1996; Kröger, 2009).

63 Critics of traditional research in this field (Moore , Beazley and Maelzer, 1998; Fawcett,  
64 2014) have focused on several shortcomings. First, quantitative investigations have tended to  
65 research “on” or “about” individuals, not “with” them, and have therefore ignored the voices  
66 of those most directly involved in provision and practice (O’Brien, 2020). Secondly, much of  
67 the reporting of quantitative research has made use of procedures and language that is opaque  
68 to the majority of service-users and providers (Schwartz, Kramer, Cohn and McDonald,

69 2020). Thirdly, those who have been engaged in the research have operated at a distance from  
70 professionals responsible for delivery of services and have failed to adequately contextualise  
71 real-life situations when presenting their findings (Shaw and Lunt, 2018).

72 The authors of this paper find themselves in sympathy with the opinion that whilst positivistic  
73 studies may still contribute to our understanding of disability, interpretivist approaches based  
74 upon the collation and analysis of qualitative data have greater currency for the improvement  
75 of practice. It is with this view in mind that they have made a commitment to work with  
76 other colleagues to promote qualitative research methods within an Indian context.

### 77 **Why Qualitative Research?**

78 In some disciplines there have been debates about whether qualitative research can achieve  
79 the rigour that has become associated with traditional positivistic approaches (Chavan, 2015).

80 Sarma (2015) makes a good case for the use of qualitative methods, suggesting that such an  
81 approach has made a significant contribution to the development of knowledge and  
82 understanding in disciplines including sociology and political science, in India as elsewhere.

83 However, he acknowledges that some of the criticisms levelled at researchers working within  
84 an interpretivist paradigm are justified, because of poor practices that have not ensured the  
85 trustworthiness of some of the results produced through the use of qualitative research tools.

86 Ensuring research rigour is an essential factor in gaining the confidence of those  
87 professionals who have come to believe that investigation is dependent upon the presentation  
88 of statistically verified data.

89 Binder, et.al. (2016) propose that qualitative methods in researching clinical practice should  
90 be recognised as an effective means of investigating the experiences of both clients and  
91 therapists. Such methods, they believe, can provide critical insights into the relational context  
92 of clinical interventions and their impact upon the recipients of these interventions. These

93 researchers suggest that many professionals working in the caring professions are familiar  
94 with the presentation of cases. However, these case histories are often based upon limited  
95 epistemological and methodological presentation that would enable the greater validity that  
96 researchers demand when presenting data (Bergmark, Bejerholm and Markström, 2018).

97 On occasion, a qualitative approach may form part of a mixed-methods investigation, to  
98 enable a deeper meaning to be applied to the interpretation of statistical data gained through  
99 use of quantitative instruments (Corby and Sweeney, 2017; Higashida, 2017). But in many  
100 circumstances qualitative approaches can be the primary or even the sole means of data  
101 collection and analysis, particularly when the researcher needs to understand environmental  
102 factors or the effect of interventions that impact the lives of those who are the focus of the  
103 research (Forrester and Sullivan, 2018; Prasad, 2018).

104 Morrow (2007) suggests that qualitative research provides a useful means of gaining  
105 understanding of the meanings that individuals make of their experiences. Through the use of  
106 qualitative methods such as interviews, the researcher is able to probe deeply into the  
107 experiences of those within a purposive sample in order to make sense of their lives and to  
108 gain rich data. Cornelissen (2017) endorses this view and believes that qualitative methods  
109 may provide the only effective means of understanding how organisations work and their  
110 impact upon both individuals and the effectiveness of intended institutional outcomes.

111 Cornelissen identifies distinctive aspects of qualitative research that he believes to be the  
112 strength of this approach. Specifically, he discusses the ability to develop “thick description”  
113 through which, with the use of methods that may include in-depth interviews or focus groups,  
114 the researcher is able to explain the details of an organisation and its structures in a manner  
115 that enables the user of the data to understand relationships and the impact of the actions  
116 taken within this organisation. For example, a researcher who wishes to understand the  
117 effectiveness of a clinic in delivering physiotherapy services to a group of clients with

118 physical disabilities, may interview service-users and providers to gain the lived experiences  
119 of those associated with the clinic.

## 120 **The Need for Professional Development in Qualitative Research Methods**

121 Opportunities to gain focused training in the use of qualitative research methods for  
122 investigating disability issues in India and other parts of Asia have been limited (Horta, 2018;  
123 Shin, Postiglione and Ho, 2018). Universities providing doctoral level qualifications in the  
124 social sciences and disability studies have tended to provide a narrowly focused provision of  
125 methodological training, largely related to quantitative approaches (Ali, et.al. 2017).

126 Innovation in research training has been slow to develop. Dash (2015) reported some of the  
127 challenges in developing programmes for capacity building in post-graduate research  
128 programmes in India and Malaysia, suggesting that there is a lack of clarity about the type of  
129 research that can best be deployed to raise the quality of investigation in these countries.

130 Bowden and Green (2019) describe how in many countries the nature of post-graduate  
131 research training has changed in order to address the various national, educational and  
132 economic policies being implemented. In particular they describe inconsistencies in the  
133 support provided to novice researchers which places some at a considerable disadvantage, in  
134 a climate where research expectations are rapidly changing. Nchinda (2002) described  
135 evidence-based decision-making as a critical factor in promoting effective health  
136 interventions. An important factor raised in his study is that of ensuring that national context  
137 is given a priority. He uses the phrase “indigenous research capability building” to describe a  
138 process, where research training is provided in-country, using exemplification from  
139 investigations conducted locally in order to promote research methods that are appropriate  
140 and can be applied within national resources. This may be particularly important when

141 attempting to promote changes or introduce new approaches in situations where research is  
142 relatively well-established but possibly dependent upon a narrowly focused set of principles.  
143 Development in the field of disability rehabilitation, inclusive education and early  
144 intervention has been rapid in recent years. The United Nations Convention on the Rights of  
145 Persons with Disabilities (UNCRPD, 2006), the Agenda for the Sustainable Development  
146 Goals (SDG, 2015), particularly SDG 4 of SDG 2030, with its focus on inclusive education  
147 and other international mandates have emphasised the priority and focus on equal opportunity  
148 and equity among people in general and disadvantaged populations in particular. As a result,  
149 various programmes have been initiated universally for the development of provision and  
150 practice (Collins, 2012; Baldiris-Navarro, Zervas, Fabregat-Gesa and Sampson, 2016). To  
151 keep pace with these developments, professionals need constant updating to equip themselves  
152 with knowledge, skills and competencies to participate and contribute to the cause of  
153 realising the rights of a marginalised population. Staff development programmes clearly have  
154 a large part to play in such developments (Chiaburu and Marinova, 2005; Jellema , Visscher  
155 and Scheerens, 2006).

156 Many universities and professional organisations provide professional development at  
157 Bachelor and Master’s levels, with course content covering research methods. An  
158 examination of the research conducted in disability in the country, has predominantly focused  
159 on the collection of data using quantitative research methods, with qualitative approaches  
160 having gained currency relatively recently (Mehrotra, 2012; Kaur, 2016). Quantitative  
161 research plays an essential role as it provides an insight into the status of phenomenon at  
162 ‘length and breadth’, an approach that may provide guidance for policy decisions and areas  
163 requiring in-depth studies (Choy, 2014; Jamali, 2018). Quantitative research helps to quantify  
164 the findings by generating numerical data that is analysed using appropriate  
165 statistics, whereas qualitative research helps by creating an ‘in-depth’ understanding of the

166 behaviours, attitudes, events, interactions among people and their environment, and other  
167 processes of daily life. Qualitative researchers stress the socially constructed nature of  
168 reality, the intimate relationship between the researcher and what is studied, and the  
169 situational constraints that shape inquiry (Norman and Lincoln, 2005; Nakkeeran and  
170 Zodpey, 2012).

171 In the area of disabilities, every person matters and his/her concerns in life need to be  
172 addressed as he/she has the right to a life with dignity. Such details can be understood only by  
173 qualitative research that looks at the 'depth' of a phenomenon. This research method requires  
174 training in order that the researchers carry out the task professionally to make the findings  
175 meaningful. Such studies are few in India. A search for qualitative research literature from  
176 within the country reveals a scarcity of such materials (Herur, 2016). In acknowledging this  
177 situation, the current study aimed to conduct in-service training for professionals working in  
178 the area of disability rehabilitation in different parts of India, and to analyse the impact of  
179 training on their conceptual understanding and appreciation of the applicability of qualitative  
180 research methods.

181 In order to gather data to investigate this issue, the following research question was defined:

182           What is the impact of intensive in-service training in qualitative research methods  
183           upon the research competencies of a cohort of rehabilitation professionals?

184

## 185 **METHOD**

### 186 **Setting**

187 The project was established as a collaborative effort of the National Institute for the  
188 Empowerment of Persons with Multiple Disabilities (NIEPMD), a research and training



189 institute established by the Ministry of Social Justice and Empowerment, Government of  
190 India, and the University of Northampton, UK. The NIEPMD contacted organisations  
191 throughout India that conduct research and training programmes in the area of disability  
192 rehabilitation, inviting applications for a training programme on qualitative research methods  
193 to be conducted by the expert team from the University of Northampton. Considering the  
194 social, cultural and linguistic variations of the country, it was decided to conduct the training  
195 programmes in five zones of India to provide wide coverage.

## 196 **Participants**

197 The eligibility criteria for course participation focused on those having a PhD or currently  
198 registered for PhD and teaching courses in disability and rehabilitation at the Bachelor or  
199 Master's level. For each zone the applications were reviewed by a team at NIEPMD, and  
200 those participants who fulfilled the participation criteria were included in the programme.  
201 The participants were informed that the effect of the training programme on the participants'  
202 acquisition of knowledge on qualitative research methods would be studied and the details  
203 would be published. After this their informed consent was obtained.

204 There were totally 144 participants in the training programme. They consisted of 55 male and  
205 89 female participants. Among them, 26 were from Chennai, 17 from Delhi, 30 from  
206 Kolkata, 38 from Hyderabad and 33 from Kozhikode. A majority of the participants were  
207 educators, teacher educators and special educators (88). Other professionals represented were  
208 psychologists (25), speech pathologists (9), research scholars (7), prosthetic and orthotic  
209 engineers (4), physiotherapists (3), social workers (3), occupational therapists (2),  
210 administrators (2), and a librarian (1).

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## 212 **Programme Content**

213 The programme content comprised a series of taught sessions and practical activities that  
214 covered a broad range of critical qualitative research issues. These included question  
215 generation, ethical procedures, research design, ethnography, case study development,  
216 grounded theory, managing research literature, conducting interviews, focus groups and  
217 observations, coding and data analysis, writing a research proposal and reporting procedures.

## 218 **Tools**

219 The team, which comprised researchers from the University of Northampton based in both  
220 UK and India, prepared a pre- and post-test questionnaire with 30 close-ended questions  
221 addressed through a multiple-choice format (Bennett, 2003; Oosterveld, Vorst and Smits,  
222 2019). The content of the pre-test questionnaire included concepts of what was to be covered  
223 during the training programme. The close-ended questions were the same in the pre-test and  
224 post-test questionnaires. While the open-ended ones in pre-test were framed to elicit  
225 information on the participants' expectations from the training programme, the post-test had  
226 questions on the understanding of course content and how their learning might be applied,  
227 and about the actions that might be taken to improve such programmes in future.

## 228 **Procedure**

229 As described, the training programme was organised in five different locations in the country  
230 to facilitate participation from most parts of India. The duration of the training programme  
231 was three days. Following the pre-test on the first day, an introduction to the course was  
232 presented by the team leader and the programme was conducted with hands-on exercises and  
233 peer interaction to ensure that each concept taught was followed by an exercise of  
234 application. In all five zones, the pattern of the training and the training material shared was  
235 identical, to ensure uniformity. The programme provided considerable opportunities for the  
236 participants to discuss and share ideas and concerns with resource persons and among

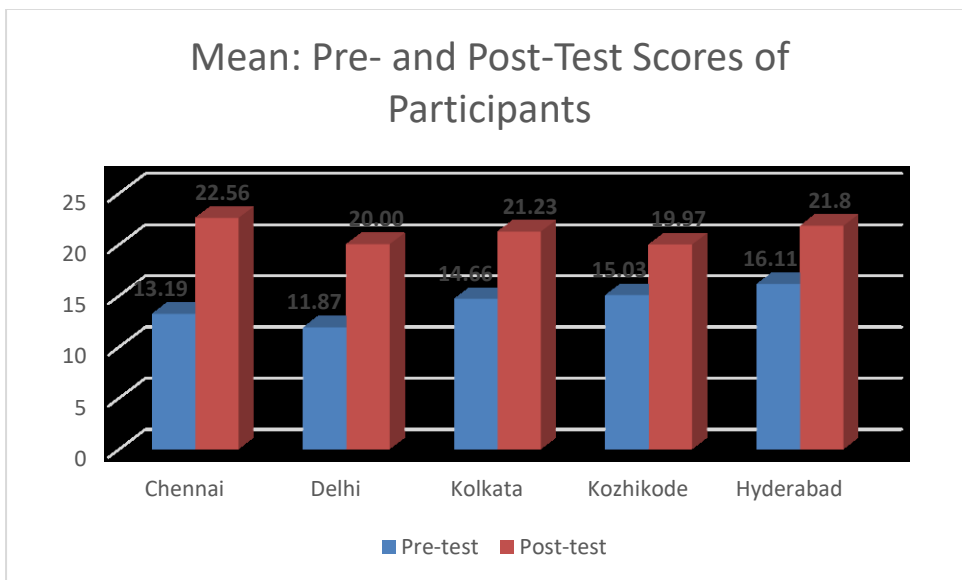
237 themselves. At the end of the training, the post-test was conducted. In addition, the interested  
238 participants were invited to conduct an exercise on developing a research proposal on given  
239 guidelines and to submit it a short time after course completion. They were informed that  
240 those participants who completed this task were found to meet the selection criteria and,  
241 following analysis of test data, would be invited to participate in the second level advanced  
242 training to be conducted by the University of Northampton resource team members at a later  
243 date.

## 244 **RESULTS**

245 On analysing the results of pre- and post-tests, it was noted that in the close-ended questions,  
246 there was a significant gain in the post-test scores when compared to the pre-test scores on a  
247 maximum score of 30. (Pre-test mean score = 14.172: post-test mean score = 21.112; mean  
248 gain = 6.94). On conducting t-test, the t value was found to be 2.13 with the significance at  
249  $p < 0.001$ . Table 1 shows the zone-wise mean scores of pre- and post-tests, clearly indicating  
250 that the post-test performance was superior to the pre-test. The result is an indication that for  
251 professionals with research qualifications or prospective research scholars in the field of  
252 disabilities, participating in a well-planned three-day training programme on qualitative  
253 research tends to equip them with knowledge on the subject. The finding concurs with the  
254 study conducted by Narayan and Reddy (2008) who carried out a three-day in-service  
255 training programme for middle- level functionaries in community-based rehabilitation where  
256 they found that a three-day programme involving hands-on experience was effective and that  
257 a follow-up after three months revealed that the learnt skills were retained. Furthermore,  
258 Chaghari, Saffari, Ebadi and Ameryoun (2017) who undertook a qualitative study in Tehran,  
259 involving an in-service training programme for 25 nurses on in-patient care using the model  
260 of empowering education, found that this approach facilitates occupational tasks and  
261 improves the competency and professional skills among nurses. They added that in this

262 regard, poor organisational settings might hinder the successful implementation of an  
263 empowering education model, which can be promoted through participation of the senior  
264 managers.

265 **Table 1: Mean Scores of Pre- and Post-tests**



266

### 267 **Qualitative Data Analysis**

268 For analysing open-ended questions through which qualitative data was collected, Creswell's  
269 (2008) visual mode of the coding process was adopted. Through this process it is possible to  
270 analyse text and to elicit key themes that recur in relation to the research questions (Eliot,  
271 2018). This process was also taught to the trainees as part of qualitative data analysis  
272 procedures. Most of the themes were predetermined or 'theory driven' while others emerged  
273 from the data or were 'data driven' (Braun and Clarke, 2006). In the pre-test, the participants  
274 were asked to respond regarding three important issues/themes: (1) their expectations about  
275 the course, (2) utility, i.e., what they hope to achieve through this training, and (3) further  
276 information, if any, that they would like to engage with. In the post-test, they were asked to  
277 respond about: (1) what they had learned (Knowledge level), (2) how they would have

278 applied the knowledge from the training (Application level), and (3) additional information  
279 including benefits of conducting qualitative research.

280 With these six predetermined broader themes in mind, responses from the trainees were  
281 transcribed, collated coded and amalgamated under each theme. In response to Creswell's  
282 (2008) visual mode of the coding process, five stages of the data analysis procedures were  
283 followed. Applying this approach, an initial read through of data and repeated reading by  
284 multiple analysts was completed in the first stage. The purpose was to become familiar with  
285 the data and identify the locations within the wider texts where meanings and patterns could  
286 be highlighted. In the second stage, familiarised data was made into segments with the  
287 purpose of generating initial codes. Larger texts were segmented, according to the  
288 predetermined themes a process that identified many segments of texts where initial codes  
289 emerged. Thirdly, coding of segments was undertaken. The intention for this particular study  
290 was to develop multiple codes with reference to initially developed broader themes. At this  
291 stage, relevant coded extracts within the themes were collated and organised accordingly.  
292 Though one researcher was entrusted with the development of codes in the earlier stages,  
293 paired coding and later, joint coding were adopted from this stage onwards. This was to  
294 strengthen the inter-rater validity and ensure the contributions of all researchers achieved  
295 analyst triangulation. There were many codes identified; for example, level of confidence  
296 (coded as LC=level of confidence) in applying knowledge earned through the training, and  
297 specific learning examples (SLE) that exemplify trainees' learned outcomes. Other codes  
298 emerged such as the 'critique of previous knowledge' (CPK) and 'addition of new  
299 knowledge' (ANK). Similar overlapping or redundant codes were combined to form reduced  
300 number of codes; for example, 'a comparison of previous and new learning' (CPN) in the  
301 fourth stage, after a review or refinement of the codes developed in the third stage. A  
302 particular code was also developed to exemplify specific learning outcomes that are

303 particularly ‘relevant to the field of rehabilitation and disability’ (RRD). In the final stage,  
304 different codes were collapsed together according to their common characteristics, to develop  
305 final thematic codes or themes. This provided a satisfactory thematic map of the data  
306 gathered for the study.

307 Similar procedures have been advocated by Braun and Clarke (2006) who provide examples  
308 of how to address the issue of redundant codes. Following their model, some changes were  
309 made in the predetermined codes of themes; for example, one of the pre-test themes, ‘further  
310 information’ deemed to be indistinguishable from the post-test theme of ‘additional  
311 information’.

312 The final themes identified provided the focus of discussion and were defined as Expectation  
313 of the course (E), Usefulness of the course (U), New knowledge (N), and, Application of new  
314 knowledge (A). An additional theme described earlier was the benefits of doing qualitative  
315 research (B).

316 Analysis of the qualitative data revealed the following:

317 All the participants believed that they had gained from the training and increased their level  
318 of knowledge and confidence in respect of qualitative research methods. Furthermore, they  
319 suggested that they would be more confident in developing and applying qualitative research  
320 after attendance at this course. For example, one participant stated that she had got:

321 *“Better clarity about qualitative research, and how to generate research questions in*  
322 *qualitative research, the philosophy behind the qualitative research, its interpretivist*  
323 *world of knowledge construction, theoretical framework, grounded theory and*  
324 *ethnographic research.”*

325 When asked about specific learning gained through the research training, typical replies  
326 included:

327 *“I have learnt basic terminologies of qualitative research.”*

328 *“Learnt to conduct qualitative research, focus groups, interviews, case studies, and*  
329 *observations.”*

330 *“Research process of qualitative research design,” and “how to address ethical*  
331 *issues in participatory research.”*

332 With regard to the benefits of doing a qualitative research course, participants often focused  
333 upon the greater depth of understanding about individuals or groups that could be gained  
334 from qualitative data. As one commented:

335 *“It is possible [through use of qualitative approaches] to process an in-depth*  
336 *understanding of the complex nature of individuals with disability and other diverse*  
337 *needs and to improve the quality of life of those individuals.”*

338 Some participants (N=10) also expressed the value that they had gained through a greater  
339 understanding of the relationship between qualitative and quantitative research methods and  
340 the possibilities of utilising a mixed-methods approach. When asked about their  
341 understanding of the differences between qualitative and quantitative methods and their  
342 applicability in the field of disability and rehabilitation, they were able to articulate ideas  
343 which generally favoured qualitative approaches for the more democratic and client-focused  
344 opportunities that came with these. Course participants who came from a medical or para-  
345 medical background had experienced the use of quantitative research data but believed that  
346 the more personalised data that could be obtained from qualitative approaches were likely to  
347 have a greater impact upon practice.

348 A significant learning outcome from the course was the level of confidence expressed by  
349 participants in their ability to apply newly gained knowledge to develop a research proposal.

350 Some considered that small purposive sample research held value for practitioner researchers  
351 who wished to understand specific client needs or the value of interventions or changes to  
352 practice, and recognised that such investigations could have more impact upon rehabilitation  
353 than quantitative studies using large but impersonal samples.

354 Some participants (N=22) expressed confidence that they could apply their learning from the  
355 course and redirect their approach to research. Comments from course members included:

356 *“I now understand how to approach a topic from the qualitative point of view.”*

357 *“I learnt a systematic way to frame research questions.”*

358 *“It helps me to have a broader look at the research field and motivates me to give  
359 more inputs in the field personally.”*

360 Participants who had completed research degrees reflected upon their previous learning of  
361 research methodology and compared these experiences with the new learning gained from  
362 this three-day course. As one stated:

363 *“I realised that the research I undertook for PhD was not up to the mark; after this  
364 workshop I look back and see what more could have been done.”*

365 Another participant commented that:

366 *“Ethnographic theory was not much explained in our academic settings and hence it  
367 (this workshop) helps...”* and, *“It helped me to expand my knowledge in the field of  
368 research which was covered only in a limited extent in my academic curriculum.”*

369 The location of learning within the specific field of disability and rehabilitation was seen as  
370 important. The emphasis throughout the course was on instilling a sense of developing



371 qualitative research and an equitable, inclusive and democratic process. This was recognised  
372 and appreciated by participants.

373 *“Before this I am not clear where to start my research in inclusive design. Now I can*  
374 *narrow down my topic and I will concentrate on the focus group to identify the*  
375 *samples for the behavioural and user analysis for research study.”*

376 *“This training is useful as there was no relevant proper training on research methods*  
377 *for a population with disability.”*

378 An emphasis upon ethical conduct in research had been given throughout the course, and this  
379 had been debated by participants who believed that too little attention has been devoted to  
380 this area in some studies. This, in addition to the acquisition of practical methodology  
381 applications such as formulating interview schedules, conducting different approaches to  
382 observation, conducting focus groups and interviews, and the development of case studies  
383 and coding of data, was seen as an important aspect of learning gained through the course.

384 The application of ethnographic approaches was new to many (N=27) participants. This  
385 provoked some to reflect upon the fact that until they understood the value of ethnography  
386 they had found it difficult to see themselves as researchers in their own working environment.  
387 In one particular instance, a participant working in what might have been seen as a typical  
388 environment suited to ethnographic approaches commented:

389 *“Currently, I am doing research with some indigenous tribes in Arunachal Pradesh.*  
390 *Learning achieved from ethnographic research will help me conduct my interview*  
391 *with them.”*

392 An interesting observation on this comment is that whilst the participant recognised that  
393 ethnography as a broad research methodology was appropriate, the notion of specific

394 interview techniques appropriate to ethnography was unknown prior to completion of this  
395 course.

396 The need to ‘think like a researcher’, to question and challenge ideas and test theories was  
397 appreciated by course participants. As one observed:

398 *“This training programme helped me become critical thinker, to do research in own*  
399 *field. In earlier times I have the motivation to do or think on area to do research. But*  
400 *due to my lack of knowledge I may not be able to do it. But now I feel a bit confident*  
401 *to proceed my thoughts in a more scientific way.”*

402 The course facilitators had throughout the workshops emphasised that their purpose was to  
403 encourage practitioners to undertake such research that could promote change and  
404 improvements in the lives of individuals with disabilities and their families. At the conclusion  
405 of the workshops, course members were asked to reflect upon the actions they might take and  
406 to give practical examples of the direction that they may follow as practitioner researchers. It  
407 was evident that some had thought deeply about this matter and had already formulated ideas  
408 for the application of learning.

409 *“The knowledge gained will be used in my clinical practice to help parents and*  
410 *persons with intellectual disabilities.”*

411 *“I had only heard of these and known them only in theory. This workshop has helped*  
412 *me really in getting me hands-on knowledge in using these methods. As we work with*  
413 *children every day, now I am beginning to see the opportunities in the use of*  
414 *qualitative research. I hope to do focus groups for parents of children with similar*  
415 *disabilities (ASD/CP) and also observe a few children on a particular therapy*  
416 *technique.”*

417 In respect of potential improvements to the training, a number of points were raised. Most  
418 participants felt that a three-day course was too short and that it should be extended to five  
419 days. The course facilitators would generally agree on this point though, as with any course,  
420 there are finite resources available to enable this to be realistically achieved.

421 Some participants felt that they would have liked to spend more time on generating research  
422 proposals. This would have enabled them to build upon their learning in a practical manner  
423 after the course.

424 These comments were valid and could be used to shape the thinking of facilitators in the  
425 delivery of future training. The general consensus was that the course benefitted from being  
426 delivered in a practical manner and the ability of facilitators to provide a clear link between  
427 theory and practice through the presentation of exemplars. In addition, the creation of a  
428 relaxed teaching atmosphere which gave participants opportunities to engage at their level,  
429 was seen as a positive aspect of the course. In response to the comments on the need for a  
430 course of longer duration and the need for more intensive training, a second-level training  
431 was organised later, focusing on research proposal generation and data coding and analysis.

## 432 **DISCUSSION**

433 While much has been written about the importance of researching disability (Brown and  
434 Boardman, 2011; Vaccaro, Kimball, Wells and Ostiguy, 2014), opportunities for practitioners  
435 to engage in research remain limited (Hardwick and Worsley, 2011; Rose, 2016). In India,  
436 disability and rehabilitation research has been dominated by large-scale survey approaches  
437 that generate large quantitative data sets that are useful in providing a broad perspective but  
438 lack the depth to be of value to clinicians and practitioners (Singal, 2010). Further, Hartley  
439 and Muhit (2003) observe that the predominantly quantitative approach to disability research  
440 has resulted in a dominance of impairment-related studies and the social aspects of disability

441 have been ignored and under investigated.

442

443 Professionals working in the field of disability and rehabilitation are generally involved in  
444 practical interventions and procedures, and as such are familiar with learning that takes place  
445 in clinical and other work-based settings. The response to the research training course  
446 discussed in this paper indicates that the practical elements of the workshops, which afforded  
447 opportunities to practice what had been taught during teaching sessions, elicited a positive  
448 response from participants. In other studies, it has been reported that much of the professional  
449 development provided to professionals in the caring professions in India, has been delivered  
450 through largely didactic approaches (Saigal, 2012; Rose and Doveston, 2015). The  
451 participants on the courses discussed in this paper confirmed this and emphasised the value of  
452 the opportunities provided for debating issues and putting learning into practice.

453 The tradition of positivistic research that has dominated the field of inquiry in disability and  
454 rehabilitation in India has made a significant contribution to knowledge and understanding  
455 and will continue to do so in the future (Lakhan and Ekundayò, 2017). However, the authors  
456 of the current study contend that as progress from a medico-deficit model of disability to a  
457 social model that promotes equity and inclusion continues, it will be important for researchers  
458 to provide data that relates immediately to the work of practitioners and the support provided  
459 by families and carers. Such research will of necessity require more focused, smaller-scale  
460 studies that generate data to enable understanding of the effectiveness of interventions and  
461 the experiences of service users. New knowledge of this type is more easily attained through  
462 the application of qualitative research approaches and will require researchers who have  
463 specific training in this approach.

464 **CONCLUSION**

465 The findings from the professional development course reported in this paper suggest that  
466 there is an enthusiasm for the development of qualitative research skills amongst  
467 professionals working in the field of disability and rehabilitation across different parts of  
468 India, and there is an opportunity to make considerable advances in this area.

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473

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