



Secondary analysis of qualitative data: a valuable method for exploring sensitive issues with an elusive population?

Tracy Long-Sutehall

Senior Research Fellow (Faculty of Health Sciences), University of Southampton, UK

Magi Sque

Professor in Clinical Practice and Innovation, School of Health and Wellbeing and the Royal Wolverhampton NHS Hospitals Trust, UK

Julia Addington-Hall

Professor in End of Life Care, University of Southampton, and Co-Director of the NCRI-funded 'Cancer Experiences' Supportive and Palliative Care Research Collaborative (CECo) (Faculty of Health Sciences), University of Southampton, UK

Abstract

This paper aims to demonstrate the process of conducting a secondary analysis of primary qualitative datasets. Whilst there is a well-established tradition of carrying out a secondary analysis of quantitative datasets within social and health research, this has not been the case with qualitative datasets. Despite a recent growth in interest in the secondary analysis of qualitative data, very little information is available regarding the process, as publications tend to focus on the outcomes of analyses.

A secondary analysis of 28 transcripts, sorted from two primary datasets containing longitudinal and cross-sectional interview data, was carried out.

The choice of applying a secondary analysis fulfilled the aims of: (i) addressing a sensitive area of research; and (ii) accessing a research population that was elusive, factors that may be barriers to carrying out research in areas that are considered to be of a sensitive nature, or topic. Secondary analysis has potentially important implications for qualitative researchers who seek to investigate sensitive topics within health, not least of which is the opportunity it offers to facilitate the training of researchers at all levels.

Keywords

qualitative research, secondary analysis, sensitive research, grounded theory

Corresponding author:

Tracy Long-Sutehall, PhD, C.Psychol, Senior Research Fellow, School of Health Sciences, University of Southampton, Highfield, Southampton SO17 1BJ, UK

Email: T.Long@soton.ac.uk

Introduction

Secondary analysis of qualitative data is the use of existing data to find answers to research questions that differ from the questions asked in the original research (Hinds et al., 1997). Whilst there is a well-established tradition of carrying out secondary analysis of quantitative datasets within quantitative social research, policy analysis and the business decision making of many companies (Corti and Thompson, 1995; Fielding, 2000), this has not, until recently, been the case with qualitative datasets. Latterly, the whole area of the re-use of archived datasets and secondary analysis has gained interest and momentum due to the recognition by researchers that many qualitative datasets offer narratives that discuss issues related to the primary research questions, but which have never been analysed. Access to archived digital social science datasets has been facilitated by data banks in the UK and Europe, for example, the UK Data Archive (UKDA, available at <http://www.data-archive.ac.uk>), the Council of European Social Science Data Archives (CESSDA, available at <http://www.nsd.uib.no/cessda/home.html>) and the Inter-University consortium for political and social research (ICPSR, available at <http://www.icpsr.umich.edu>), along with the publication of journals such as *Social Research Update* and the online journal *Forum of Qualitative Social Research* (available at <http://www.qualitative-research.net/index.php/fqs>).

Secondary analysis differs from approaches that seek to critically assess the theory, methods and findings from existing qualitative research in an attempt to generate and synthesise meanings from multiple studies, for example, the meta-study of qualitative data (Paterson et al., 2001), meta-ethnography (Noblit and Hare, 1988), meta-sociology (Furfey, 1953) and meta-study (Zhao, 1991), as the aim of a secondary analysis is to address new research questions by analysing previously collected data.

Why do secondary analysis?

As early as 1963, Barney Glaser (1963: 11) was suggesting that secondary analysis carried out by an independent researcher could, among other things, 'lend new strength to the body of fundamental social knowledge'. Authors have applied secondary analysis to data when they have wanted to: pursue interests distinct to those of the original analysis (Hinds et al., 1997); perform additional analysis of an original dataset or additional analysis of a sub-set of the original dataset (Hinds et al., 1997; Heaton 1998); apply a new perspective or a new conceptual focus to the original research issues (Heaton, 1998); describe the contemporary and historical attributes and behaviour of individuals, societies, groups or organisations (Corti and Thompson, 1995); or to provide case material for teaching and methodological development (Corti and Thompson, 1998).

This latter point is a significant one in relation to training the researchers of tomorrow as, due to changes in the length of time it can take to gain ethical and research and development approval, most students undertaking under and postgraduate degrees (Master's level), may be unable to carry out empirical work. Making existing primary datasets available for secondary analysis can facilitate training for novice researchers. Furthermore, secondary analysis may be of benefit in situations where the topic being discussed is a sensitive one and participants may be what Fielding (2004) has called an 'elusive population', one that is difficult to access. The latter situation was the case in the study from which this paper was developed (Long et al., 2008), as the topic was family members' experiences of brain-stem death related to organ and tissue donation, and recruitment to the two primary studies (illustrated below) had been slow due to the negative attitudes of gatekeepers towards

the research. Therefore, this paper aims to illustrate the process of carrying out a secondary analysis of primary data collected using qualitative methods for the purpose of exploring a sensitive topic with an elusive population and encouraging researchers to consider this approach.

The process of carrying out a secondary analysis

When carrying out a secondary analysis of primary datasets, Heaton (1998) recommends outlining the original study, the process of data collection and the analytical processes applied to the data. The purpose of the secondary analysis should be transparent, detailing methodological and ethical considerations and explaining any decisions made regarding missing data so that the interpretative processes of knowledge production is transparent. In practice, this means that in preparation for carrying out a secondary analysis an assessment of the fit between the primary datasets and the secondary research questions is essential (Thorne, 1994; Heaton, 2004). Not only is it recommended that the research questions for the secondary analysis be sufficiently close to those of the primary research, but that the data collection and analytic techniques in the primary dataset are similar to those that will be applied in the secondary analysis. The preceding points are now used as a framework to explain the procedure for the secondary analysis reported in this paper.

The primary studies

The following two datasets provided the sample from which transcripts were sorted for inclusion in the secondary analysis.

Dataset 1: Organ and tissue donation – exploring the needs of families (Sque et al., 2003)

This three-year study, funded by the Community Fund and sponsored by the British Organ Donor Society, investigated the experience of bereaved adults with whom organ and tissue donation was discussed and who either agreed to donation ($n=46$) or declined donation ($n=3$).

The aims of the study were:

- to identify the impact of initial care offered to relatives in terms of decision making about donation and subsequent grief;
- to identify ways of enabling relatives to make choices about organ and tissue donation that were right for them.
- to assess the need for bereavement support and the effectiveness of any support received;
- to compare the process of bereavement for relatives who agree to donation, and those who decline.

Data collection: Primary Dataset 1

Next-of-kin who agreed to organ donation were recruited from four transplant co-ordinating services via recruitment packs, sent to them on behalf of the researchers.

Participants who declined donation were recruited via one intensive care unit (ICU) consultant who contacted them by letter. Data collection methods were: (i) face-to-face sequential interviews at three time points, 3–5 months, 13–15 months and 15–26 months post bereavement for donating participants, and single interviews at approximately 13 months post bereavement for participants who declined donation. Participants were interviewed in their own homes and interviews lasted approximately two hours. Data collection took place between February 2001 and August 2002.

Data analysis: Primary Dataset 1

The transcribed reports in primary Dataset 1 were analysed using a comparative, thematic approach focussing on the detection of themes. The data from this study was available as 131 audio-recorded interviews (wav files as a digital recorder was used), as well as the transcribed text of these interviews. The field notes and researchers' notes were also available.

Dataset 2: The experience of donor relatives and nurses' attitudes, knowledge and behaviour regarding cadaveric donotransplantation (Sque, 1999)

This study investigated the experiences of 24 relatives from 16 families who had experienced the death of a family member and who had agreed to organ donation. The study was cross-sectional, as data was collected between March and September 1994 via single, face-to-face interviews.

The aims of this study were:

- to examine relatives' emotional reaction to the death of a family member and donation of their organs;
- to elicit relatives' perceptions of their decision-making process;
- to assess the benefits and problems that organ donation may have generated for them;
- to gain an understanding of what the experience of organ donation meant to them and to identify their needs;
- provide a substantive theory to explain donor relatives' experiences.

Data collection: Primary Dataset 2

Participants were recruited via three regional transplant co-ordination services, by letter of invitation, written by the researcher and sent out by the transplant co-ordinators. All participants were interviewed in their own homes and interviews lasted approximately two hours.

Data analysis: Primary Dataset 2

Analysis was carried out using a grounded-theory method as explicated by Strauss and Corbin (1990). Data from this study were available as 16 transcribed texts and five audio recordings of interviews. The researcher's field notes were also available.

Ethical considerations

There are ethical considerations when carrying out any research, such as the issues of confidentiality, nonmaleficence and fidelity (for a review see Thorne, 1998), which are all relevant to a secondary analysis, but in the space available, the issue of informed consent needs specific consideration when carrying out a secondary analysis.

Heaton (1998) comments that informed consent cannot be presumed in secondary analysis, and that the researcher cannot rely on any vagueness of the initial consent form. Both Heaton (1998) and Thorne (1998) state that a professional judgement may have to be made about whether the re-use of data violates the contract made between the participants and the primary researcher. Such judgements need to be based on the fit between the original and secondary research questions and whether the new questions in any way shift the focus of the initial intention of research. If the narratives gained, for example, with participants who had agreed to or declined organ donation (as in this study), were analysed for words or phrases that suggested support for an opt-out system, this would be an unethical use of those data as whether participants support or reject the ideas of presumed consent – opt out, was not the focus of the primary research.

In relation to the secondary analysis presented here, the secondary research questions were generated during analysis of one of the primary datasets and were directly related to the intention of the primary research; therefore, the judgement was made that the consent gained in the primary research was sufficient to carry out this secondary analysis. To gain an independent view that this consent was sufficient, the South East Thames Multi Research Ethics Committee (MREC), who approved the primary research, was approached for agreement that the data could undergo a secondary analysis and approval was given.

Ethical approval for primary Dataset 2 (Sque, 1999) had been gained from the department of psychology ethics committee, anonymised information and the medical director for the transplant co-ordination service that facilitated recruitment. Participants in the study had given consent for their data to be used in future research and specifically that the audiotapes could be used for secondary analysis; therefore, this was judged to be sufficient agreement for use of these primary data.

It would be of value for all consent forms to have a specific request regarding secondary analysis so that the re-use of data for purposes such as those indicated in this paper could be facilitated.

The secondary analysis

Research questions for secondary analysis

What does the diagnosis of death, which is based on brain-stem testing, mean to those family members who have been approached and requested to consider donating the organs and tissues of a family member? How do family members understand this concept?

The methodology underpinning the secondary analysis was the grounded-theory method as explicated by Charmaz (2000, 2006). The use of the grounded-theory method was based on the following: (i) the first author had been the researcher for Dataset 1, which had involved a thematic analysis, and it was during this analytic interpretation that the ideas explored in this secondary analysis were identified. The decision to revisit primary Dataset 1 and incorporate Dataset 2 was based on the concept of theoretical sampling (Glaser and

Strauss, 1967; Strauss and Corbin, 1990; Charmaz, 2000) and the technique of seeking out further data to expand a developing category (and concepts). Theoretical sampling is what brought the author to the two primary datasets used, as examining both longitudinal and cross-sectional data (including field notes and the researcher's journal), spanning two decades, gathered from what was an elusive population (Fielding, 2004), offered the greatest potential to explore participants' experiences over time. A further consideration was that grounded theory had been the methodology of choice for Dataset 2 (this time the method as explicated by Strauss and Corbin, 1990) and therefore there would be a fit between methods, which as stated earlier is recommended.

Assessing the data

When doing a secondary analysis, an assessment must be made regarding the quality of the dataset available and whether the primary dataset has the potential to answer the questions of the secondary research. Assessment should increase the potential of collecting data that provides 'appropriate depth' and 'pertinent detail' (Hinds et al., 1997: 412) or, as Charmaz (2006: 18) states, 'data that is suitable and sufficient' in relation to the substantive area of interest. We understand this to mean that there needs to be enough being said in the primary transcripts about the topic of interest so that it would be reasonable to assume that the secondary research questions can be answered. How much detail there is in the primary data will determine to a large extent the degree to which new knowledge may be elicited during a secondary analysis.

Whilst some authors have re-used a complete primary dataset for their secondary analysis, it is more usual that some form of 'sorting' of data takes place (Heaton, 2004: 59). Sorting may be applied for different reasons: separating quantitative data from qualitative data (Clayton et al., 1999), sorting interview data from observational data (West and Oldfather, 1995), sorting to focus on one type of data (Szabo and Strang, 1997), sorting to identify a sub-sample of the primary participant population (Kearney et al., 1994) or so that analysis can be selectively limited to specific themes or topics (Gallo and Knafel, 1998). This latter point was the case for the secondary analysis reported in this paper.

Sorting the primary data

One hundred and thirty one interview transcripts from Dataset 1, and 16 interview transcripts from Dataset 2, were reviewed for inclusion in the secondary analysis. All the transcripts available from the two primary datasets along with the field notes from Dataset 1 were reviewed, as it was not known a priori which particular interview transcripts would be relevant to the secondary analysis. The two datasets offered rich data, which Charmaz (2006: 14) describes as 'data that is detailed, focussed and full'. Having access to two datasets potentially offered many perspectives of an event that all participants who were judged to be the legal next-of-kin had experienced: the death of a family member. All participants had been involved in a discussion whereby their relative was pronounced dead based on brain-stem testing. The outcome of this diagnosis was to approach the family and ask them to consider donating the organs and/or tissues of their deceased family member.

Transcripts were read (and those available as audio recordings were listened to) sequentially and included or excluded according to whether they contained any comments, articulated thoughts or views related to brain-stem testing or brain death.

Each transcript was assessed for the quality of the data, in that it provided some coherent details of what brain-stem death meant to the participants, and what their reactions to, and their views, knowledge, beliefs and/or understanding was, regarding the diagnosis of brain-stem death.

Outcome of sorting

Twenty eight interview transcripts were finally sorted from the primary datasets: 22 from Dataset 1 and six from Dataset 2 (Table 1). The final dataset available for secondary analysis therefore consisted of 18 first interviews, seven second interviews and three third interviews (Table 1). The 28 transcripts represent interviews carried out with 22 participants (as some are second and third interviews with the same participants).

In relation to the 28 sorted transcripts, the majority were first interviews. The reason for this appears to be that in the longitudinal data of Dataset 1, a question about brain-stem testing was part of the first interview schedule: ‘Was brainstem death explained to you?’ (Sque et al., 2003), but not the latter interview guides, which focussed on the outcome of the donation experience, and whether organ donation had generated any specific issues impacting on the family member’s bereavement, and how they were coping in their bereavement. There were no direct questions relating to the topic of brain-stem death in the latter interview guides, but within the seven interviews from time points two and three (Dataset 1), family members were asked questions about their view of the positive and negative aspects of their experiences within hospitals, and it is within these responses that the diagnosis of brain-stem death was described and discussed.

The interview schedule used in Dataset 2 had a question asking about how the topic of brain-stem death was raised: ‘How was brainstem death explained to you?’ (Sque, 1999) and, as this study adopted a cross-sectional approach, all transcripts had some discussion regarding brain-stem death; however, 10 transcripts had only minimal comment and/or lacked discussion of what this diagnosis meant to the family member and so were not included in the secondary analysis.

These data were then analysed using the constant comparative method (Glaser and Strauss, 1967; Charmaz, 2006) and led to the development of the theory of paradoxical death: a process whereby participants (as next-of-kin) and health professionals engage in a series of practical and psychological activities aimed at rationalising real or potential emotional and cognitive conflict resulting from a diagnosis of death that is brain-based, whilst being faced with the physical image of a functioning body. Rationalising emotional and cognitive conflict is how participants and health professionals appeared to process this paradoxical death, a death that is contrary to received, conventional opinion. As the aim of

Table 1. Final dataset for secondary analysis

Dataset	First or single interviews	Second interviews	Third interviews
Dataset 1	12	7	3
Dataset 2	6		
Total	18	7	3

this paper is to present the process of secondary analysis, and not to present the findings from the secondary analysis, readers may wish to see Long et al. (2008).

Discussion

The two primary datasets accessed for this secondary analysis were extensive, offering the potential to explore issues that, whilst being linked to the area of interest of the primary research, were not the focus of it. The choice of applying a secondary analysis fulfilled the aims of: (i) addressing a sensitive area of research; and (ii) accessing a research population that may be 'elusive' (Fielding, 2004), factors that may be barriers to carrying out research in areas that are considered to be of a sensitive nature, or topic.

Data collection (in the form of sorting transcripts) generated transcripts that had enough detail to carry out an initial exploration of what a brain-stem death diagnosis meant to family members. Applying a secondary analysis facilitated the development of a theory (Long et al., 2008) that can now be tested in future primary research. However, whilst some authors (Glaser, 1963; Thorne, 1994; Hinds et al., 1997; Corti and Thompson, 1998; Heaton, 1998; Fielding, 2004) are positive about secondary analysis, there are authors who have concerns about this approach. One area of concern is that qualitative data analysis is 'normally' evaluated by reference to the context in which the data was originally produced (Fielding, 2004: 102) and therefore Mauthner et al. (1998) and Blommaert (2001) criticise secondary analysis on epistemological grounds. They suggest that only through a personal involvement in data production, and the reflexive relationship between researcher and researched, can a researcher grasp the relevant context that is required to interpret interview transcripts; due to this limitation, secondary analysis should be restricted only to 'methodological exploration'. This argument seems to ignore the 'usual' process of data generation in that a researcher collects data that is then prepared and shared with the principal investigator, or the research team, for analysis. These individuals will not have developed a 'reflexive relationship' with the participants, so is their analysis to be ignored?

Mauthner et al. (1998) and Blommaert (2001) appear to be arguing that if all that is available to the researcher are the transcribed transcripts, then what the participant means may be lost, and we would agree with this. However, we would also argue that this important epistemological issue is less of a concern in those situations where audio recordings of the primary data are available to the secondary analyst, along with field notes and access to the primary researcher.

Whilst Mauthner et al's (1998) and Blommaert's (2001) comments are important to bear in mind, they should not stand in the way of researchers considering the re-use of qualitative data as in secondary analysis. Most studies using interviews as a method of data collection generate narratives that are extensive in relation to the discourse taking place. It is therefore reasonable to expect that there will be a certain amount of data that, whilst being analysed, will not contribute to the final outcomes of the research.

Conclusion

Secondary analysis has potentially important implications for qualitative researchers who seek to investigate sensitive topics within health, not least of which is the opportunity it offers to facilitate the training of researchers at all levels. Making existing qualitative datasets available for secondary analysis could be a way for novice researchers to gain

skills in data collection, data analysis and synthesis, as well as grappling with the epistemological and ontological questions generated by the use of this methodology. These questions include: (i) Is it ethical to ask the secondary research questions you are asking of the primary data? (ii) Is there enough being said in the primary transcripts about the topic of interest so that it would be reasonable to assume that the secondary research questions can be answered? (iii) How will the primary dataset be assessed? (iv) Is there symmetry between the data collection and analysis techniques in the primary datasets? (v) How will epistemological questions regarding the context of data collection be addressed?

These questions need to be answered before applying this methodology, despite the attractions of fully utilising existing resources. Secondary analysis of qualitative datasets lends itself to further definition and development. This paper aimed to offer some clarification of the processes involved and to encourage researchers to consider this methodology.

Funding

The study from which this paper was developed was carried out as part of a PhD supported by a fellowship awarded by the School of Nursing and Midwifery (now the Faculty of Health Sciences), University of Southampton, from August 2004 to February 2007.

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Conflict of interest statement

None declared.

References

- Blommaert J (2001) Content is/as critique. *Critique of Anthropology* 21(1): 13–32.
- Charmaz K (2000) Grounded theory: Objectivist and constructionist methods. In: Denzin NK and Lincoln NK (eds) *Handbook of Qualitative Research*, 2nd edn. New York: Sage Publications, 509–536.
- Charmaz K (2006) *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*. London: Sage Publications.
- Clayton DLK, Rogers S and Stuißbegen A (1999) Answers to unasked questions: Writing in the margins. *Research in Nursing and Health* 22: 512–522.
- Corti L and Thompson P (1995) Archiving qualitative research data. *Social Research Update* (10), Department of Sociology, University of Surrey. Online journal available at: <http://www.soc.surrey.ac.uk/sru/SRU2SRU102.html> (accessed 15 September 2004).
- Corti L and Thompson P (1998) Are you sitting on your qualitative data? Qualidata's mission. *International Journal of Social Research Methodology* 1(1): 85–89.
- Fielding N (2000) The shared fate of two innovations in qualitative methodology: The relationship of qualitative software and secondary analysis of archived qualitative data. *Forum Qualitative Sozialforschung/ Forum Qualitative Social Research* 1(3). Online journal available at: <http://qualitative-research.net/fqs/fqs-eng.htm> (accessed 24 June 2005).
- Fielding N (2004) Getting the most from archived qualitative data: Epistemological, practical and professional obstacles. *International Journal of Social Research Methodology* 7(1): 97–104.
- Furfey PH (1953) *The Scope and Method of Sociology: A Meta-sociological Treatise*. New York: Cooper Square.
- Gallo AM and Knafel KA (1998) Parents reports of tricks of the trade for managing childhood chronic illness. *Journal of the Society of Paediatric Nurses* 3(3): 93–102.
- Glaser B (1963) The use of secondary analysis by the independent researcher. *The American Behavioural Scientist* 6: 11–14.
- Glaser B and Strauss A (1967) *Discovery of Grounded Theory*. Chicago, IL: Aldine.
- Heaton J (1998) Secondary analysis of qualitative data. *Social Research Update* (22), Department of Sociology, University of Surrey. Online journal available at: <http://www.soc.surrey.ac.uk/sru/SRU22.html> (accessed 15 September 2004).
- Heaton J (2004) *Reworking Qualitative Data*. London: Sage Publications.
- Hinds PS, Vogel RJ and Clarke-Steffen L (1997) The possibilities and pitfalls of doing a secondary analysis of a qualitative dataset. *Qualitative Health Research* 7(3): 408–424.
- Kearney MH, Murphy S and Rosenbaum M (1994) Mothering on crack cocaine: A grounded theory analysis. *Social Science and Medicine* 38(2): 351–361.

- Long T, Sque M and Addington-Hall J (2008) Conflict rationalization: How family members cope with a diagnosis of brain stem death. *Social Science & Medicine* 67: 253–261.
- Mauthner N, Parry O and Backett-Milburn K (1998) The data are out there, or are they? Implications for archiving and revisited qualitative data. *Sociology* 32(4): 733–745.
- Noblit GW and Hare RD (1988) *Meta-ethnography: Synthesizing Qualitative Studies*. Newbury Park, CA: Sage.
- Paterson BL, Thorne S, Canam C and Jillings C (2001) *Meta-Study of Qualitative Health Research: A Practical Guide to Meta-analysis and Meta-synthesis*. London: Sage Publications.
- Sque M (1996) The experiences of donor relatives, and nurses' attitudes, knowledge and behaviour regarding cadaveric donotransplantation. PhD thesis, University of Southampton, Southampton, UK.
- Sque M, Long T and Payne S (2003) Organ and tissue donation: Exploring the needs of families. Final report for the British Organ Donor Society.
- Strauss A and Corbin J (1990) *Basics of Qualitative Research*, 1st edn. Newbury Park: Sage Publications.
- Szabo V and Strang VR (1997) Secondary analysis of qualitative data. *Advances in Nursing Science* 20(2): 66–74.
- Thorne S (1994) Secondary analysis in qualitative research: Issues and implications. In: Morse J (ed.) *Critical issues in Qualitative Research Methods*. London: Sage Publication, 263–279.
- Thorne S (1998) Ethical and representational issues in qualitative secondary analysis. *Qualitative Health Research* 8(4): 547–555.
- West J and Oldfather P (1995) Pooled case comparison: An innovation for cross-case study. *Qualitative Inquiry* 1(4): 452–462.
- Zhao S (1991) Meta-theory, mete-method, meta-data-analysis: What, why, and how? *Sociological Perspectives* 34: 377–390.

Dr Tracy Long-Sutehall (PhD, C.Psychol) is a Senior Research Fellow/NIHR Post Doc Fellow. Her qualifications are as follows: 1994, BSc (Hons), University of Hertfordshire; 1998, MSc, University College London; 2007, PhD, University of Southampton.

Professor Magi Sque (PhD RN) is a Professor in Clinical Practice and Innovation. Her qualifications are as follows: 1985, BSc (Hons), University of Surrey; 1996, PhD, University of Southampton.

Professor Julia Addington-Hall (PhD) is a Professor in End of Life Care at the University of Southampton and Co-Director of the NCRI-funded 'Cancer Experiences' Supportive and Palliative Care Research Collaborative (CECo). Her qualifications are as follows: 1989, PhD, University of Durham; 1981, BA (Hons) Psychology, University of Durham.

All authors are members of the Cancer, Palliative and End-of-Life research group at the University of Southampton, carrying out research linked to these areas. Specifically, Tracy Long-Sutehall and Magi Sque lead on research exploring issues linked to organ and tissue donation: decision making, attitudes, beliefs and experiences of both family members and health care professionals; Julia Addington Hall researches many aspects of Palliative Care: symptom control, interventions to support long-term care and experiences of cancer patients and their carers.