

DOI:<https://doi.org/10.36367/ntqr.21.1.2025.e1003>**Danielle Macdonald****Submission date:** April, 2024**Review date:** October, 2024**Publication date:** January, 2025

CIRCLING THE DATA – LEARNING TO USE FEMINIST POSTSTRUCTURALIST DISCOURSE ANALYSIS

ABSTRACT

New and novice qualitative researchers can be overwhelmed, and they may face uncertainty with the variety of available approaches when choosing their research methods. Feminist poststructuralist discourse analysis is a qualitative analysis method that has not been described extensively in the literature, despite variations in its application by different researchers. In this paper, the author will describe her use of these analytical methods for her doctoral research study. The aim of this paper is to provide researchers with an in-depth example of how feminist poststructuralist discourse analysis can be used in qualitative research. To begin, a brief description of the theoretical perspective, feminist poststructuralism, that informs feminist poststructuralist discourse analysis will be provided, followed by an outline of the analytical process that was used. Two examples of how the analysis methods were applied to the data will be shared. Strengths and challenges will be identified, and suggestions will be made for researchers who are interested in using this method of analysis. This first-person account contributes to improved understandings of discourse analysis generally, and feminist poststructuralist discourse analysis specifically. This account will be of particular interest to researchers new to discourse analysis or who are considering using feminist poststructuralist discourse analysis.

Keywords

Qualitative; Discourse Analysis; Feminist Poststructuralism.

1. Introduction

Research using qualitative methodologies and methods is often misunderstood (van Wijngaarden et al., 2017). Researchers who approach health research with qualitative methodologies and methods often face positivist assumptions that permeate health research such as justifications about sample size, and questions about generalizability and bias in qualitative research (van Wijngaarden et al., 2017). The methodologies and methods used in qualitative health research support our understandings of the complexities of human experiences within a variety of contexts, the amplification of voices that have been historically and presently dismissed or ignored, and critiques of past and current systems that reinforce inequities, siloes, and exclusion. As such, researchers employ a variety of qualitative methodologies and methods to explore and examine the complexities of human experiences in different contexts.

Feminist poststructuralist discourse analysis (FPSDA) is an example of one method of qualitative analysis. Discourse analysis does not adhere to a specific, rigid set of methods. There is not a universal step by step method to conduct discourse analysis (Cheek, 2004, 2000; Crowe, 2005; Licqurish et al., 2016). It is a flexible process that can be adopted and adapted by researchers working within various paradigms and disciplines (Cheek, 2004; Crowe, 2005). This flexibility does not mean that discourse analysis is void of rigor or that ‘anything goes’ with respect to how discourse analysis is conducted (Cheek, 2000, 2004; Graham, 2011). Rather, discourse analysis challenges standardized methods of analysis which aim to produce generalized findings (Graham, 2011). The flexibility of discourse analysis methods is responsive to the fluid and changing meanings associated with language and text (Aston, 2016; Cheek, 2004; Weedon, 1987).

Currently, there is limited literature that provides in-depth descriptions of how researchers use FPSDA. In this paper, the methods of FPSDA will be outlined and described to document one approach to this qualitative analysis method. The aim is that this description will assist researchers who are new to FPSDA.

A brief discussion of feminist poststructuralism (FPS) will be provided, followed by a description of discourse analysis. Next, FPSDA will be described and with an explanation of how it was used during the author’s doctoral research. Trustworthiness and the strengths and limitations of FPSDA will also be discussed. Finally, strategies to assist with the use of FPSDA in qualitative research will be shared.

2. Background

2.1 Feminist Poststructuralism

Feminist poststructuralism (FPS) is a philosophical perspective and methodology (Olliver et al., 2019). Feminisms and poststructuralism can be located within a critical paradigm, where critique is used for the transformation of inequitable societal structures (Guba & Lincoln, 1994).

Transformations can lead to emancipation from systems and structures that limit or reduce individuals and communities from flourishing (Guba & Lincoln, 1994).

For the author's doctoral research, FPS was informed by Weedon (1987), Foucault (1982), Cheek (2000), Butler (2007), and Collins and Bilge (2016). Weedon (1987) described FPS as "...a mode of knowledge production which uses poststructuralist theories of language, subjectivity, social processes and institutions to understand existing power relations and to identify areas and strategies for change," (p. 40). Building on this description and the works of the cited authors, important FPS concepts include gender, relations of power, discourse, subject positions, and language.

Weedon (1987) described gender as a social construction that has multiple defining features depending on the discourse in which it is located. Understanding gender as a social construct means that definitions of gender are not limited to biological sex differences, the meanings of gender are fluid and performative (Butler, 2007). Gender and factors such as race, class, disability, education intersect and influence our experiences within the world (Collins & Bilge, 2016). This conceptualization of gender is congruent with the feminist poststructuralism conceptualization of language (see below) and contributes to understandings of the meanings of concepts as fluid not fixed.

Relations of power is a concept that describes power as dynamic, fluid, and contextually specific (Foucault, 1982). For Foucault (1982), power is always in relation to individuals and/or groups, in terms of to how it is communicated, and how it is transmitted through bodies or instruments. Foucault (1982) argued that power is always productive, and it is deeply rooted in social networks and systems.

Cheek (2000) described discourses as "common assumptions which, although they may be so taken for granted as to be invisible, provide the basis for conscious knowledge," (p.23). Not all discourses are equal or have the same level of authority (Cheek, 2000; Weedon, 1987). However, discourses do shape our understandings of the world (Butler, 2007; Guba & Lincoln, 1994) and influence the production of knowledge (Cheek, 2000; Mills, 2003).

A person's subject position is influenced by the discourses that regulate their ideas and behaviors. Our subject positions in relation to discourses inform our worldviews and our decisions to support or resist discourses (Weedon, 1987). Subject positions inform discourses and when individuals allow themselves to be regulated by a discourse, their subjectivity is made clear (Weedon, 1987).

Language is used to express knowledge (Cheek, 2000) and the meanings of experiences (Weedon, 1987). Language is always situated within historical and social contexts (Weedon, 1987). Universal meanings are difficult to assign to any aspect of language (words, phrases, etc..) because of the many languages that exist and multiple meanings for words (Weedon, 1987). Discourses are communicated through language and language is communicated through texts. Texts have multiple forms such as written words, artwork, and conversations (Cheek, 2000).

Feminist poststructuralism is used to critique the ways in which relations of power are created and reinforced through dominant discourses (Weedon, 1987). FPS also provides a theoretical gaze to examine historical, cultural, and social contexts (Weedon, 1987) as they relate to discourses, relations of power, and gender. FPS can be used to challenge, and resist established discourses, their meanings, and the relations of power that reinforce oppressions (Weedon, 1987).

2.2 Discourse Analysis

Discourse analysis provides methods to analyze textual data within their specific contexts (Cheek, 2000). Discourse analysis can account for social, historical, institutional, and personal influences within an identified context (Cheek, 2000). Given the role that discourses have in shaping our understandings and experiences of the world (Cheek, 2000), it is important to recognize the role that discourses play in shaping values, beliefs, and knowledge (Crowe, 2005). Values, beliefs, and knowledge then influence the practices of individuals (Crowe, 2005), in other words, the actions and reactions of people are informed by their values, beliefs and knowledge.

There are many ways to conduct discourse analysis. Cheek (2000) has talked about the challenge in using discourse analysis to analyze data because there are no absolute guidelines about how to do it. There are no step-by-step instructions (Crowe, 2005) that, if followed, indicate rigor of the analysis. Aston (2016) argues that her approach to FPSDA is fluid and rejects linear applications of FPSDA. Although Aston (2016) offers a guide for FPSDA, she cautions that it is not a step-by-step prescription for analysis.

2.3 Feminist Poststructuralist Discourse Analysis

Feminist poststructuralist discourse analysis (FPSDA) integrates a feminist poststructuralism theoretical perspective with discourse analysis methods. A FPSDA approach was created by Megan Aston (2016) during her graduate studies. She developed FPSDA as an analytical method that integrates FPS concepts with deconstructive elements of discourse analysis. Aston has revised her approach over time and has made significant contributions to nursing and health research using FPSDA (Aston, 2016; Aston et al., 2018; Aston et al., 2016; Aston et al., 2015; Aston et al., 2014; Cheek & Aston, 2024; Kohi et al., 2017; Macdonald et al., 2019; Mbekenga et al., 2018; Mselle et al., 2017).

The author was introduced to FPS and FPSDA by Aston introduced FPS and FPSDA and gained experience using FPSDA during a research study led by Aston (Kohi et al., 2017; Macdonald et al., 2019; Mbekenga et al., 2018; Mselle et al., 2017). Aston served on the author's thesis committee for her doctoral research (Macdonald, 2019) and mentored her in her use of FPSDA.

3. Using Feminist Poststructuralist Discourse Analysis

3.1 Why Use Feminist Poststructuralist Discourse Analysis?

For her doctoral research, the author conducted an instrumental case study (Stake, 1995) to understand collaboration between midwives and nurses in Nova Scotia, Canada. The research question was, how do midwives and nurses collaborate in Nova Scotia? The study was focused on the experiences of midwives, nurses, mothers, stakeholders, and a doula. FPSDA was used to deeply examine and deconstruct the experiences of the participants within their contexts.

Following ethical approvals (Nova Scotia Health Authority #1022738, IWK Health Centre #1022738, University of Ottawa # H12-16-13) recruitment and data collection began. The author analyzed transcripts from 17 individual interviews and 24 documents. All transcripts and documents were password protected and stored on a password protected computer. All participants provided written consent prior to being interviewed. All identifying information was removed from transcripts, pseudonyms were used for transcripts.

The following description of analysis is specific to how the author used FPSDA to analyze the transcripts of the individual interviews. Her approach to FPSDA is informed by Aston's (2016) however, Aston's guidelines were not applied in a linear fashion. FPSDA is a layered, iterative, fluid, dynamic and circular process. The author revisited the layers and stages of analysis multiple times, and she was reflexive throughout the process.

3.2 How to Use Feminist Poststructuralist Discourse Analysis?

FPSDA will be described as stages illustrated in Figure 1. It is important to note that the analysis involved moving between and within each of the stages. The beginning point was the identification of the issues, and the end point was writing the findings.

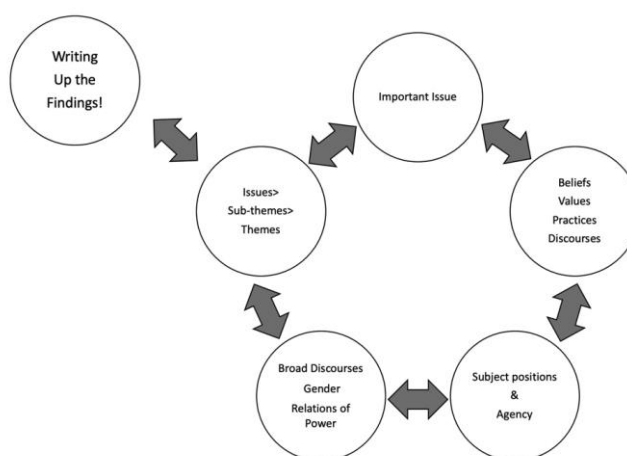


Figure 1. Circle of FPSDA

The analysis began with listening to the audio-recordings of the interviews and reading the transcripts of the interviews. The author listened to each interview when she read the transcript for the first time. She also listened to the interviews for clarification or to understand nuances of what was written in the transcripts.

The transcript from each participant's interview was analyzed individually, focusing on one transcript at a time. This allowed the author to pay close attention to the words the participant used and the specific context of each participant. Analysis began during data collection and transcripts were reviewed and analyzed in the order they were conducted.

3.2.1 Identification of Issues and Deconstruction

Informed by Aston's (2016) description of FPSDA, for each transcript, issues that were important to the overall research question and/or the participant were identified first. The issues corresponding to direct participant quotations were identified through close readings of the transcript. Each transcript had multiple important issues identified within.

Next, each issue was deconstructed, independently. The direct participant quotation associated with each issue was examined and then the beliefs, values, practices (actions) and discourses within the quotation were identified. This involved reading and reflection, to ensure that what was identified was informed by the participants' words. This part of the analysis was revisited several times for each participant's transcript.

Next was an exploration of the subject position of each participant and an examination of how they used their agency to act or react to the experiences they described. Their agency was often tied to their subject position, so it was important to consider both concepts together. For example, in Daisy's participant quotation below, she positioned herself as a nurse, and because of that subject position, she used her agency to take the lead in charting. This part of the analysis required a circular approach of reading, reflecting, and revisiting the participant quotations and the meanings of the words the participants used.

Each participant quotation was examined more broadly for discourses, comparing what the author was seeing at this stage with what she had seen at the beginning of her analysis. Also considered, was how gender influenced the participants' experiences and the language they used to describe what their experiences were. It was helpful to look at the practices of the participants and their use of agency to identify the relations of power in the participant quotations and any tensions in the experiences they described. The analysis built on previous layers of analysis and ensured a fluid engagement throughout.

3.2.2 Putting it all together

Once all issues were identified and deconstructed, new documents were created for each participant which included a summary of Issues and their deconstructions (beliefs, values, practices, and other FPS concepts) of direct participant quotations (See Table 1).

Table 1. Summary of Issues and Deconstruction.

Daisy (Nurse)	
Issue	Deconstruction of an issue
Things definitely change in the hospital	Belief – hospital births are more structured and formal due to policies, procedures and guidelines, relationships and collaboration with midwives were more formal due to the institutional structures,
	Value – her familiarity with electronic charting in hospital, contributions to births through charting
	Practices – assumes the role of charting when working with a midwife, present and adaptive to birthing woman's needs, can stand aside until needed
	Subject position – a nurse with electronic charting expertise and knowledge of institutional policies and guidelines
	Agency – assumed the role of documentation through electronic charting
	Gender – historically gendered roles of nurses (females) who assisted physicians (male)
	Discourse – institutional discourse of formality and structure

Next, a summary document of issues and corresponding discourses for each participant (See Table 2) was created. This was used to keep track of the issues and associated discourses identified in each transcript.

Table 2. Summary of Issues and Discourses

Chelsea (Midwife)	
Issue	Discourses
1. My role in the space is compromised	Collaboration. Hierarchy
2. Nurses and navigating the institution	Collaboration. Integration. Flexibility/inflexibility of work environments
3. Negotiating the crossover	Flexibility of roles/skills. Role clarity
4. Midwives are not nurses	Midwifery is distinct and separate from nursing. Autonomy
5. Building relationships – learning with and from nurses	Interprofessional learning. Trust.
6. Protecting clients from negativity	Professionalism. Gender and gossip.
7. Owning the space	Owning the space. Choice of birthplace.
8. Kind of a different way of working	Midwifery philosophy of care. Professionalism.
9. Maintaining harmony	Hierarchy. Positive birthing experiences.
10. It just flows differently... they get our philosophy	Shared experiences build trust. Midwifery philosophy of care. Normal birth.
11. Keeping an open mind about sharing the space	Empathy. Openness. Safe birthing space. Inclusion
12. Negotiation a negative experience	Professionalism.
13. Stand up for midwives	Advocacy. Education. Nursing as trusted profession.
14. Hierarchy and the history of midwifery	Hierarchy. Integration. Midwifery philosophy of care.

Together, the documents like those illustrated in Tables 2 and 3 were used, in addition to the transcripts, to inform the creation of sub-themes and to supporting writing up of each subtheme and theme. Participant quotations in the dissertation were all lengthy and reflect the depth and richness of the interviews which also illustrated the context of the data. The presentation of the issues used to support each sub-theme were written in a way that described each issue, and its deconstruction (beliefs, values, practices, etc..), like how each has been described in the examples below.

Once the identification and deconstruction of issues were completed, sub-themes were created by grouping issues of conceptual similarity together. Sub-themes with conceptual similarity were then grouped into main themes (see Figure 2). Each sub-theme was supported in the findings through the presentation of supporting issues and deconstruction of the corresponding participant quotations.

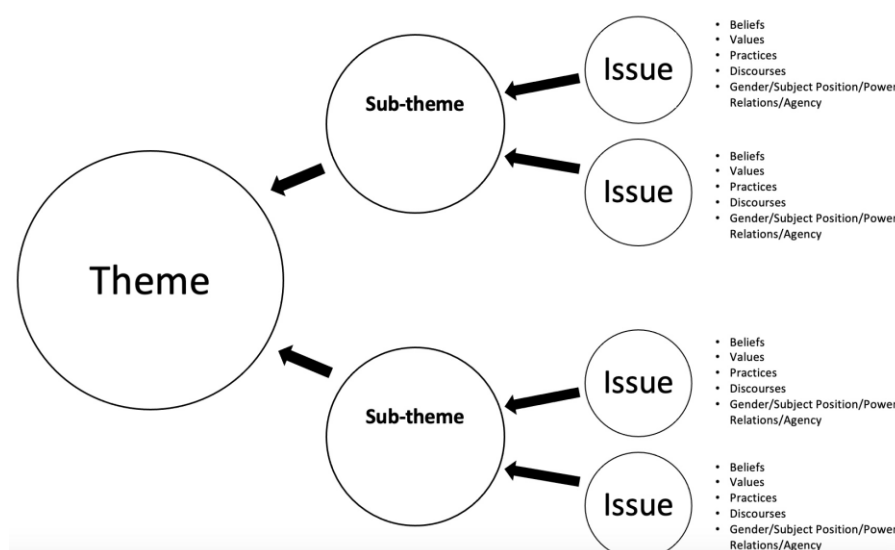


Figure 2. FPSDA Analysis.

In the author's doctoral research study, 276 issues were identified across the 17 transcripts. Similar issues were grouped into 11 sub-themes. Similar sub-themes were then grouped in four main themes (see Table 3).

Table 3. Main themes & Sub-themes (Macdonald, 2019, p. 123).

Main Theme	Sub-themes
Negotiating roles and practices: 'Every nurse is different, every midwife is different, every birth is different'	'A constant negotiation' of roles
	'Crossover' of skills and practices
	Communication and 'good anticipating'
Sustaining relationships: 'The more we can just build relationships with one another'	Testing trust, 'if they did not trust us, they would not sign up'
	Midwives depending on nurses, 'we could not do our job without them'
	Needing more opportunities together, 'they are not the unknown anymore'
Reconciling systemic tensions: The medical model and the midwifery model	The (in)visibility of collaboration & 'the best kept secret'
	Resisting and accepting institutional expectations
	The 'medical approach versus the midwifery approach'
Moving forward: A modern model for nurses and midwives working together	'The (birthing) culture has changed'
	Advocacy, 'allies and advocates'

The final part of the analysis was writing the findings. The author wrote about the issues and used direct participant quotations that best exemplified each sub-theme, describing how the participant quotations illustrated each of the FPSDA concepts and how that related to collaboration between midwives and nurses.

3.2.3 Organization & Mentoring

There was a lot of data to organize for this study. Other researchers often rely on data software programs such as NVivo to manage large quantities of data. The author used Microsoft Word to organize the interview data. Transcripts were reviewed and analyzed as Microsoft Word documents and analysis was added in the form of comments. To keep the text as close to its original source (transcript) and participant as possible, the author worked with the original transcripts to understand and maintain the context of each participant.

The author consulted with her supervisor and Aston throughout the entire analysis process. The three of them analyzed two transcripts independently and then met to discuss their analysis to ensure that the analysis reflected the depth required for FPSDA. All three met to review preliminary sub-themes and themes were completed.

4. Examples of Analysis Application

Following are two examples of how FPSDA was applied to two participant quotations. The analysis has been abbreviated for space however, the aim is to provide the reader with a sense of how FPSA may be applied. Neither participant quotation has been published elsewhere, both quotations have appeared in the author's doctoral thesis (Macdonald, 2019). Additional study findings from her doctoral thesis have been published (Macdonald & Etowa, 2021; Macdonald, 2022).

First, will be the identification of each of the following FPSDA concepts within each of the exemplar participant quotations. FPSDA began with the identification of the issue, and then its deconstruction through the identification of the belief, value, practices, discourses. Following each example, is a short synopsis that will include the previously mentioned FPS concepts, this will also be abbreviated, for the complete presentation of the findings please refer to the author's doctoral thesis (Macdonald, 2019).

4.1 Daisy – *Things Definitely Changed in the Hospital*

Daisy was a Registered Nurse. She worked with midwives in both hospital and home settings during labour and birth. In this quotation, she describes how the birth setting influenced her experiences collaborating with midwives.

“There's not much difference. I mean, if it's a low intervention birth at the hospital we can ... there's a little bit more ... there's like the computer element of charting versus just having the paper chart over to the side. I usually take that role. They do some computerized charting, they have access to everything but I just feel like, well, I can do that.... In the hospital. I'm more familiar with it. And I find sometimes I can just stand off to the side, sometimes I can be there, like it all depends on the scenario and what the woman needs. But things definitely change in the hospital, it's a little bit more structured, a little bit more ... there's the policies and procedures and practice guidelines that are ... or the hospital's practice guidelines. Midwives have practice guidelines too, I don't want to sound like they just do whatever they want, but there's a little bit more of a structure and formality to our relationship and the collaboration, but it's not that different” (citation, p. 18).

Daisy *believed* that hospital births were more structured and formal due to the policies, procedures, and practice guidelines of the hospital – “But things definitely change in the hospital, it's a little bit more structured, a little bit more ... there's the policies and procedures and practice guidelines that are ... or the hospital's practice guidelines.” She *believed* that this structure and formality influenced a more formal relationship and collaboration with midwives – “but there's a little bit more of a structure and formality to our relationship and the collaboration...” Daisy *valued* her familiarity with computerized charting and her contributions to electronic charting at births – “In the hospital. I'm more familiar with it...” Daisy's *practice* was to take the role of documentation using electronic charting when she worked with a midwife in the hospital – “I usually take that role...” Daisy's *practice* was to be present and adaptive to the birthing woman's needs when she worked with a midwife during a hospital birth – “And I find sometimes I can just stand off to the side, sometimes I can be there, like it all depends on the scenario and what the woman needs...” There was an institutional *discourse* of formality and structure that influenced the way that Daisy experienced collaboration with midwives during hospital births. This institutional discourse was established and reinforced by hospital policies, procedures and guidelines that provided expectations and structure for the practices of midwives and nurses. Daisy identified structure and formality in her experiences of collaboration with midwives in the hospital.

Daisy positioned herself as a nurse, with familiarity and expert knowledge about the institutional processes (computerized charting) and structure reflected in the hospital policies and guidelines. She used her agency to take the charting role in the hospital because of her familiarity and knowledge about computerized charting. Daisy talked about standing to the side until she is needed, this may be reflective of historical gendered roles where nurses (female) were trained and socialized to be helpful and on standby to assist physicians (male) when they were needed.

4.2 Chelsea – *It Just Flows Differently... They Just Get Our Philosophy*

Chelsea was a Registered Midwife. She worked with nurses at home births and hospital births. In this quotation, Chelsea describes her experiences working with nurses who attend both home and hospital births.

“So it's and I would say like it just, it just, I do find it that when I'm working on the birth unit with one of the nurses who is also a second attendant there's just a real ease of practice. It just flows differently. It's just, they get, it's just like it's not just about the clinical skills or the supportive care it's like the whole philosophy of what midwifery is and how we serve our clients. They're already there, I don't have to explain to them why I'm doing informed choice about an IV, you know? I don't have to explain, why I am giving my client another moment to come to terms with a particular decision in terms of you know taking up time when we could have already gotten to what we're getting to, you know? They get our philosophy. They share, I would assume, that they share, a philosophy with us and that's why they're working with us in that intimate way” (citation, p. 19).

Chelsea believed that the Registered Nurses who were Second Attendants at home births understood how midwives work and share a birthing philosophy with midwives – “They get our philosophy. They share, I would assume um, that they share, a philosophy with us...” Chelsea valued opportunities to work with nurses who shared the midwifery philosophy of birth and birthing care. She valued a feeling of ‘ease’ when she worked with nurses who understood how midwives work – “..there's just a real ease of practice...” Chelsea’s practice changed when she worked with nurses who understood midwifery. She did not explain to nurses who understood midwifery why she did informed consent with a client when starting an iv because the nurse who understood the midwifery philosophy already knew how this practice aligned with midwifery care – “I don't have to explain to them why I'm doing informed choice about an IV...” The midwifery discourse of birthing care is informed by a midwifery philosophy where informed choice, woman-centered care, and choice of birthplace are valued. A shared understanding of the midwifery discourse with nurses who worked as second attendants at home births influenced Chelsea’s experiences of collaboration with nurses. This shared understanding with the nurse meant the nurse understood midwifery and Chelsea did not need to justify her actions to her.

Chelsea clearly positioned herself as a midwife. She used her agency to determine when she explained to nurses why she did informed consent for ivs with birthing people. She did not feel the need to provide this explanation when she worked with nurses who were second attendants at home births and already understood midwifery and the midwifery philosophy of care. Gender was reflected in Chelsea’s recognition of how the woman-centered approach to care, centering birthing people as decision makers was different from the historically paternalistic medical approach to care and she made space to explain the differences in midwifery practice which reflected a woman-centered approach to nurses who were socialized within a medical approach to birthing care.

5. Trustworthiness & Rigor

The aim of this research was to develop a deep understanding of collaboration between midwives and nurses in Nova Scotia. The aim was not to produce generalizable findings. Trustworthiness was addressed in several ways. To ensure the credibility, multiple sources (participants representing different perspectives) were used.

For transferability thick descriptions of the findings, reflecting the different elements of FPSDA were provided. For dependability and confirmability, field notes during data collection and analytical notes during analysis were maintained. The author reviewed these notes during analysis to ensure reflexivity. These concepts and the practices described are aligned with historically accepted norms for maintaining trustworthiness in qualitative research (Adler, 2022).

For rigor the author used questions developed by Crowe (2005) to interrogate the analytic rigor of her use of discourse analysis. Crowe's (2005) questions highlight different aspects of interpretation and methodology as they relate to rigor. Crowe (2005) developed this approach for rigor in discourse analysis to address the actuality that multiple interpretations can be made about the same texts. Crowe's (2005) questions related to interpretive rigor include: Have the linkages between the discourse and findings been adequately described? Is there adequate inclusion of verbatim text to support the findings? Are the linkages between the discourse and the interpretation plausible? Have these linkages been described and supported adequately? How are the findings related to existing knowledge on the subject? Crowe's (2005) questions related to methodological rigor include: Does the research question 'fit' discourse analysis? Do the texts under analysis 'fit' the research question? Have sufficient resources been sampled, e.g. historical, political, clinical? Has the interpretative paradigm been described clearly? Are the data gathering and analysis congruent with the interpretative paradigm? Is there a detailed description of the data gathering and analytical processes? Is the description of the methods detailed enough to enable readers to follow and understand context? For this study, the author engaged reflexively with each of the questions throughout the analytic process to ensure that the analysis was rigorous. She also had regular meetings with both Aston and her supervisor.

6. Strengths & Challenges

There were several strengths of using FPSDA. First, the author received mentoring in the use of FPSDA during her doctoral research. Previous experience using FPSDA also helped the author anticipate how to organize and work with the data. FPSDA enabled her development of in-depth understandings of a phenomenon and the context in which that phenomenon occurred, which aligned with case study. The dynamic, layered, cyclical and reflexive process of FPSDA ensured a close examination and deep understandings of the data.

The feminist aspect of FPSDA was also a strength. Including a feminist gaze oriented the analysis to consider how historical, social, and institutional discourses, which often reinforce hegemonic patriarchal and paternalistic values, influenced the values, beliefs, and practices of the participants. In health research this is important because of the historically patriarchal and hierarchical structures embedded within health care roles, relationships, and systems (Shaw, 2013). For example, Shaw (2013) has described the historically patriarchal and hierarchical nature of the medicalization of birth which occurred because of births moving from home to hospital, and midwives (female) being replaced with physicians (male).

Challenges included the amount of time required to deeply engage in FPSDA. Not all researchers have time to engage in FPSDA with the depth it requires. Another challenge was analyzing a large volume of data. Although 17 interviews do not seem like a lot of data, deconstruction involved in FPSDA requires detailed attention to and engagement with the data. When using FPSDA, more data is not necessarily better. Finally, the limited information about FPSDA, made planning for and carrying out the analysis challenging. Despite being mentored and having prior experience, it was still a challenge to engage in FPSDA.

7. Suggestions for Feminist Poststructuralist Discourse Analysis

First, plan and create a timeline for your analysis. Be flexible, initially the analysis may take longer than you anticipate, and you may need to adjust your timeline. Decide how you will identify, organize, and store your data and analysis, and be consistent. Keep notes of your analytical process. This audit trail is helpful as you move between transcripts and when you create sub-themes and themes. Seek mentoring from someone who has experience using discourse analysis. Immerse yourself in the data and the analysis process, FPSDA requires focus and time. Include a statement of your own subject position, so the reader is clear about your positionality and how it has influenced the analysis. Finally, when you write up your findings, use quotations from all the participants to ensure that all voices are represented.

8. Conclusions

In this account, one approach to FPSDA has been described to improve its visibility alongside a variety of qualitative methods of analysis. FPSDA provides critical qualitative analysis methods that can be used to analyze and deconstruct the meanings of text. These methods offer a process for an in-depth, critical examination of qualitative data. In the examples provided in this paper, the text refers to the transcripts generated by one-on-one interviews. The complexity involved in this analytical approach has been illustrated through descriptions of the process used, examples of the application of FPSDA, a discussion of trustworthiness and rigor, and through the identification of its strengths and limitations. This account offers qualitative researchers, particularly new and novice researchers a starting point for engagement with FPSDA. Sharing more accounts of the application of qualitative analysis methods, such as FPSDA, can enhance the confidence and experiences of learners.

9. References

- Adler, R. H. (2022). Trustworthiness in Qualitative Research. *Journal of Human Lactation*, 38(4), 598–602. <https://doi.org/10.1177/08903344221116620>
- Aston, M. (2016). Teaching Feminist Poststructuralism: Founding Scholars Still Relevant Today. *Creative Education*, 07(15), 2251–2267. <https://doi.org/10.4236/ce.2016.715220>

Aston, M., Etowa, J., Price, S., Vukic, A., Hart, C., MacLeod, E., & Randel, P. (2016). Public Health Nurses and Mothers Challenge and Shift the Meaning of Health Outcomes. *Global Qualitative Nursing Research*, 3,2 <https://doi.org/10.1177/2333393616632126>

Aston, M., Price, S., Monaghan, J., Sim, M., Hunter, A., & Little, V. (2018). Navigating and negotiating information and support: Experiences of first-time mothers. *Journal of Clinical Nursing*, 27(3-4), 640-649. <https://doi.org/10.1111/jocn.13970>

Aston, M., Price, S., Etowa, J., Vukic, A., Young, L., Hart, C., ... Randel, P. (2015). The Power of Relationships: Exploring How Public Health Nurses Support Mothers and Families During Postpartum Home Visits. *Journal of Family Nursing*, 21(1), 11-34. <https://doi.org/10.1177/1074840714561524>

Aston, M., Price, S., Etowa, J., Vukic, A., Young, L., Hart, C., ... Randel, P. (2014). Universal and targeted early home visiting: perspectives of public health nurses, managers and mothers. *Nursing Reports*, 4(1). <https://doi.org/10.4081/nursrep.2014.3290>

Butler, J. (2007). *Gender Trouble: feminism and the subversion of identity*. New York: Routledge.

Cheek, J. (2004). At the margins? Discourse analysis and qualitative research. *Qualitative Health Research*, 14(8), 1140-1150. <https://doi.org/10.1177/1049732304266820>

Cheek, J. (2000). *Postmodern and poststructural approaches to nursing research*. Thousand Oaks: Sage Publications, Inc. <https://doi.org/10.4135/9781452204895>

Cheek, J., & Aston, M. (2024). *Using poststructural approaches in applied research: Connecting theory, method and practice*. New York: Routledge.

Collins, P. H., & Bilge, S. (2016). *Intersectionality*. Cambridge: Polity Press.

Crowe, M. (2005). Discourse analysis: towards an understanding of its place in nursing. *Journal of Advanced Nursing*, 51(1), 55-63. <https://doi.org/10.1111/j.1365-2648.2005.03461.x>

Foucault, M. (1982). The Subject and Power. *Critical Inquiry*, 8(4), 777-795. <https://doi.org/10.1086/448181>

Graham, L. J. (2011). The product of text and "other" statements: Discourse analysis and the critical use of Foucault. *Educational Philosophy and Theory*, 43(6), 663-674. <https://doi.org/10.1111/j.1469-5812.2010.00698.x>

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. Lincoln (Eds.), *Handbook of Qualitative Research*. Thousand Oaks, California: Sage.

Kohi, T., Aston, M., Mselle, L., Macdonald, D., Mbekenga, C., Murphy, G., White, M., O'Hearn, S., Price, S., & Jefferies, K. (2017). Saving lives with caring assessments: How Tanzanian nurse-midwives and obstetricians negotiate postpartum practices. *Journal of Clinical Nursing*, 26(23-24), 5004-5015. <https://doi.org/10.1111/jocn.14000>

Licqurish, S., & Evans, A. (2016). "Risk or right": A discourse analysis of midwifery and obstetric colleges' homebirth position statements. *Nursing Inquiry*, 23(1), 86-94. <https://doi.org/10.1111/nin.12111>

Macdonald, D. (2022). Relationships, roles, and person-centred practices - Collaborative birthing care in Nova Scotia. *International Practice Development Journal*. 12(1). <https://doi.org/10.19043/ipdj.121.006>

Macdonald, D., & Etowa, J. (2021) Experiences of and visions for collaboration between midwives and nurses in Nova Scotia. *Women and Birth: Journal of the Australian College of Midwives*. <https://doi.org/10.1016/j.wombi.2020.10.004>

Macdonald, D. (2019). *Exploring collaboration between midwives and nurses in Nova Scotia: A feminist poststructuralist case study*. [Unpublished doctoral dissertation]. University of Ottawa.

- Macdonald, D., Aston, M., Murphy, G., Jefferies, K., Mselle, L., Price, S., O'Hearn, S., White, M., Mbekenga, C., & Kohi, T. (2019). Providing postpartum care with limited resources: Experiences of nurse-midwives and obstetricians in urban Tanzania. *Women and Birth: Journal of the Australian College of Midwives*, 32(3), e391-e398. <https://doi.org/10.1016/j.wombi.2018.07.016>
- Mbekenga, C., Aston, M., Macdonald, D., Jefferies, K., Price, S., Mselle, L., Murphy, G., Kohi, T., O'Hearn, S., & White, M. (2018). How Tanzanian Nurse-Midwives and Obstetricians Develop Postpartum Relationships With Women. *International Journal of Childbirth*, 8(1), 41-53. <https://doi.org/10.1891/2156-5287.8.1.41>
- Mills, S. (2003). Michel Foucault. London; New York: Routledge. <https://doi.org/10.4324/9780203380437>
- Mselle, L., Aston, M., Kohi, T., Mbekenga, C., Macdonald, D., White, M., Price, S., Tomblin Murphy, G., O'Hearn, S., & Jefferies, K. (2017). The Challenges of Providing Postpartum Education in Dar es Salaam, Tanzania: Narratives of Nurse-Midwives and Obstetricians. *Qualitative Health Research*, 27(12), 1792-1803. <https://doi.org/10.1177/1049732317717695>
- Ollivier, R., Aston, M., & Price, S. (2019). Let's talk about sex: A feminist poststructural approach to addressing sexual health in the healthcare setting. *Journal of Clinical Nursing*, 28(3-4), 695-702. <https://doi.org/10.1111/jocn.14685>
- Shaw, J. C. A. (2013). The Medicalization of Birth and Midwifery as Resistance. *Health Care for Women International*, 34(6), 522-536. <https://doi.org/10.1080/07399332.2012.736569>
- Stake, R. (1995). The art of case study research. Thousand Oaks, California: Sage Publications Inc.
- van Wijngaarden, E., van der Meide, J. ., & Dahlberg, K. (2017). Researching health care as a meaningful practice: Toward a non-dualistic view on evidence for qualitative research. *Qualitative Health Research*, 27(11), 1738-1747. <https://doi.org/10.1177/1049732317711133>
- Weedon, C. (1987). Feminist practice & Poststructural theory (2nd ed.). Oxford, UK: Blackwell Publishers Inc.

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