Katarzyna Walentynowicz-Moryl*

PREPARATION IS ALL?
THOUGHTS FROM A RESEARCHER'S EXPERIENCE

ABSTRACT: This article is an attempt to look at the concept of 'good preparation' for conducting research (especially qualitative research, but not only) and to answer the question: what does 'good preparation' for research mean? The inspiration to take up this issue was the author's belief that too little is written and said about the challenges that may arise during the design and implementation of research. In this paper, the author uses her own research experience, which she gained while working on her doctoral dissertation. She describes the different stages of her work, particularly emphasizing the challenges and difficulties she had to face. The content of the article shows how her approach to 'good preparation' for conducting research has changed. Ultimately, the author indicates that one of the possible, perhaps most useful answers to the question from her perspective is that 'good preparation' for research means learning the art of practicing patience, being open to changing assumptions and accepting the possible need to look for other solutions. The author would like this article to be understood as an invitation to exchange experiences.

KEYWORDS: 'good preparation' for research, research experience, research challenges, research difficulties, exchange of research experiences.

I have been teaching students research methodology for many years. I discuss with them the stages of the research process. I emphasize that this is a process that consists of many stages. I show what decisions they will have to make at each of them. I try to show that every decision has its consequences. I teach about research methods and their selection according to the research subject and research group. Whenever possible, I try to go through the practical preparation of research tools with students. However, I am nevertheless convinced that, in methodological articles, books and in the study program, far too little space is devoted to actual research practice. Too little is written and said about the challenges that may arise during the design and implementation of research. We are taught how to prepare and conduct research, to make choices that must result from reading the literature. Step by step. However, can we really be well prepared to conduct research, especially qualitative research? What does 'good preparation' for research mean? What do *we* mean by this? And is what we understand as good preparation for research really good preparation? Preparation, in the end, for what? I would like to propose one of many possible answers to this question. For this purpose, I will use the research experience that I gained while working on my doctoral dissertation, which is still very important for me and my scientific development. I would like this article to be understood as an invitation to exchange experiences.

* **Katarzyna Walentynowicz-Moryl** – University of Zielona Góra, Poland; e-mail: k.walentynowicz-moryl@wpps.uz.zgora.pl; ORCID: https://orcid.org/0000-0001-9824-1600.

The beginning – good preparation
for research is a guarantee of research success

It was 2011. I was convinced that I was well prepared theoretically and practically to independently carry out a research project. Some time before this, I had graduated with a master's degree in sociology and pedagogy. I had already had several experiences of carrying out quantitative and qualitative research designed by other researchers. I was also a member of a research team with which I co-created a research project from the beginning to the end. I knew what stages this task consisted of. I had to make many different choices on my own. However, I was also aware that I was an MA student. There was a supervisor under whom I worked. There were also other people who assessed my work. There was no doubt that I had become part of a rather rigid structure. And my position depended on others. That's why I knew that I had to be able to justify every choice I made by referring to literature. I was sure that I had to convince others that the choices I was making were right. At least that's what I was taught back then. This belief accompanied me until the end of the research project described here.

I started working on the research project by choosing a subdiscipline and theoretical perspective. I was interested in the sociology of medicine. I knew that my supervisor and people from the environment in which I worked at that time were not involved in this subdiscipline. My supervisor saw this as an opportunity for me – a chance to find my professional niche. However, I had concerns. After all, I had no one next to me with whom I could talk about my possible doubts. Therefore, I had already read a lot about the development of this subdiscipline in Poland and around the world. I especially wanted to find out what Polish sociologists of medicine were interested in. Of course, on the way I learned about different approaches to analysing health and disease phenomena. I was particularly interested in the interactionist approach, including the negotiation model of illness[1] (Skrzypek, 2011). I read about the assumptions of this model. At that time, I focused only on literature written in Polish. At the same time, I was looking for conferences organized by the community of Polish sociologists of medicine. I slowly began to participate in them, first passively as a listener, then actively preparing talks. Over time, I wrote the first of a number of texts related to considerations in this subdiscipline. These activities made me slowly start to feel more and more confident as a representative of medical sociology. However, the most

---

[1] In the negotiation model of illness, it is assumed that the individual has the opportunity to actively participate in the process of becoming an ill person. This is because "human beings are seen as individuals with the ability to think, define their situations and construct their behaviors based on their own definitions and interpretations" (Cockerham & Scambler, 2010: 7). In this model, the patient can negotiate his or her situation while interacting with the social environment, including the medical system.

important thing at that time was not my feeling. The most important thing was that I was no longer anonymous to representatives of this scientific community. At least that's also what I was taught back then.

The next months of 2011 passed. I was ready to begin the next stage of the research project. For me, the next steps were a natural consequence of my previous decision – choosing the negotiation model of the illness. The theoretical perspective I adopted directed me towards the interpretative paradigm and the qualitative research model. I knew the theoretical assumptions behind these, but I decided to deepen my knowledge, especially taking into account their use in research in the field of medical sociology. I focused again on literature written in Polish. However, when I started looking for research carried out using the negotiation model of illness, a problem arose. This was the moment when I first encountered a situation where there was little literature written in Polish that I could use. I naturally decided to look for literature written in English, given that I knew English quite well. This was the only reason I chose literature written in English. Of course, I first had to learn the specialized vocabulary used to describe the issue I was interested in, but I quickly came across articles thanks to which I learned three concepts used to analyse the phenomenon of disease – disease, illness and sickness[2] (see *e.g.*, Twaddle, 1994; Hofmann; 2002). After reading more closely about the meanings of these different terms, I knew that I wanted to study the experience of *illness* and not disease. I was interested in how a person interprets themself in a specific socio-cultural environment, among people with whom they negotiate the definition of the situation in which they find themself.

However, at the same time as I became certain that this choice was right, I became anxious. This was not a very popular approach in Polish medical sociology at that time. As a result, I was convinced that the only solution was to thoroughly justify my approach, and this required searching for more literature mainly written in English. Back then, over a decade ago, I used literature search tools such as Google Scholar and Google Books. And of course, I traditionally searched the bibliographies of the works I managed to find. Over time I came across more and more articles and books. However, there was an obvious problem – access to the texts. I could only rely on texts with full free access. I did not have, like just about everyone else, the financial resources to purchase access. I was aware that I only collected sources that I found and were freely available. Additionally, I found only a few articles written in Polish (see *e.g.*, Sokołowska, 1986; Uramowska-Żyto, 2009; Skrzypek, 2011). I told myself that I had

---

[2] Disease is defined as a pathological condition of the body that is subject to observation and verification. Disease is independent of the individual's subjective experiences (illness) and social definitions (sickness).

arguments, so I wouldn't be risking anything. However, the anxiety remained, in fact, until the day I received the last review of my doctoral dissertation.

Next, it was time to choose the subject of research and the research group. As it happened, I became interested in the experience of infertility. Why infertility? While browsing a news website, I came across a headline: "Infertility is a couple's problem, not just a woman's". I noticed then the uniqueness and complexity of this health problem. Yet, this was another moment when I encountered a situation where there was little literature in Polish that I could use. Articles written by representatives of medicine and by psychologists definitely predominated. I was interested, however, in the *social* aspects of this phenomenon. So, I started looking for literature written in English and very quickly I came across articles on the basis of which I decided that I definitely wanted to research the experience of infertility. This decision came about for two reasons. First, I had found an article that emphasized that infertility is an experience that is socially constructed in the process of negotiation with others (Greil, McQuillan & Slauson-Blevins, 2011). The second reason was that I found out about the opening of an Infertility Diagnostic Clinic in the city where I lived and worked. It was supposed to be a place that could be used free of charge by couples experiencing infertility. I thought that this would be the perfect place to look for couples willing to participate in the study I was planning. I treated it as a happy coincidence that was a 'reward' for my efforts so far. The anxiety I felt about choosing a theoretical approach decreased. Finally, I had further arguments.

Then, in accordance with what I had been taught, I created the main research goal and detailed problems. The choice of research method was also obvious to me. I was interested in the experience of infertility arising out of the negotiation of meanings conducted by people who found themselves in this situation. The research method had to be via qualitative interview. I planned to first conduct individual interviews with each person in each couple and then group interviews with the couple. It was time to thoroughly identify the space in which I was planning to recruit subjects for the study. I got all the information I could. I found out who I had to approach to get consent. I asked for all possible certificates confirming my identity as a researcher. I made an appointment. That day I learned that I would meet more than just people who would evaluate my work. I would also meet people who would determine whether I was able to achieve my goal at all. For the first time I experienced that *waiting* was part of the research. I had to wait over two hours for this first meeting because the head of the Department of Gynaecology and Obstetrics was operating. Ultimately, the meeting took place in a very friendly atmosphere. I presented the purpose of the research and the planned method of recruitment and interviewing. I received very enthusiastic consent to recruit subjects for the study and assurance that I would be provided with help and

support from medical staff. I felt that I had prepared for the research as best as I could. I couldn't wait to start the field phase of my research project.

The first attempt – good preparation for research, so where is the research success?

It was already September 2011. I had carefully planned what was going to happen next. As agreed with the head of the Department of Gynaecology and Obstetrics, I had an appointment with doctors working at the Infertility Diagnostics Clinic. I went to this meeting very confident in myself and my research idea. After all, I wanted to research an important issue, and in a place that was dedicated to helping people who were experiencing it. It turned out, however, that I had to wait again because some of the doctors were at the same time at another meeting. I waited patiently. When everyone was finally present, I heard that I only had a few minutes. After all, they were at work. Nevertheless, I enthusiastically presented the ideas behind the project and how I would like the recruitment process to proceed. I asked the doctors to tell patients during their visits that a research project was being conducted. I wanted them to encourage the patients to meet with me to find out the details. In my mind, I would then be waiting in the next room. However, the people at this meeting did not react in line with my expectations and the previous assurances of their superior. From the beginning, most of them questioned the validity of my research. They emphasized that they dealt with the diagnosis and treatment of infertility. That was their job, not helping me with my research. They didn't have time for this. I tried to convince them and negotiate with them. They finally agreed that at the end of each visit they would give the patients an envelope with information about the study and my contact details. I agreed and the next day I showed up with a box of envelopes. I handed it over and agreed to wait for interested patients to contact me.

A week, two, three passed. In the meantime, I was reading about research carried out in the hospital space, looking for inspiration and ideas. Nobody contacted me. I made an appointment with the head of the Department of Gynaecology and Obstetrics. Then another meeting with the doctors. I was already prepared this time to have to wait. At these meetings, I heard that the doctors had not shared the information about my research with any patient. There were no explanations. I received the box with the prepared envelopes back. I tried to convince and negotiate again. This time I received permission to be in the corridor during the clinic's opening hours and recruit patients myself. I had to change my research plan, for the first time. If I wanted to continue to be in this place, I had to adapt. The clinic operated twice a week for four hours. I was full of enthusiasm and belief that now everything depended only on me.

The first surprise for me was that I met only women there. No one told me about this before. I didn't even think to ask, because it was obvious to me that this was a space for couples. But there were no couples. Only women. Then I learned that infertility diagnosis there started with women and later focused mainly on them. Additionally, as my search for articles on this topic later confirmed (see *e.g.*, Greil & McQuillan, 2004; Jacob, McQuillan & Greil, 2007), women are much more likely to initiate the diagnostic process. It was also important that the clinic operated around noon. The vast majority of women had to take time off work or take a day off work during this time. Since the presence of the husband/partner was not necessary, they came on their own. During the first few visits, I talked to the women about their husbands/partners' participation in the study. Each of them was very skeptical of their husband/partner agreeing to participate in the study. After receiving such information and additionally reading articles about examining men in connection with their experience of infertility (see *e.g.*, Webb & Daniluk, 1999; Cousineau & Domar, 2007), I had to reconcile myself to the idea that I would only be able to talk to women[3]. I thus had to change my research plan, for the second time now. If I wanted to continue to be in this place, I had to adapt.

It was almost 2012. For three months, I was at the Infertility Diagnostic Clinic twice a week. A total of 25 visits. Whenever I saw the doctor who was visiting the clinic that day, I asked him to say during the visit that I was there. I wanted them to help me, at least in this way. I later found out from women that the doctors very rarely did this.

The clinic was located at the beginning of a long corridor, along which all women who were admitted to the Department of Gynaecology and Obstetrics passed. Also pregnant women. Women going home also passed through it. Including those with a newborn baby. Of course, also visitors. So, there was always traffic there. The extra person didn't surprise anyone. The women sat on chairs opposite one doctor's office. One entered the office, others came. I had time to talk to them while they were waiting for their appointment, because after it they were usually in a hurry to return to their daily responsibilities.

I counted every conversation I had. I talked to exactly 100 women during this time. These conversations went very differently, sometimes in a friendly atmosphere. These women were curious about the project and why I was doing it. Sometimes women didn't want to talk to me at all, without explaining why. Sometimes they reacted very emotionally. They blamed me for allowing myself to talk to them about such things.

---

[3] This does not mean that at various stages of the study I did not try to persuade men to participate. Only three agreed. Men who refused to participate stated as one of the reasons that I was a woman. They did not want to discuss matters related to their fertility with a woman. Then they said that they had difficulty sharing their experience with others, even people close to them. They also reported that they did not need to talk about their experience.

They thought my behaviour was inappropriate and an invasion of their privacy. There were also those who started crying, explaining that they were very nervous about the visit that awaited them. They couldn't think about anything else right then. I did not talk to every woman who was a patient of the clinic at that time. There were situations where my intuition told me that it was better not to approach someone who was definitely in a bad mental state. Sometimes I just couldn't bring myself to approach and start a conversation. There were also some women whom I had the opportunity to meet more than once.

Each subsequent visit to the clinic was more and more difficult for me. It meant confronting the difficult atmosphere that prevailed there, confronting the emotions that accompanied the patients, confronting medical staff who showed resistance to me at every encounter. Finally, confronting my own emotions. 72 women I talked to took envelopes from me with information about the study. They told me that they would read about the project and think about my request. Ultimately, 10 of them contacted me, and I only conducted 5 interviews. Conducting these interviews was a difficult experience. However, I knew it would be like that because I was researching a difficult, intimate topic. I have read many articles saying that this is a specific situation in which you need to be tactful and sensitive. I read about creating a relationship based on trust and creating an atmosphere for conversation. I thought I knew everything. However, knowing and experiencing are not the same. Already then, I began to believe that when writing about research, too little or no attention was paid to the challenges a researcher must face. After three months, I felt like my back was up against the wall. I only had 5 interviews. I asked myself how is this possible? After all, I was so well-prepared…

The second attempt – try again… good preparation for research is possible

It was already 2012. I was faced with a choice: to give up the experience of infertility as a subject of research or look for another place to recruit subjects. After talking to my supervisor, I knew I couldn't resign. I'd already expended too much work and time. Time was important, after all. I had a task that I didn't have unlimited time to complete. I asked myself: where can I look for people experiencing infertility? What can be done to make the recruitment process friendlier? How can I protect potential test subjects – but also myself – from having to confront a difficult situation? When I was considering research problems and interview scenarios, I had spent a lot of time browsing internet forums that brought together women with such experiences. I refer here to women on purpose, because at that time I found only one forum dedicated to male infertility. But only women were active *there* anyway. Then I saw how many women shared their

experiences in this space. However, at that time I didn't even think about conducting qualitative interviews online. For me, a qualitative interview meant only direct contact.

However, now I had had difficult experiences trying to conduct face-to-face interviews. So, I asked myself this question: will I be forced to change my research plans again? A third time? I started by analysing what knowledge I had about conducting research via the internet. During my studies, this topic rarely came up at all, and when it did – a few times at most – only in relation to quantitative research. I already had some experience in online research, but it had been quantitative research using an online questionnaire. I knew nothing about online qualitative research on the internet. My supervisor and people from my scientific community at that time also had no such experience, neither practical nor theoretical. And they were rather skeptical about this idea, but I felt that I had no choice. Once again, I found myself in a situation that required me to adapt.

As usual, I started searching for literature on online research. It turned out that in 2012 there were few articles written in Polish that were devoted to online research. Additionally, most of them discussed the use of quantitative methods in online research (see *e.g.*, Batorski & Olcoń-Kubicka, 2006; Szpunar, 2010). At that time, I found only single articles that concerned online qualitative methods, such as: online observation (Miller, 2012), or online focused group interviews (Olcoń, 2006). I found only two articles that mentioned an individual online interview (Żmijewska-Jędrzejczyk, 2004; Batorski & Olcoń-Kubicka, 2006). However, none of them discussed this research method[4].

During the search, I found out that there had been a discussion for years among methodologists about whether it is possible to use computer-mediated communication in qualitative research. Of course, there were two different positions on this matter (Batorski & Olcoń-Kubicka, 2006). I was sure that before I started conducting research using an online interview, I had to become familiar with the arguments of both supporters and opponents of this research method. Additionally, I needed to collect sources describing the use of online interviews. In this case, I could only rely on literature written in English, a foreign language I only knew well enough to read texts in. And there was straightaway a problem again: access to texts. I still did not have the

---

[4] This situation has not changed significantly at the time of writing this article. Based on the material I collected, I wrote an article mainly devoted to asynchronous online interviews (Walentynowicz--Moryl, 2017). Only the emergence of the coronavirus pandemic forced Polish qualitative researchers to become interested in online interviews. Recently, several articles have been published describing experiences of using this method (see *e.g.*, Ślęzak, 2021; Binder, 2022; Kalinowska et al., 2022). However, as Aneta Ostaszewska and Marta Pietrusińska emphasize, "many qualitative researchers in Poland are still quite skeptical about the possibility of reproducing the conditions of qualitative research related to direct contact in a situation of remote contact" (Ostaszewska & Pietrusińska, 2023: 38).

financial resources to purchase access, so again I could only rely on free access texts, natural selection of content that I simply had to come to terms with. Thus, I only collected sources I found that were freely available. Unfortunately, I had to accept that the freely available texts would obviously not be the latest, but I had no other option. On the positive side, they did allow me to gather many arguments for the use of online interviews (see *e.g.*, Curasi, 2001; Joinson, 2001; Bampton & Cowton, 2002; Opdenakker, 2006). Thanks to this, I felt more confident. Nevertheless, I have often encountered situations in which I have had to convince people about the validity of research using qualitative online interviews.

While searching for materials regarding online interviews, I learned that two types of interviews can be used – synchronous and asynchronous interviews. My first thought was that I wanted to use the synchronous interview. After all, it definitely looks more like a face-to-face interview. So, I had a clear plan of action again. Three months of 2012 had already passed. I worked through previously prepared interview scenarios. The next step was to start looking for women who would agree to participate in the study. In the initial phase of recruitment, I chose the three largest women's forums. Their space included threads dedicated to women experiencing various reproductive difficulties, including infertility. However, before I started the actual recruitment, I had to learn the rules of these online forums and I had to study the field again. I decided to register as a participant in these online spaces and once I was a registered user, I contacted the forum administration to obtain permission to conduct research. I knew that if I didn't do this, my activity might be blocked. The administrators asked me to provide information confirming that I was a researcher and information about what activities I would take on the forum. In each case, after providing this information, I obtained consent to conduct research. On each of these forums, I created a thread with information about the research and asked women who were interested to contact me. I couldn't wait to start the field phase of my research project! I couldn't wait to start conducting synchronous online interviews!

I had assumed that I would quickly find a group of women willing to participate in the study. However, at the beginning I encountered entries showing distrust towards me and my intentions. Some of the forum users referred to their experiences of having contact with people who conducted research using the internet. Very often they emphasised the temporary presence of these people on the forum. It became clear that before I could convince anyone to participate in the study, I had to gain the acceptance of the users of this space. This required systematic actions on my part. First of all, quick response to all and any doubts about my intentions that appeared in the entries. Second, presence and activity that allowed me to slowly build an atmosphere of trust in me and what I wanted to do. Over time, women interested in participating in the study

began to contact me. In the information about the study, I wrote that I would like to meet and talk on the subject via the instant messenger of her choice. However, the vast majority of women indicated that they would only agree to exchange private messages within the forum. For them, the forum was a familiar space where they felt "at home". And participation in the study would be an extension of their regular activities in this space. Obviously, I wanted the subjects to feel comfortable, so I agreed to this form of contact. However, this meant I had to change my research plans again.

The new situation meant that I had to reject the plan to conduct synchronous online interviews. Most women opted for an asynchronous online interview. So, I had to find out as much as possible about it. Already at the beginning, I found that conducting research using this technique could take much longer. It is impossible to complete the study with one respondent in one meeting (Morgan & Symon, 2004; Meho, 2006). Nalita James and Hugh Busher emphasise that conducting asynchronous online interviews is a demanding method of data collection (James & Busher, 2009). However, I decided that it was a chance to build a relationship that would foster honesty and openness with the women interviewed. I assumed, in line with the words of Joëlle Kivits (2005), that a researcher who decides to conduct an asynchronous online interview must be committed to the topic she is undertaking, to the relationship with the participants and to the interview process itself. Back then, I didn't fully understand the weight of these words.

I was more concerned, in fact, by the information that there are no uniform standards for conducting asynchronous online interviews yet. Lokman Meho (2006), summarizing the review of research carried out using asynchronous online interviews, emphasises that the method should be selected individually for each research project and the group of potential participants. I found studies indicating various ways of recruiting people for the study. No arguments were given as to whether any of them were more effective. I had to make a decision, so I decided to stick to the strategy I had chosen so far: creating threads on internet forums related to infertility and posting information about research there. Ultimately, after just a month, I conducted recruitment in parallel on no less than 16 online forums! I thought that thanks to this activity I would reach a very large number of potential interviewees and I would be able to start conducting many interviews very quickly. The way I saw it, obtaining theoretical saturation of the sample would then only be a matter of maybe two or three months at most. However, these initial optimistic assumptions were put to the test once again by research reality and my planned timetable turned out to be impossible to implement.

I systematically monitored the statistics of views of individual threads. After just a month, I had a total of over 10,000 views. Information about the study was eagerly read and commented on. However, after the initial interest, fewer and fewer potential

subjects started contacting me. And this, although I was still actively involved in the threads I created, writing on forums with women interested in my research project. Therefore, I decided to recruit respondents by sending private messages in addition to women who actively and systematically participated in discussions on topics related to reproductive difficulties. This, too, was a very time-consuming and labour-intensive task because it required following many threads and entries on many forums. However, I decided that my effort would be worth it. I had to be sure that the individually invited women were actually experiencing infertility, so I conducted recruitment in this way for five months. During this time, I sent 328 private messages, to which the vast majority of women did not even reply. Apart from the recruitment method itself, a particularly difficult experience for me as a researcher was dealing with the low level of response from internet forum users in relation to the amount of work involved. There were days, even weeks, when no one contacted me or responded to my private messages. The recruitment process required patience from me and repeated attempts to encourage participation in the research project. When I finished the recruitment process after six months, 49 women had expressed their willingness to participate in the study after reading the thread on the forum and 53 after receiving a private message. This, of course, did not mean that I managed to start an interview with all of these women, nor that I was able to see all such interviews through to the end.

Ultimately, I managed to start interviews with 36 women who expressed their willingness to participate in the study after reading the forum thread and 45 after receiving a private message. Once again, I had to decide for myself what the interviews would look like, because I could not find any convincing arguments in the literature for any of the methods. I chose to send one question in one message. I wanted the subjects to focus on only one question at a time. And I always had the opportunity to send additional questions. Essentially, I was afraid that sending the entire interview at once might discourage women from participating at all. The research implementation phase lasted ten months. For the first five months, I conducted recruitment and interviews at the same time. Women expressed their willingness to participate in the research project with varying intensity throughout the entire study period. Throughout the entire time spent researching, I was always conducting more than one interview at a time, with a maximum of ten participants interviewed simultaneously at one point. I quickly realized how laborious and time-consuming a task it is to conduct such research. For many months, I had the impression that it only existed inside internet forums and nowhere else.

The choice of asynchronous online interviews was an unforeseen necessity, at least at the beginning. To give the respondents a significant element of control over the course of the interview required my acquiescence. It was the women interviewed

who ultimately decided on the pace of the interview. I was almost always ready to ask them another question, but they had to reply first, which often meant waiting for their response. Roberta Bampton and Christopher J. Cowton (2002) write pointedly that the uncertainty inherent to this way of conducting research may cause the researcher frustration and anxiety. There were no guidelines in the literature on how a researcher should behave in this situation. It was recommended that you make your own decision. It was a question of maintaining a balance between, on the one hand, the researcher's desire to maintain an appropriate pace of dialogue and, on the other hand, leaving time for the respondent to respond. In these cases, I always experienced the dilemma of whether to send or not send a message to a participant. Most often, that's when I made up my mind to stop activities and wait for a signal from the person. It helped me that I could often determine what might have happened by tracking the subject's activity on the forum. Frequently, the information obtained in this way let me know that it was better not to write to the respondent right then, because she was presumably going through a difficult moment. The fastest I received an answer was after four minutes, the longest after over a month.

In the case of almost all of the interviewees, there were periods when they stopped communicating with me altogether. We cannot forget that the women who participated in the study were also trying to conceive. Therefore, some of them were subjected to repeated diagnostic procedures, some were in treatment, some were preparing for or undergoing assisted reproductive procedures. What was happening in the interviewees' lives had an obvious impact on their activity on internet forums and participation in the research project. During the study, I found out about both women's current failures and reproductive successes. Many times, I had to respect situations in which the subject wanted to stop the interview for some time due to an unfavourable test result, lack of pregnancy in the next cycle despite great hopes, or a miscarriage. There were also situations in which the subjects became pregnant, and this influenced the frequency of contact. In each case, it was the women who decided whether they wanted to continue the interview. Only when I suddenly stopped receiving replies, without prior notice, did I contact those women to find out the reason for their silence. In other cases, I patiently waited for the women's decision to continue the interview. Sometimes these breaks lasted only a day, but at times it could be weeks or – as in the case of the longest break – even a month. However, regardless of the length of the break, I returned to the study when the subjects wished to continue.

Spreading the duration of asynchronous online interviews also resulted in uncertainty about how many of them would ultimately be completed, that is, when all of my questions were asked. Of the eighty-one interviews I started, I managed to complete fifty. The women most often informed me when they wished to refrain from further

participation in the research project, giving me various reasons. The experience, for example, was simply too difficult for them; because they had received negative information related to their diagnosis or treatment; because they had lost the pregnancy or had *become* pregnant. Ceasing to participate in the project occurred at various stages of the interview. Often already at an advanced stage. I could only respect their decision and assure them that I would be able to continue the interview if they changed their mind. However, none of the women who withdrew from participating in the interview decided to resume their participation later.

The duration of individual interviews varied and depended largely on the length and progress of the women's reproductive experiences. Additionally, the diversity of the stories meant that I asked the subjects a different number of additional questions, asking for more elaboration on answers given or picking up on themes which arose unexpectedly. The interviewees also had different levels of involvement in my research. However, the most important factor influencing the duration of the interview was the individual situation of the interview participant. On average, I conducted each single interview over a period of one month and twenty-one days. The shortest interview took eight days, and the longest lasted five months and twenty-one days.

Drawing a conclusion to start a discussion: what does "good preparation for research" mean?

Ultimately, I managed to achieve research success. I prepared and carried out research that allowed me to achieve the research goal and answer the questions I posed[5]. Based on this research, I wrote a dissertation, thanks to which I obtained a Ph.D. So, if I achieved research success, I must have been well-prepared for research. True? It would seem to be so. However, I have fundamental doubts about whether this was the case. When I started thinking about my doctoral project, it never even occurred to me that along the way I would have to change my assumptions so many times and adapt to the limitations I would encounter. Would a well-prepared person have to change their assumptions so

---

[5] My Research Goal was stated as: Reconstructing the course of the women's experience of difficult procreation. At the outset, the individual research problems were as follows:1. How do women give their reproductive experience the meaning of difficult procreation? What contexts do they use to do this? 2. When does the stage of difficult procreation begin in women's reproductive experience? 3. What are the phases of experiencing difficult procreation? What challenges do women face in each phase of the experience of difficult procreation? 4. What institutions and contexts are important for women's construction of the experience of difficult procreation? 5. To what extent do the women adopt the perspective of the entities they involve in their own procreative experience? 6. What action strategies do the women adopt in connection with the adopted definitions of their situation? Research goal: To construct a typology of the women's experience of difficult procreation, which will take into account the characteristic elements of the course of this stage in the reproductive experience of the women.

many times? Would such a well-prepared person need to modify and adapt methods and constantly seek confirmation that change is possible and, above all, valuable?

It must be stated clearly that the definition of good preparation for research will differ depending on the stage the researcher is at in their scientific career. Different requirements are addressed to people starting their career and are distinctly different to those assumed for researchers who are already at a later stage. The intensity of variation in these requirements probably depends on the scientific community. I have described my experiences, placing them in the reality of one Polish university and one subdiscipline. And above all, I do this from my own perspective, which is not the only possible one. During the period of my scientific work described in the article, I felt, and sometimes still feel, that I had to convince others that the choices I was making were right. Good preparation for research means studying literature, but what kind? This reading is always selective. Is it possible to read everything on a given topic? And even if we try, there may be difficulties of an objective nature, such as, among others: the scope of literature in the native language; the ability to read in a foreign language/ foreign languages (and the assumption that all important texts are written in English and everyone can read in English); finally, access to literature – both knowledge of various ways of searching for texts and the possibility of obtaining financial resources to purchase access to paid items. Who should the bibliography you compile convince? People who participate in awarding scientific degrees, people from the scientific community, the researcher herself?

It can be assumed that good preparation for research means the ability to justify every choice at every stage of the research process based on the literature. Of course it can. But what if obstacles appear on the way to implementing such carefully planned activities? Objective or subjective conditions that will make it impossible to carry out the planned research activities. Maybe good preparation for research is the ability to anticipate all the challenges that may arise? But is this possible? Such an ability probably increases with research experience. But what about people who are just starting to gain this experience? It can be assumed that they will want to benefit from the experience of those who have more. But what research experience do academics share with other academics? Do we write about challenges that emerged during our own research work? Do we describe how we have taken action to deal with them and were we always successful? Do we talk out loud about the reality that there are dead ends in the research process and sometimes you can come up against a wall? I would like to see many more articles that go beyond presenting research problems, describing the selected research method, possibly the research group and presenting the results. Of course, each study is to some extent unique, but it is easier to make decisions when you are aware of the existence of various possible scenarios.

For most of the research experience described here, I had to react on an ongoing basis to the situations I found myself in. There were definitely moments when I could have predicted that a problematic situation might arise. Maybe I could have spent more time searching for literature. However, let us remember that we rarely have the luxury of doing research without time constraints. Time pressure is certainly an important element conditioning the definition of good preparation for research. Today I'm a more experienced researcher. I can already foresee more potentially problematic situations. But is the ability to anticipate possible difficulties a good preparation for research? This is definitely another important element but if we are able to predict something, does it automatically mean that we can prevent it? Maybe sometimes yes, but is it always possible? During our research experience, we meet various people whose consent and/ or favour are essential. And I don't just mean the subjects but everyone who must give consent to the research being carried out in some space, the many different gatekeepers. We would like them always to be friendly and helpful. Unfortunately, these are only our *wishes*.

The research I conducted taught me that ultimately what happens depends more on the people being studied than on us, the researchers. We can constantly read and learn, we can gain experience, but ultimately the person on the other side will decide whether they want to participate in our research project and how much insight she will give us into her world. You can go with this and accept a break or stop at any time. You are ultimately dependent on their wishes and their time frames. Researching is ultimately about waiting. Waiting for what the person on the other side will do, be it the other side of a desk, a large hall, or a computer screen. So maybe good preparation for research means being open to the experience of waiting? Means learning the art of practicing patience, being open to changing assumptions and accepting the possible need to look for other solutions. Of course, this is just one possible answer. There are probably many other possible answers.

References

Bampton, R. & Cowton, Ch.J. (2002) The E-Interview. *Forum: Qualitative Social Research* [online], 3(2). Available at: https://doi.org/10.17169/fqs-3.2.848.

Batorski, D. & Olcoń-Kubicka. M. (2006) Prowadzenie badań przez Internet – podstawowe zagadnienia metodologiczne. *Studia Socjologiczne*, 3(182), 99-132.

Binder, P. (2022) Wywiady online w badaniach jakościowych okresu pandemii: inkluzywny potencjał, zagrożenie wykluczeniem i jakość gromadzonych danych. *Kultura i Edukacja* [online], 3(137), 38-62. Available at: https://doi.org/10.15804/kie.2022.03.03.

Cockerham, W.C. & Scambler, G. (2010) Medical Sociology and Social Theory. In: W.C. Cockerham (ed.) *The New Blackwell Companion to Medical Sociology*. Oxford: Wiley-Blackwell, 3-26.

Cousineau, C.T. & Domar, A.D. (2007) Psychological impact of infertility. *Best Practice & Research Clinical Obstetrics and Gynaecology* [online], 21(2), 293-308. Available at: https://doi.org/10.1016/j.bpobgyn.2006.12.003.

Curasi, C.F. (2001) A critical exploration of face-to-face interviewing vs. computer-mediated interviewing. *International Journal of Market Research*, 43(4), 361-375.

Greil, A.L. & McQuillan, J. (2004) Help-Seeking Patterns among Subfecund Women. *Journal of Reproductive and Infant Psychology*, 44(4), 305-319.

Greil, A.L., McQuillan, J. & Slauson-Blevins, K. (2011) The social construction of infertility. *Sociology Compass* [online], 5(8), 736-746. Available at: https://doi.org/ 10.1111/j.1751-9020.2011.00397.x.

Hofmann, B. (2002) On the Triad Disease, Illness and Sickness. *Journal of Medicine and Philosophy* [online], 27(6), 651-673. Available at: https://doi.org/10.1076/jmep. 27.6.651.13793.

Jacob, M.C., McQuillan, J. & Greil, A.L. (2007) Psychological distress by type of fertility barrier. *Human Reproduction* [online], 22(3), 885-894. Available at: https://doi.org/10.1093/humrep/del452.

James, N. & Busher, H. (2009) *Online Interviewing*. London: Sage Publications.

Joinson, A.N. (2001) Self-disclosure in computer-mediated communication: The role of self-awareness and visual anonymity. *European Journal of Social Psychology* [online], 31(2), 177-192. Avaible at: https://doi.org/10.1002/ejsp.36.

Kalinowska, K., Bielska, B., Męcfal, S. & Surmiak, A. (2022) Czy badać? Co badać? Jak badać? Strategie badawcze w naukach społecznych i humanistycznych w pierwszej fali pandemii COVID-19. *Przegląd Socjologii Jakościowej* [online], 18(4), 34-59. Available at: https://doi.org/10.18778/1733-8069.18.4.02.

Kivits, J. (2005) Online Interviewing and the Research Relationship. In: Ch. Hine (ed.) *Virtual Methods: Issues in Social Research on the Internet.* Oxford: Oxford University Press, 35-50.

Meho, L.I. (2006) E-Mail Interviewing in Qualitative Research: A Methodological Discussion. *Journal of American Society for information Science and Technology* [online], 57, 1284-1295. Available at: https://doi.org/10.1002/asi.20416.

Miller, P. (2012) Wprowadzenie do obserwacji online: warianty i ograniczenia techniki badawczej. *Przegląd Socjologii Jakościowej* [online], 8(1), 76-97. Available at: http://www.qualitativesociologyreview.org/PL/Volume18/PSJ_8_1_Miller.pdf [19.11.2023]

Morgan, S.J. & Symon, G. (2004) Electronic interviews in organizational research. In: C. Cassel & G. Symon (eds.) *Essential Guide to Qualitative Methods in Organizational Research.* London, Thousand Oaks, New Delhi: Sage Publications, 23-33.

Olcoń, M. (2006) Zogniskowane wywiady grupowe online – charakterystyka techniki badawczej. In: Ł. Jonak, P. Mazurek, M. Olcoń, A. Przybylska, A. Tarkowski & J.M. Zając (eds.) *Internet – społeczne aspekty medium*. Warszawa: Wydawnictwa Akademickie i Profesjonalne, 43-60.

Opdenakker, R. (2006) Advantages and Disadvantages of Four Interview Techniques in Qualitative Research. *Forum: Qualitative Social Research* [online], 7(4). Available at: https://doi.org/10.17169/fqs-7.4.175.

Ostaszewska, A. & Pietrusińska, M. (2023) Wywiad online jako nowa rzeczywistość badawcza w kontekście badań nad feminizacją pandemii. *Studia Socjologiczne* [online], 3, 37-58. Available at: https://doi.org/10.24425/sts.2023.147160.

Skrzypek, M. (2011) *Perspektywa chorego w socjologii choroby przewlekłej*. Lublin: Wydawnictwo KUL.

Sokołowska, M. (1986) *Socjologia medycyny*. Warszawa: Państwowy Zakład Wydawnictw Lekarskich.

Szpunar, M. (2010) *Internet w procesie realizacji badań*. Toruń: Wydawnictwo Adam Marszałek.

Ślęzak, I. (2021) Zło konieczne, substytut, szansa – wykorzystanie komunikatora Skype w badaniach jakościowych. *Przegląd Socjologii Jakościowej* [online], 17(4), 88-113. https://doi.org/10.18778/1733-8069.17.4.05.

Twaddle, A. (1994) Disease, Illness and sickness revisited. In: A. Twaddle & L. Nordenfelt (eds.) *Disease, illness and sickness: three central concepts in the theory of health*. Linköping: Linköping University, 1-18.

Uramowska-Żyto, B. (2009) Socjologiczne koncepcja zdrowia i choroby. In: A. Ostrowska (ed.) *Socjologia medycyny. Podejmowane problemy, kategorie analizy*. Warszawa: Wydawnictwo IFiS PAN, 65-86.

Walentynowicz-Moryl, K. (2017) Indywidualny wywiad online – technika asynchroniczna. *Relacje. Studia z nauk społecznych*, 3, 55-65.

Webb, R.E. & Daniluk, J.C. (1999) Infertile Men's Experiences of Being Unable to Produce a Child. *Men and Masculinities* [online], 2(1), 6-25. Available at: https://doi.org/10.1177/1097184X99002001002.

Żmijewska-Jędrzejczyk, T. (2004) Badania Internetowe. In: P.B. Sztabiński, F. Sztabiński & Z. Sawiński (eds.) *Nowe metody, nowe podejścia badawcze w naukach społecznych*. Warszawa: Wydawnictwo IFiS PAN, 241-260.