

질적연구에서의 메타연구

군산대학교
박영례

Meta-study?

- ▶ 목적: 이론을 개발 하여 **임상에 적용**하고자 함
 - 해석학적, 구조주의적 관점에서 시작
- ▶ 전제: 하나의 객관적인 현상이나 진리는 없다.
 - 다양한 reality가 있다.
 - 여러 사회적, 문화적 요소, 이데올로기적 맥락, 사회구성원으로서의 신념, 가치체계 등이 어우러져 있다.

Research integration

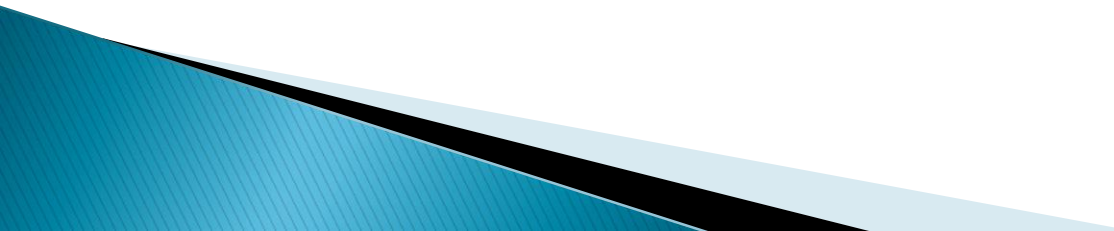
- ▶ Focus– *study findings*
- ▶ Primary data– *findings*
- ▶ Orientation to data– *empirical*
- ▶ Method examples– *qualitative metasummary and metasynthesis*
- ▶ Product examples– *evidence synthesis*



Research integration이

근거중심의 정책이나 실무에 많이 이용되고 있음

Meta-study

- ▶ Focus– *study studies*
 - ▶ Primary data– *various elements of research reports*
 - ▶ Orientation to data– *discursive*
 - ▶ Method examples: *meta-theory, meta-method, citation analysis, discourse analysis*
 - ▶ Product examples– *critique, intellectual history*
- 

Meta-study의 구성

▶ Data의 단위가 primary qualitative research

① **Meta-data-analysis**

; Research finding에 대한 분석

② **Meta-method**

; Research methods에 대한 분석

③ **Meta-theory**

; Theoretical and analytical framework에 대한 분석

➡ **Meta-synthesis**

; interface, linkages and convergence

Meta-synthesis

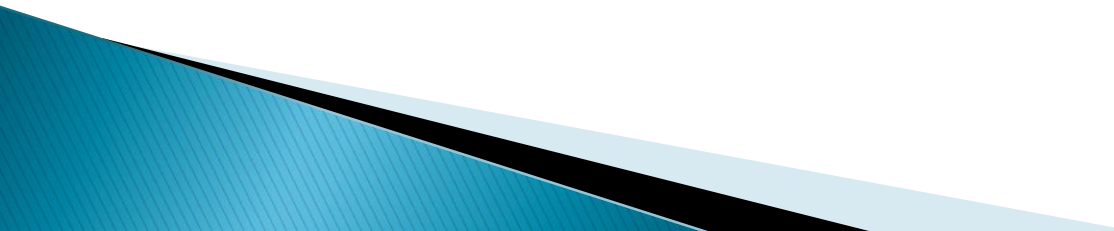
- ▶ Baking에 비유

- 각각 다른 재료를 서로 mix하여 새로운 작품이 탄생
- 재료는 추측 가능하지만 재료와 결과물은 다른 것임

- ▶ 모든 파트를 서로간의 관계 분석해서 취합하는 단계

- ▶ 자신의 질문에 대한 명확한 답이 항상 가능한 것은 아니고, 질문은 또 다른 질문을 야기

Research process in meta-study

- ▶ Formulating a research question
 - ▶ Selection and appraisal of primary research
 - ▶ Meta-data analysis
 - ▶ Meta-method
 - ▶ Meta-theory
 - ▶ Meta-synthesis
 - ▶ Disseminating the findings
- 

메타연구를 위한 기초작업

- ▶ 연구팀 구성
- ▶ 메타연구의 목적 결정
- ▶ 연구비조성

Primary research 평가기준(예)


Consolidated criteria for reporting qualitative studies (COREQ) 32-item checklist

Tong A, Sainsbury P, Craig J. (2007)

Consolidated criteria for reporting qualitative research (COREQ)
: a 32-item checklist for interviews and focus groups.

International Journal for Quality in Health Care, 19(6), 349 – 357.

JBI
 Qualitative
 Assessment and
 Review
 Instrument
 : (QARI) software



QARI - Qualitative Assessment and Review Instrument

[Reviews](#) [Study](#) [Categories](#) [Synthesis](#) [Logout](#) [About](#)

Select

Detail

Assessment

Extraction

Findings

Assessment for : Author - Journal (2011)

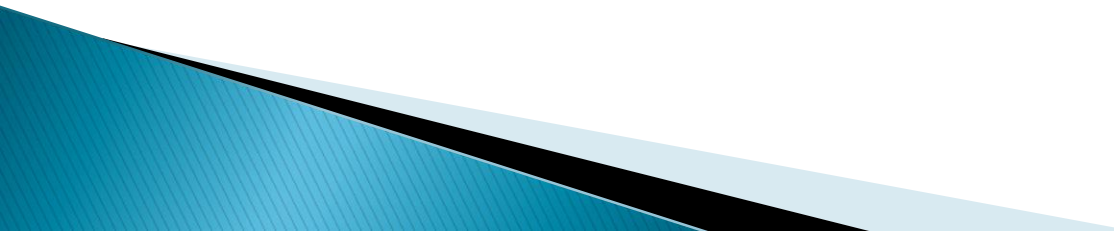
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Criteria	Yes	No	Unclear	Not Applicable	Comment
1) There is congruity between the stated philosophical perspective and the research methodology.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2) There is congruity between the research methodology and the research question or objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3) There is congruity between the research methodology and the methods used to collect data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4) There is congruity between the research methodology and the representation and analysis of data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5) There is congruity between the research methodology and the interpretation of results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6) There is a statement locating the researcher culturally or theoretically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7) The influence of the researcher on the research, and vice-versa, is addressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8) Participants, and their voices, are adequately represented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9) The research is ethical according to current criteria or, for recent studies, there is evidence of ethical approval by an appropriate body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10) Conclusions drawn in the research report do appear to flow from the analysis, or interpretation, of the data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

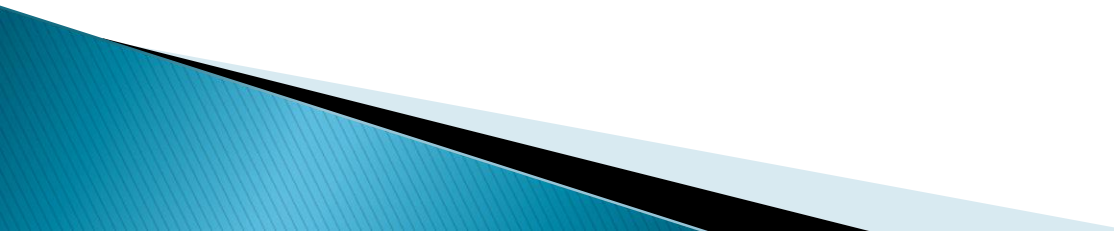
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Reason

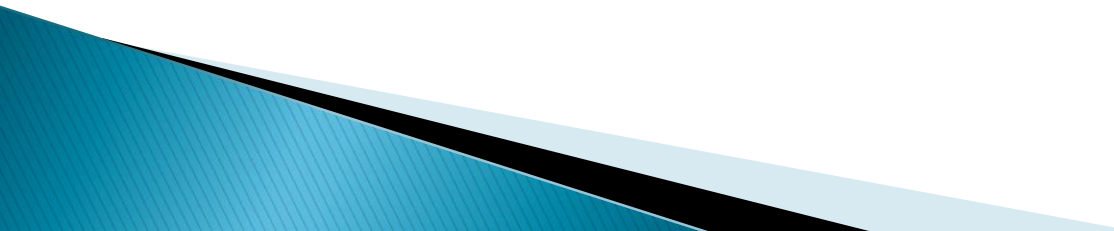
Meta-study

- ▶ Extending knowledge about phenomena
 - ▶ Concept clarification
 - ▶ Data management
- 

Outcomes of meta-study

- ▶ Mid-range theory
 - ▶ New or expanded theoretical frameworks
 - ▶ Incorporation of knowledge into practice
 - ▶ Consolidation of a body of literature
 - ▶ Imperatives for future research
 - ▶ *Convergence of evidence*
- 

Limitations of meta-study

- ▶ Decontextualization of data
 - ▶ Dependent upon clarity in original research reports
- 

Paper 형식

I . Introduction

II . Body

1. Research Integration

- 1) Meta analysis
- 2) Meta method
- 3) Meta theory

2. Meta synthesis

- 1) The perspective model
- 2) Foreground/Background
- 3) Shifting from A to B
in the foreground/background
- 4) Paradoxes from A to B
in the foreground/background

III. Conclusion

IV. References

국외연구(1)

Murray, C., Stanley, M., Wright, S. (2013). **The transition from clinician to academic in nursing and allied health: A qualitative meta-synthesis.** *Nurse Education Today*, doi:10.1016/j.nedt.2013.06.010.

▶ Research question

- How do academics in nursing and allied health experience the transition to academia from clinical roles?

▶ Method

- Findings along with direct quotes were extracted from the studies (Noblit & Hare, 1998; Tatano-Beck, 2011) and thematic analysis was used within an interpretative framework (Patton, 2002; Sandelowski, 2000).

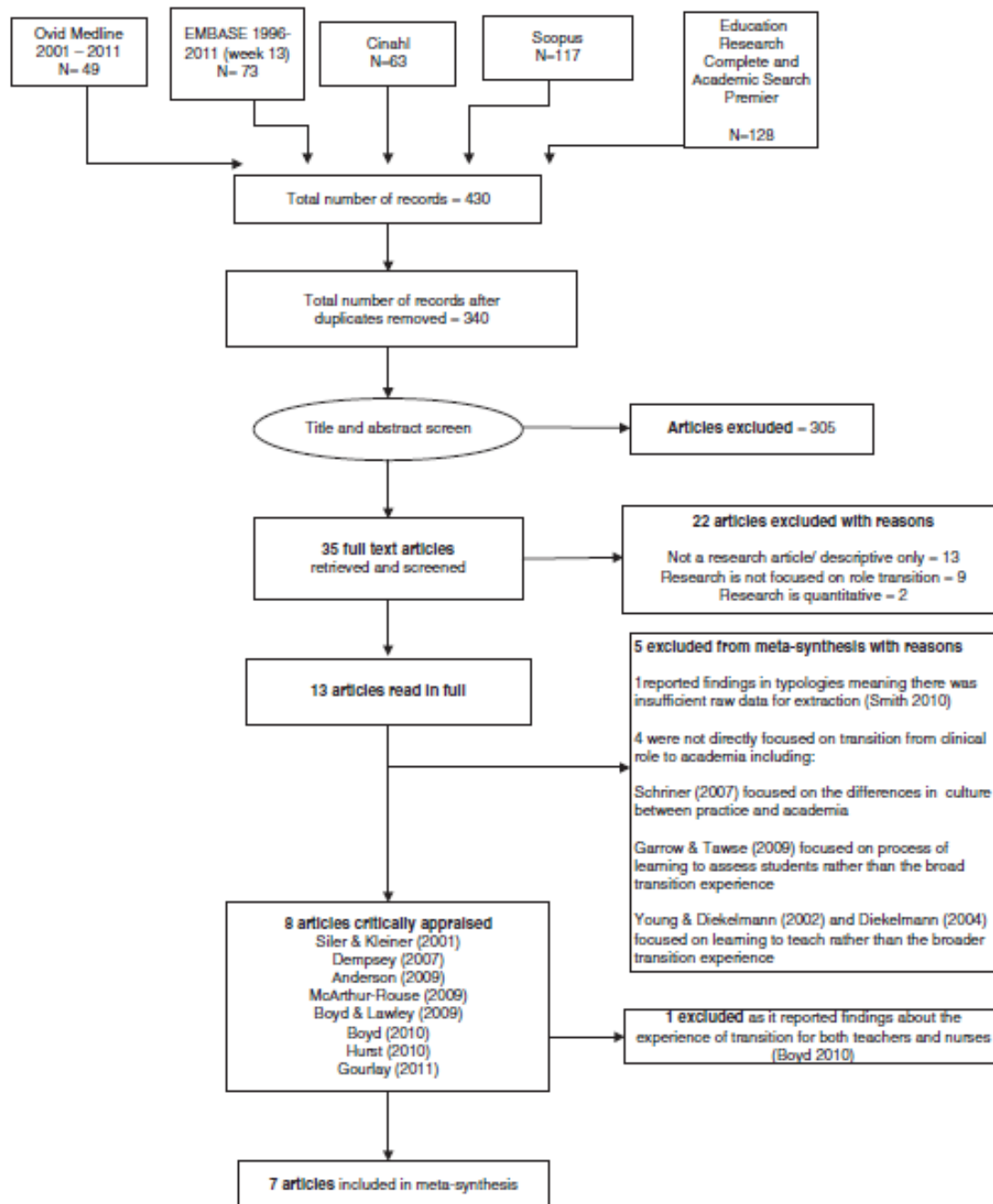


Fig. 1. Flow chart of search and screening process.

Table 1
Characteristics of the studies.

Study	Research question/purpose	Type of approach	Recruitment and participants	Findings
Anderson, J (2009)	To describe and explain the work/role transition of clinical experts who become novice nurse academics	Descriptive explanatory	18 nurse academics from 14 different United States universities	Clinical experts require support for cognitive, psychological and sociological aspects of the transition to academic.
Boyd, P and Lawley, L (2009)	To explore the experience of nurses who have been recently appointed as academics in higher education	Case study approach	Convenience sample of 9 nurse academics from one university in the UK. Years of experience ranged from 1 to 4 years.	The transition was "confusing and challenging" because the academic community required different skills and they were unsure of their identity and role.
Dempsey (2007)	To explore the experience of role transition from clinical nurse to nurse academic	Descriptive qualitative	Purposefully sampled 6 nurse academics in Ireland – no other details given	The transition was a "stressful and daunting" experience but this improved with time, experience and acceptance of new identity.
Gourlay (2011b)	To investigate new academics' transition experiences.	Not stated	5 academics across 4 programs from one University in the UK. Recruited via PgCert program and personal contacts	Participants were confused about their role, felt isolated and found the academic environment inauthentic
Hurst (2010),	To investigate how physiotherapists managed the transition from clinical practice into academia	Qualitative interpretative	Convenience sample of 8 physiotherapy academics from one program at 1 UK university	Participants felt uncertain and inadequate and took up to 3 years to socialize into an academic identity
McArthur-Rouse (2008)	To explore the experiences of new academic staff	Not stated	Convenience sample of 6 nurse academics from one program from one UK university	Transition is problematic due to role uncertainty and lack of guidance
Siler and Kleiner (2001)	To gain a common understanding of the new academic experience	Phenomenology	6 novice nurse academics and 6 experienced academics from 11 United States universities	There are issues with preconceptions, preparation and expectations of new academics.

Table 2
Results of critical appraisal.

	Credibility			Neutrality			Relevance		
	Recruitment and data Collection	Data analysis process	Findings involve thick description	Reflexivity evident	Relationship of researcher to participants	Limitations stated	Description of participants	Future research suggested	Findings related back to context
Anderson (2009)	0	✓	✓	X	X	✓	✓	✓	0
Boyd, P and Lawley, L (2009)	0	✓	✓	X	X	X	✓	X	✓
Dempsey (2007)	0	0	0	X	X	X	0	X	✓
Gourlay (2011b)	0	0	✓	X	X	X	✓	X	✓
Hurst (2010)	✓	✓	✓	✓	✓	✓	0	✓	✓
McArthur-Rouse (2008)	✓	0	0	X	X	✓	0	0	✓
Siler and Kleiner (2001)	0	0	✓	X	X	X	0	X	✓

Key: ✓ = sufficient detail and explanation given; 0 = some detail and explanation given, but aspects missing; X = no information provided.

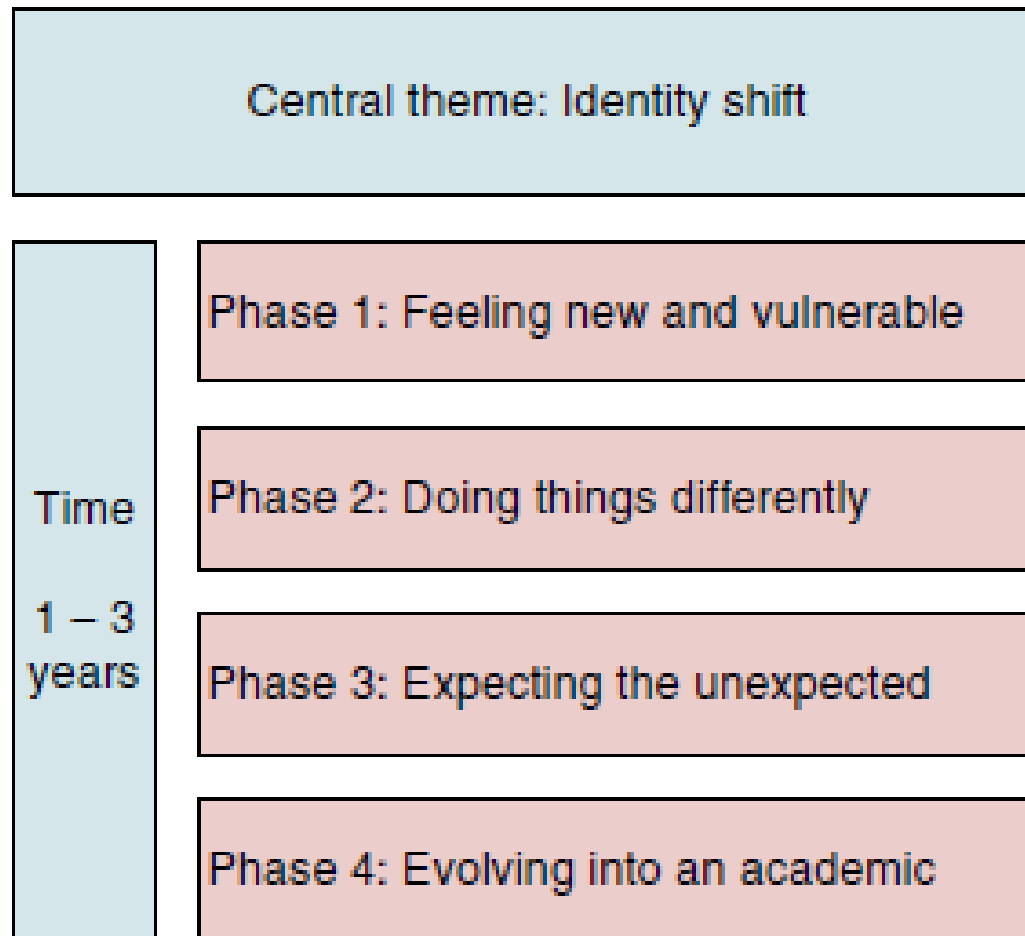


Fig. 2. Overview of central theme and phases of transition from clinician to academic.

국외연구(2)

Finlayson, K., Downe, S. (2013). **Why do women not use antenatal services in low and middle income countries?.** *Assess to Antenatal Care in Developing Countries*, 10(1), doi: 10.1371 /journal.pmed.1001373

▶ Research question

- Why some women still don't access antenatal care, even when it is made available?

▶ Method

- Meta-synthesis is used to explain or interpret existing knowledge, and it is designed to generate theoretical insights and hypotheses(Noyes & Lewin, 2011).

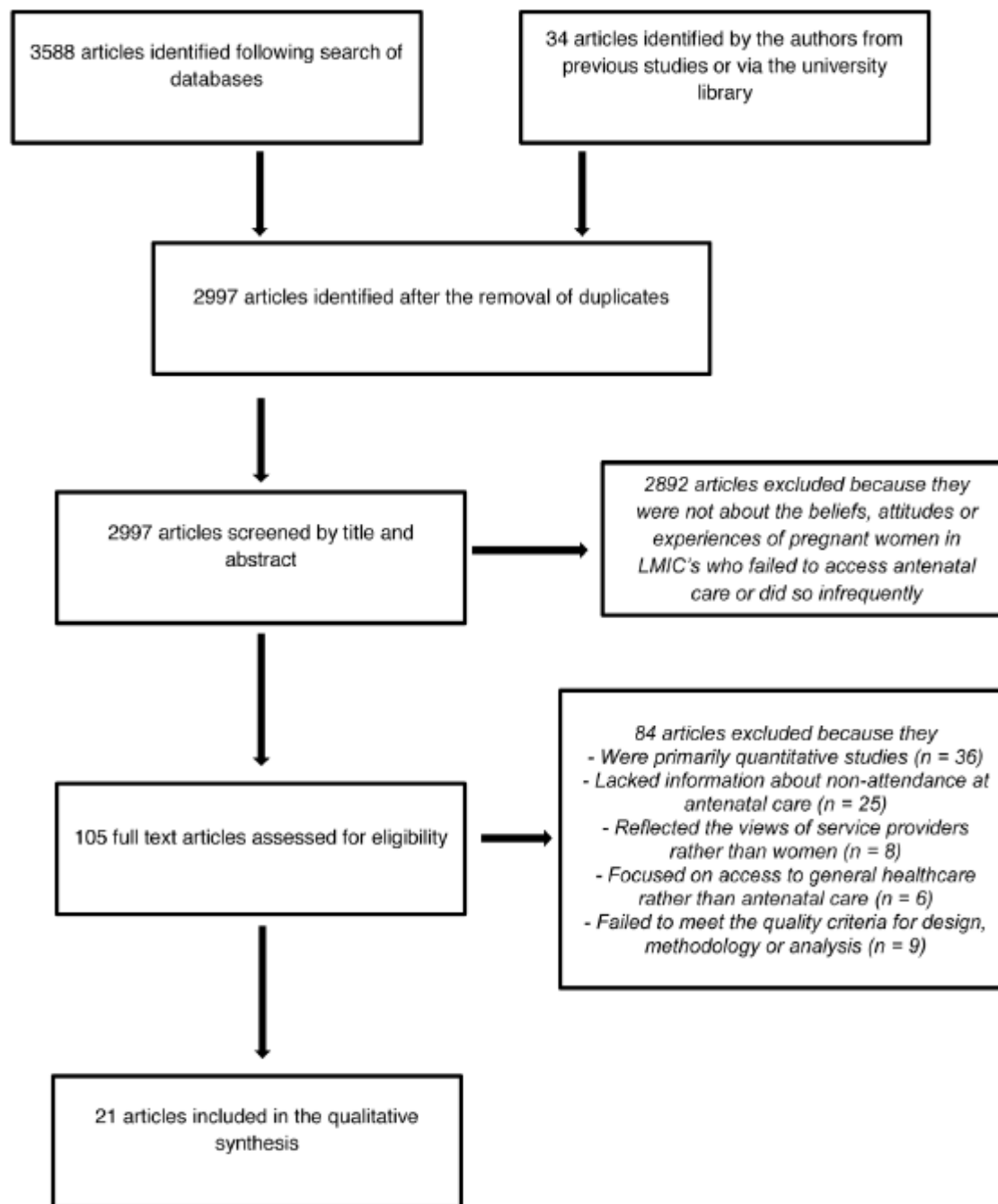


Figure 1. Flow chart summarising search strategy.

Table 1. Summary of included studies.

Authors [Reference]	Year of Publication	Country	Location—Type of Region	Number of Participants	Method Used	Quality Grading
Abrahams et al. [46]	2001	South Africa	Cape Town—semi-urban	32	Interviews	C+
Myer and Harrison [47]	2003	South Africa	Hiabisa district—rural	29	Interviews	B
Pretorius and Greeff [48]	2004	South Africa	Mafikeng-Mmbatho districts—rural	18	Interviews	C+
Mriisho et al. [49]	2009	Tanzania	Lindi and Tandahimba districts—rural	58	Focus groups	B
Matsuoaka et al. [50]	2010	Cambodia	Kampong and Cham provinces—rural	66	Interviews and focus groups	B
Choudhury and Ahmed [51]	2011	Bangladesh	Rangpur and Kurigram districts—rural	20	Interviews	C+
Chapman [52]	2003	Mozambique	Vila-Gondola—semi-urban	83	Interviews	A
Grossmann-Kendall et al. [53]	2001	Benin	Cotonou and Ouidah districts—urban and rural	19	Interviews	C+
Ndyomugenyi et al. [54]	1998	Uganda	Kigorobyè sub-country—rural	80–120 ^a	Focus groups	C+
Gcaba and Brookes [55]	1992	South Africa	Durban—urban	10	Interviews	B
Atuyambe et al. [56]	2009	Uganda	Walèso district—rural	92	Focus groups	B
Stokes et al. [57]	2008	Gambia	Kiang West district—rural	83	Interviews and focus groups	C+
Griffiths and Stephenson [58]	2001	India	Pune and Mumbai—mix of urban and rural at each location	45	Interviews	B
Simkhada et al. [59]	2010	Nepal	Kathmandu area—semi-urban and rural	30	Interviews	B
Titaley et al. [60]	2010	Indonesia	Garut, Sukabumi, and Ciamis districts, West Java—semi-urban and rural	119	Interviews and focus groups	B
Family Care International [61]	2003	Kenya	Homabay and Migori districts—mix of urban and rural in each	27–47 ^a	Interviews and focus groups	B
Tinoco-Ojanguren et al. [62]	2008	Mexico	Chiapas—mix of urban and rural	16	Interviews	C+
Mumtaz and Salway [63]	2007	Pakistan	Punjab—rural	39–55 ^a	Interviews and focus groups	B
Chowdhury et al. [64]	2003	Bangladesh	Dhaka and Upazila—urban and rural	16	Interviews	B
Mubyazi et al. [65]	2010	Tanzania	Mkuranga and Mufindi districts—both rural	240	Interviews and focus groups	B+
Kabaljian-Khasholian et al. [66]	2000	Lebanon	Bekaa, Akkar, and Beirut—rural, semi-rural, and urban	117	Interviews	C+

^aA range is given for these studies, as the authors list the number of focus groups conducted, with a minimum and maximum number of participants; e.g., ten focus groups with 8–12 participants.

doi:10.1371/journal.pmed.1001373.t001

Table 2. Summary of themes.

Initial Concepts (Findings from Primary Papers)	Relevant Papers (References)	Emerging Themes	Final Themes
Awareness of signs/symptoms of pregnancy	46-51	Pregnancy awareness and disclosure —awareness of signs and symptoms of pregnancy; cultural reasons for keeping pregnancy secret	Pregnancy as socially contingent and physiologically healthy —pregnancy as a normal life event—only attend antenatal care when sick; lack of awareness of pregnancy indicators; lack of understanding of antenatal care benefits; embarrassment; cultural and supernatural implications of pregnancy disclosure; preference for traditional healers and medicines (including cost savings)
Cultural reasons for keeping pregnancy secret	46,48,49,52-57		
Don't recognise/understand Western approaches to health care	46,47,54,56,58,60	Resistance to risk-averse care models —don't recognise/understand Western approaches to health care; lack of perceived benefits; pregnancy as a normal life event; reliance on traditional/alternative antenatal practices; influence of family members	
Lack of perceived benefits of attendance	46-48,51,56,58,59,62-64		
Pregnancy as a normal life event	46,50-54,56,58-61,66		
Reliance on traditional/alternative antenatal practices	50,52,54,58,60-62		
Influence of family members	50,51,62-64		
Costs (direct and indirect)	46,49,50-56,58-66	Prioritising limited resources for basic survival —costs (direct and indirect); laziness	Resource use and survival in conditions of extreme poverty —costs (direct and indirect; transport, and distance; time off work and child care—may be made to wait several hours; inadequate infrastructure (especially in rural areas); potential for accident/attack en route
Laziness	46,47,49,62		
Lack of transport and distance to clinic	46,48,50,54-56,58,60,65	Difficult and dangerous travel —lack of transport and distance to clinic; inadequate infrastructure	
Inadequate infrastructure	48,49,55,58,60-62,64		
Lack of staff/medicine/care at clinic	49,50,54,56,58,65	Attending clinics is not worth the effort —lack of staff/medicine/care at clinic; waiting times at clinic	Not getting it right the first time —poor staff attitude; inflexibility of antenatal care services; issuing of cards for delivery at a hospital (women don't return) and staff giving card holders preferential treatment; few, poorly trained staff; lack of facilities; lack of medicines
Waiting times at clinic	46,48-50,52,		
Attendance only to get a card (for hospital delivery)	46,47,50,52,61	Locally determined rules of access —attendance only to get a card; inflexible booking systems	
Inflexible booking systems	46,63		
Poor staff attitude	46,48-51,53,55-57, 62,65,66	Insensitivity, disrespect, and abuse —poor staff attitude; embarrassment	
Embarrassment (about examination or inability to pay)	46,49,56,65,		

<i>A. Programme design</i>		<i>B. Women's views and experiences</i>		<i>Consequence of differences between A and B</i>	<i>Hypothesised outcome</i>
Standard antenatal programmes (WHO) [23]		Findings from meta-synthesis			
Theories that underpin antenatal care programmes	Pregnancy is potentially risky for mother and baby	Beliefs and attitudes	Pregnancy is a healthy physical state	Lack of initial access to antenatal care	Increased maternal and infant morbidity and mortality
	Pregnancy is a positive social state, that will, in general, be welcomed by the family and community		Pregnancy can be socially risky. It can be subject to malign magical forces from jealous relatives and community members		
	Women and families have enough resources to make rational economic choices to access care		A choice to access care might mean a risk to survival, either due to resultant lack of food in the future, or because of the difficulties and dangers associated with travel to health care facilities		
Principles of care delivery	Antenatal care is affordable	Experience of care delivery	Antenatal care is subject to unexpected costs levied at the point of need	Lack of repeat access to antenatal care	
	Staff attitude is not relevant, and/or is generally positive		Staff attitude is highly relevant, and can be discriminatory, neglectful or even abusive		
	All the resources needed for the level of care on offer are present		Resources are often not available, and transfer is then necessary to the next level of care		

Figure 2. Hypothetical model of inadequate access to antenatal care in low and middle income countries.
doi:10.1371/journal.pmed.1001373.g002

국외연구(3)

Eilertsen, G., Ormstad, H., Kirkevold, M. (2012). Experiences of poststroke fatigue: qualitative meta-synthesis. *Journal of Advance Nursing*, doi: 10.1111/jan.12002. Epub 2012 Sep 3.

▶ Aim

- The aim of the meta-synthesis was to interpret and synthesize stroke survivors' experiences of PSF.

▶ Design

- An interpretive qualitative meta-synthesis was employed, drawing on approaches and methods described by Paterson et al. (2001) and Zimmer (2006).

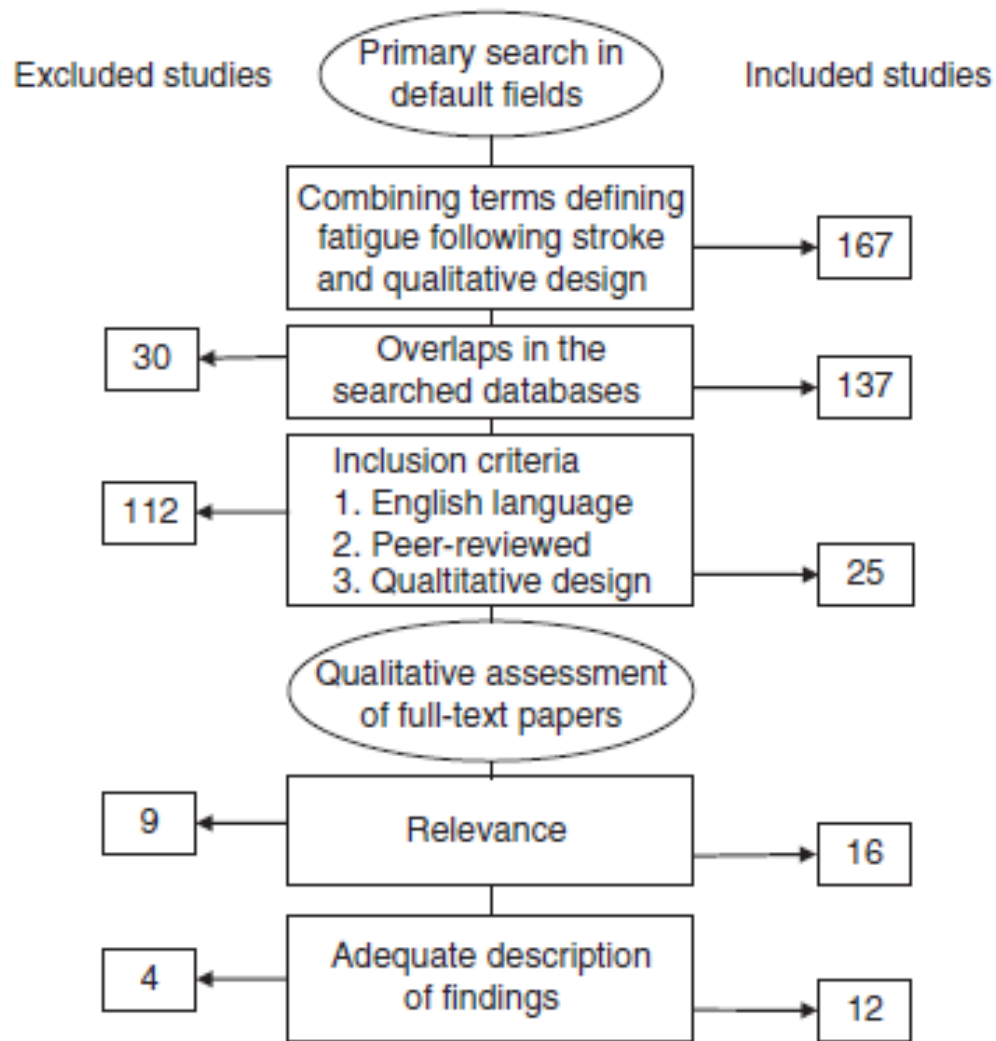


Figure 1 Search strategy.

Study	Aim of study	Participants	Design and analyses	Findings
Reid <i>et al.</i> (2012) (Australia)	To explore the experience of poststroke fatigue in community-dwelling stroke survivors with and without mood disturbance 1 year after stroke	17 men/14 women 37–94 years Stroke onset, 3-, 6-, 9-, 12-month poststroke	Semi structured interviews Inductive thematic approach	Themes identified: the impact of fatigue on lifestyle; coping strategies; knowledge
Hour and Reid (2011) (UK)	To explore patients' perceptions of poststroke fatigue	4 men/11 women 72.3 ± 11.5 13.4 ± 9.4-week poststroke	Mixed qualitative and quantitative interviews Thematic analysis	Fatigue started at the stroke onset and influenced patients' sense of control
Revsold <i>et al.</i> (2011) (Norway/Denmark)	To describe how fatigue is experienced by stroke survivors, how they understand and deal with fatigue, and how fatigue has an impact on their daily life	15 men/17 women Age not given 6-month, 1 year, and 2-year poststroke	Interviews Grounded theory approach	Patients differentiated the experience of tiredness as an ordinary life event and as a poststroke life condition
Wang and Stube (2010) (US)	To explore the participants' experience of poststroke fatigue and the subsequent impact on performance in daily life	4 men/15 women Age not given Beyond the acute phase poststroke	Explorative design Focus group interviews Content analysis	Four themes identified: lack of preparation for fatigue; search for the cause of fatigue; need for social validation; fatigue's impact on occupational performance
Rampson and Gnanapavan (2009) (UK)	To explore the impact of stroke consequences on spousal relationships from the perspective of the person with stroke	9 men/7 women 33–78 2-month to 4-year poststroke	Explorative and descriptive design In-depth interviews Content analysis	Four categories identified: the dichotomy of pre- and poststroke self; sexuality; perceived loss of control; a life-changing event
Rampson <i>et al.</i> (2009) (UK)	To develop the understanding of what helps or hinders resumption of valued activities up to 12-month stroke	8 men/11 women 53–85 1-year poststroke	Interviews/field notes Thematic analysis	Themes identified: activities related to employment; domestic and social roles Outcomes were influenced by physical and cognitive disability, e.g. fatigue; environmental factors; the adaptability of the individual; support from others and professional help
Wasson <i>et al.</i> (2004) (Sweden)	To explore how persons with asteno-emotional syndrome experienced the consequences of the syndrome in everyday life	8 men/7 women 30–69-year poststroke	Grounded theory interviews Constant comparison method	Core category: harmed/threatened self Dimensions: hidden-/apparent dysfunction; pre-/unpredictability, in-/dependence, passive life
Wasson <i>et al.</i> (2004) (Sweden)	To describe pain, coping strategies, and experienced outcome of coping with long-term pain conditions after a stroke.	30 men/13 women 33–79/54–76 27-month poststroke	Descriptive interviews Latent content analysis	Fatigue identified as a pain-related phenomenon
Wasson (2003) (Sweden)	To highlight divergent ways in which a group of people hit by a stroke and their healthcare professionals understand the experience of poststroke fatigue	9 men/6 women <65 years 3, 6, 12 months after admission	Phenomenography Interviews Constant comparison method	A stroke hits without any warning, people who have had a stroke lose their normal life Physical training is the means to recover

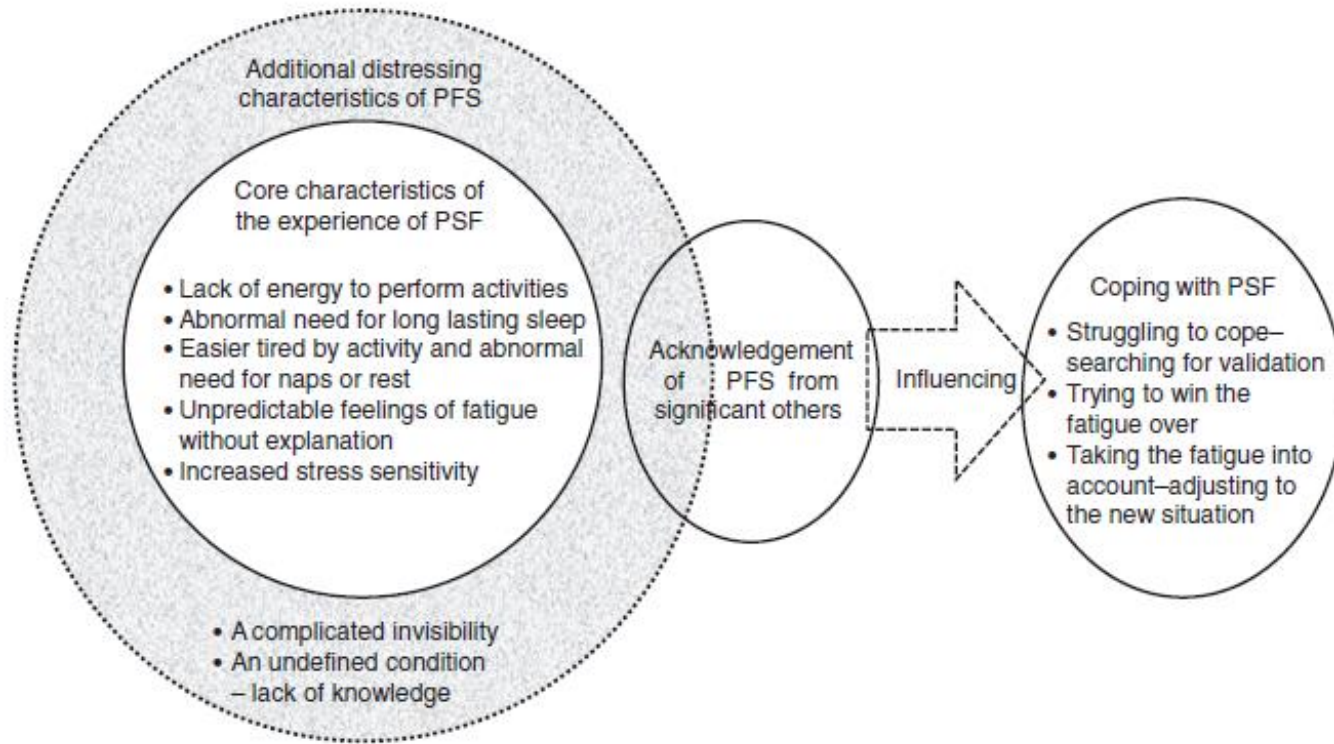
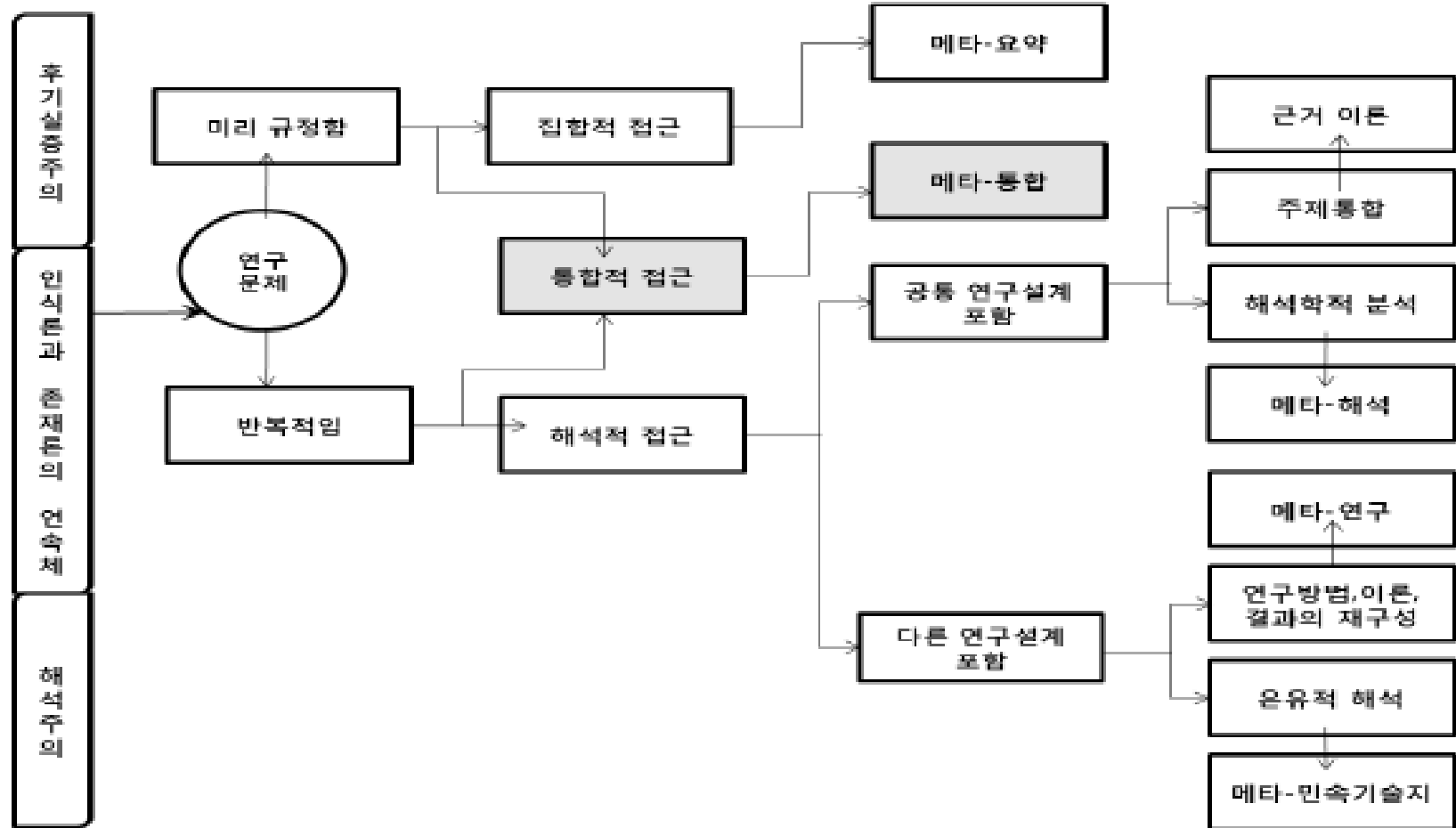


Figure 2 The experience of PFS.

국내연구(1)

- ▶ 서미옥(2012). 다문화 가정의 특징, 다문화 학생의 유치원 및 학교적응에 대한 교사들의 인식: 질적 메타통합의 적용. *청소년상담연구*, 20(2), 135-169.
- ▶ 연구질문
 - 질적 메타 통합을 통해, 교사들의 다문화 가정의 특징에 대한 인식은 어떠한가?
 - 질적 메타 통합을 통해, 교사들의 다문화 학생들의 유치원 및 학교적응에 대한 인식은 어떠한가?
 - 질적 메타 통합을 통해, 교사들의 다문화 학생들에 대한 개입방식은 어떠한가?



출처: Saini & Shlonsky(2012: 25)

그림 1. 질적 연구통합의 접근법 개요도

다문화 가정의 특징, 다문화 학생의 유치원 및 학교적응에 대한 교사들의 인식: 질적-메타통합의 적용

저자	출처	자료 응답에 참여한 교사 수	연구문제	자료수집 방법	조사 기간	다문화 학생 수	다문화 모 국적	표집 지역
2. 김경숙 외(2007)	학회지	유치원교사 (n=6)	다문화 가정 부모의 특성에 대한 교사의 인식	개인면담(3회), 전화, 이메일, 관련 기록 및 문서 자료	2개월	유아 (n=10)	필리핀 (n=6) 일본(n=3) 몽골(n=1)	광주, 전남
3. 구수연 (2010)	학회지	보육교사 (n=18)	다문화 아동의 기본생활습관 특성	면담(2회)	6개월	-	-	전북
4. 윤갑정, 고은경 (2006)	학회지	유아교사 (n=2)	다문화 유아의 생활에 대한 인식	참여관찰 심층면담, 녹음, 유아와 현장 면담, 유아의 작품 및 교육활동 자료, 학급신문	1-2개월 (관찰) 1-2개월 (자료 수집)	유아 (n=4)	호주 + 일본(n=2) 페루(n=1) 인도(n=1)	부산
5. 박미경, 엄정애 (2007)	학회지	유아교사 (n=10)	다문화 유아를 지도하는 교사의 어려움	심층면담(2회), 반구조화된 질문, 녹음, 유아사진, 활동자료	4개월	유아 (n=18)	일본(n=8), 필리핀(n=6) 조선족(n=2) 태국(n=1) 대만(n=1)	경기 충남 전북 경북
6. 서현 이승은 (2007)	학회지	유아교사(n=15)	국제결혼가정 자녀의 어려움	참여관찰 심층면담(8회)	8개월	유아 (n=15)	필리핀(n=6) 베트남(n=5) 싱가포르(n=1) 일본(n=2)	전남 충남

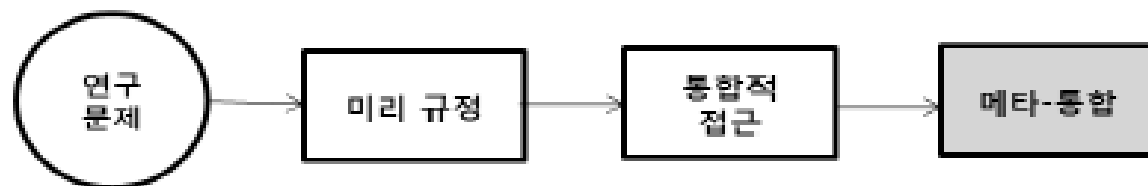


그림 2. 질적 메타-통합의 개요

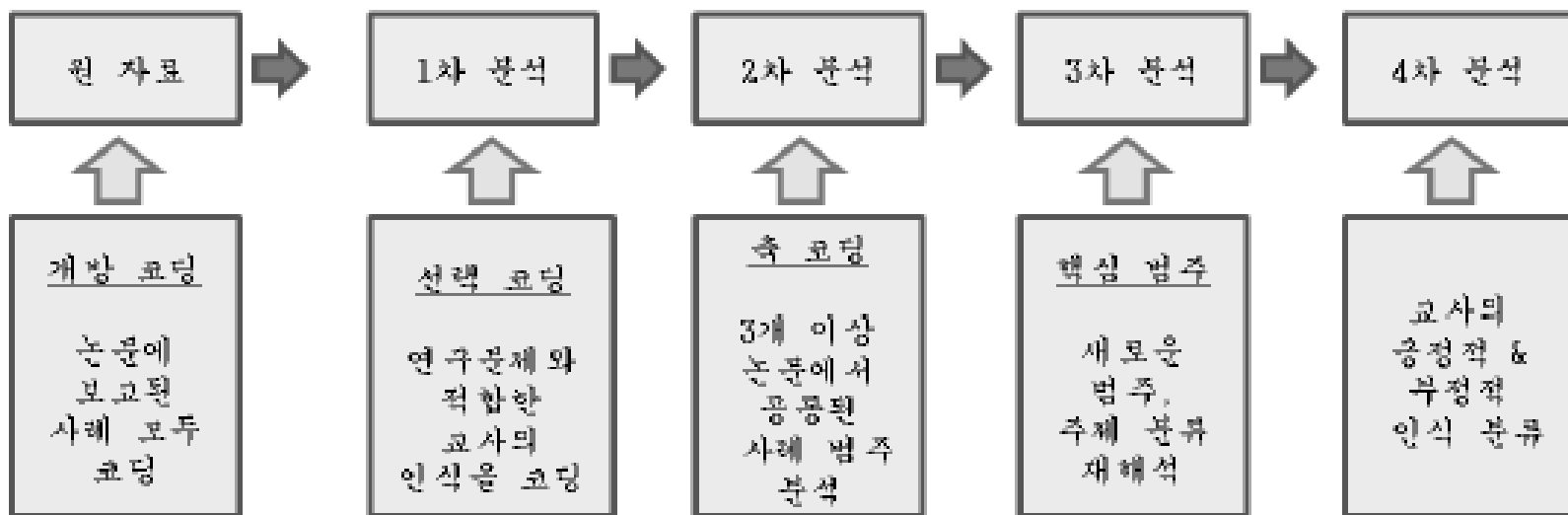


그림 3. 질적 메타-통합 절차

국내연구(2)

- ▶ 나장함(2008). 장애인의 직업 경험에 관한 질적 메타분석-질적 메타분석의 적용과 이슈를 중심으로
-. 장애와 고용, 18(2), 135-158.

▶ 연구질문

- 질적 메타분석을 우리의 연구맥락(장애인 관련)에 적용해 볼 때 어떠한 이슈들을 대면하게 되며 이를 어떻게 다룰 것인가?
- 장애인의 직업 경험에 대한 질적 메타 분석으로부터 어떠한 결론을 도출할 수 있는가?

〈표 2〉 관련 연구물의 기본정보 요약

저자 (연도)	연구목적·문제	샘플	자료 수집방법	연구설계/ 분석방법	주요결과·주제
강민수 · 배미희 (2004)	청각장애인 취업 적응지도 과정 관 찰 및 지원체제 투 입을 통한 효과적 인 직업유지 방안 탐색	총 2명 : 남성; 청각 2명; 20대 초반; 대졸 2명; 초 등학교 이전 장애 발생 1 명, 선천성 1명; 가정환경 보통	개별면담, 관찰일지	면담 요약	장애의 특성을 고려하지 않은 실적 위주의 취업지원은 이직과 사회적 인식 악화 유도함. 장기 적·협력적 지원체제(상담사, 수화통역사, 직업생활상담원, 특수학교 교사) 필요. 장애인의 비장애인에 대한 이해 와 인성·태도 교육 중요성 강조
강철희 · 김미옥 (2000)	여성장애인이 구 직과정에서의 경 험을 규명하고 고 용 안정 및 확대를 위한 정책적 시사 점 탐색	총 18명 : 여성, 지체 5명, 청각 5명, 시각 5명, 정신 3명; 21~38세; 대졸 4명, 고졸 10명, 중졸 3명, 초졸 1명; 선천성 4명, 후천성 14명(7세 이하 13명, 27 세때 1명); 장애인 평균소득, 학력은 약간 높음.	개별면담, 반구조화 된 질문지	기술·해석적 /범주적 자료분류	취업전, 취업준비, 구직, 직업적 응, 사후관리 과정 전반에서 나 타나는 어려움 규명, 정책적 실 천방안 제시.
곽지영 · 조정아 (2006)	여성장애인의 직 업 선택·유지 경 험에 대한 이해를 바탕으로 사회복 지적 함의 도출	총 16명 : 여성; 지체 11명, 시각 3명, 뇌병변 2명; 20대~40대, 대학이상 6명, 고졸 6명, 중졸 4명	개별면담 + 집단면담, 반구조화 된 질문지	기술·해석적 질문하기· 지속적 비교 복수 연구자 분석	직업선택·유지과정은 직업 인 식기, 직업 탐색기, 직업 준비 기, 직업 적응기로 도출. 여성장애인의 직업적 사회화 과 정에서의 배제·적응 경험 제시.
심경순 (2003)	정신장애인이 인 식하고 있는 직업 의미, 직업유지 요 인 파악하여 실천 적 함의 도출	총 5명 : 남 4명, 여 1명; 정신지체; 20대~40대; 대졸 1명, 고졸 4명; 월소 득 장애인 평균정도	개별면담, 반구조화 된 질문지	기술적/ 지속적 비교	직업의 의미는 삶의 가치와 경 제적 안정, 자신감, 대인관계 원만성, 고용 주·상사의 지지, 전문가의 지 원 등이 직업유지의 요인임.
이은미 · 백은령 (2006)	중도지체장애여성 의 직업활동에 대 한 가족의 역할을 탐색하여 가족의 역할 및 지원에 대 한 함의 도출	총 8명 : 여성; 지체장애; 20대~40대; 대학이상 4명, 전문대졸 1명, 고졸 2명, 중졸 1명; 장애발생 4~18세 6명, 30세 이후 2명; 장애인 평균보다 소득 약 간 높음.	개별면담	현상학적/ Colaizzi의 7단계 분석법, ATLAS.ti	여성장애인은 직업직업·직업 유지와 관련된 가족의 다양과 역할·관계성을 규명하고, 가족 지원에 대한 함의 도출.
이은미 (2006)	여성 지체 장애인 의 구직 및 직업유 지 과정에서의 부 정적·긍정적 경 험을 규명하여 직 업유지 방안 도출	총 8명 : 여성; 지체장애 (5세 이전 장애 발생); 36세~46세; 전문대졸 1명, 대학중퇴 1명, 고졸 2명, 중졸 1명, 초 졸 3명	개별면담 (* 위 연구 의 참여자 #3, #8은 본연구의 참여자 아 님)	현상학적/ Colaizzi의 7단계 분석법, ATLAS.ti	여성 장애인의 구직 동기 및 구 직 경험을 심층적으로 조명하여 구직 및 직업유지에 장애 요인 과 대응을 규명하여 직업유지 방안 도출

〈표 3〉 7개의 개별연구에서 나타난 관련 개념의 분석틀

연구	(세상·직업과의) 연결과 단절 배개로로서의 "성찰적 자존감" : 즉자(사회·외부로부터 규정된)적 존재성과 대자적(자신 스스로가 의미 발견한, 규정한) 존재성 간의 관계성 설정 배개		
	관련 현상·개념	영향	결과 및 원인("관련 사례")
강민수 · 배미희 (2004)	■ 집단에 융화되지 못함	■ 부정적	-결과: 불성실한 근태, 승진 제외, 해고, 청각장애인에 대한 부정적 인식 확산 -원인: 대인관계 기술·경험 부족, 직무경험 부족, 제한된 사회화(특수학교 위주), 예절의식 부족, 가족의 지원 부족, 취업적응 프로그램의 부재
	■ 청각장애인의 특성을 고려하지 못한 취업알선		-결과: 불성실한 근태, 이직유도 -원인: 장애 및 개인의 특성을 고려하지 않은 실적 위주의 취업지도(청각장애인은 타장애인 보다 신체적 활동이 뛰어나 취업이 상대적으로 용이함).
	□ 인성교육 강화	□ 긍정적	-결과: 근태개선, 직업유지 강화, 호봉 승진, 비장애인과 협력 증진, 구성원 의식 증진 -원인: 청각장애인에 대한 인지적 측면 교육 강화로 보호 받기보다는 일반인에 대한 이해를 증진할 수 있는 기초를 제공함.
	□ 장기·협력·체계적 사전·사후 지원		-결과: 근태개선, 직업유지 강화 -원인: 장기적·협력적 지원체제(상담사, 수화통역사, 직업생활상담원, 특수학교 교사) 제공
강철희 · 김미옥 (2000)	■ 자신의 적성 보다는 장애 정도를 고려함	■ 부정적	-결과: 직업 부적응·이직 유도 -원인: 제한된 직업 선택 폭, 취업 가능성의 제약으로 취업기회만 중시함. 정보 부족, stereo typing: "여성 시각 장애인 은 안마사"
	■ 장애인 직업·재활 교육에 대한 소극적 참여		-결과: 재활기회 상실·지연 -원인: 기관 홍보 부족과 낮은 접근성, 육아·가사 부담, 장애별 특화교육 부재, 교육직종 다양하지 못함; "새로운 직종, 전문성 있는 직종 교육개발과 의사소통·대인관계에 관한 교육개발 요구". 직업훈련 경험에 대한 부정적 인식: "낮은 효과성"

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