

Qualitative research in health care

Third edition

Edited by

Catherine Pope

Nicholas Mays



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Preface

We had no idea in 1996 that we would, a decade later, be embarking on a third edition of this book. When we wrote the original paper [1] which inspired the book, qualitative methods were largely unfamiliar to health professionals and researchers, but the intervening years have seen a huge expansion in the use of these methods in health care research. The place of qualitative research is now sufficiently recognised at the highest level to merit the commissioning, by the UK Cabinet Office, of a guide for civil servants and researchers on how to assess the quality of qualitative policy evaluations [2].

Having begun life as a series of papers in the *British Medical Journal*, this book has become international – having been translated into Japanese and Portuguese [3,4] – and we find that its readership now includes health care professionals working in different health systems, researchers from diverse disciplinary backgrounds, and policy makers and research funders from across the globe. This book is now one of several on the application of qualitative research to health care, but we believe that it remains distinctive as a way into the field for those with little or no previous knowledge of qualitative methods.

For the third edition we have updated the existing material, incorporating new examples and references, and added new chapters on topics that we see as increasingly relevant in an introductory text. As well as introducing the key methods the book now includes chapters exploring the interface between qualitative and quantitative research – in primary ‘mixed method’ studies and in the emerging arena of secondary analysis and ‘research synthesis’. We owe a debt of thanks to all the authors – those who contributed to the previous editions and those involved in producing this volume – for making the editing process so straightforward for us.

As ever this book has been improved by the constructive advice, commentary and expertise of colleagues, readers and reviewers. Other researchers have made our job easier by opening up and contributing to debates about methodology and research quality, and by simply undertaking the kinds of qualitative research that we refer to in this book. We remain grateful to our editorial team: Mary Banks

who has supported us since the first edition, and the new team at Blackwell Publishing, notably Vicki Donald.

Catherine Pope and Nicholas Mays, 2006

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CHAPTER 1

Qualitative methods in health research

Catherine Pope, Nicholas Mays

Qualitative methods have much to offer those studying health care and health services. However, because these methods have traditionally been employed in the social sciences, they may be unfamiliar to health care professionals and researchers with a biomedical or natural science background. Indeed, qualitative methods may seem alien alongside the experimental and observational quantitative methods used in clinical, biological and epidemiological research.

Misunderstandings about the nature of qualitative methods and their uses have caused qualitative research to be labelled 'unscientific', difficult to replicate or as little more than anecdote, personal impression or conjecture. The first edition of this book, and the series of papers in the *British Medical Journal* on which the book was initially based, deliberately set out to counter this view. The growing interest in qualitative methods in health research, and their increasing acceptance in clinical and biomedical arenas, in the 10 years since the book was first published, suggest that such misunderstandings may be diminishing. The purpose of this book has therefore altered subtly. Its main aim continues to be to introduce the main qualitative methods available for the study of health and health care, and to show how qualitative research can be employed appropriately and fruitfully to answer some of the increasingly complex questions confronting researchers. In addition, the book considers the ethics of qualitative research and how to assess its quality and looks at the application of qualitative methods within different styles of research and in the emerging area of research synthesis.

The link between theory and method

Some of the earlier misunderstandings about qualitative research were compounded by some of the terminology used, which was, and may still be, unfamiliar to researchers who do not have a social science background. The terms 'qualitative research' and 'qualitative methods' are often used interchangeably, but, strictly speaking, the term *research methods* refer to specific research techniques used to gather data about the social world. The choice of research method is typically informed by a *research strategy* or a set of decisions about the research design, and by beliefs about how the social world can be studied and how the validity of social knowledge established by such research might be assessed. For many social scientists, the choice of a particular research method is also inextricably linked to a particular *theoretical perspective*, or set of explanatory concepts, that provide a framework for thinking about the social world and inform their research (see Box 1.1).

As a result of these different theoretical positions, qualitative research is neither unified nor well defined. There is considerable debate about what constitutes the central tenet of qualitative research. So, for example, Silverman [3] reviews four 'definitions' of qualitative research before offering his own prescriptive account of what qualitative research should be. Elsewhere, Hammersley [4] has examined the methodological ideas that underlie the distinctive Chicagoan tradition of qualitative research, with its emphasis on naturalistic methods (see below). The debate about qualitative research is such that Denzin and Lincoln [5] are forced to conclude that it is 'defined primarily by a series of essential tensions, contradictions and hesitations'. The distinctions between the various theoretical stances are frequently presented as clear-cut, but in practice the contrasts are often less apparent. Moreover, the connection

Box 1.1 Some theoretical perspectives that inform qualitative methods [1,2]

- Ethnography
- Symbolic interactionism
- Constructionism
- Ethnomethodology
- Phenomenology

between research and theoretical perspective may not always be clear: sometimes the link is implicit or is simply not acknowledged. So, while many social scientists contend that research should be theoretically driven, others have suggested that the link between theory and methods is overstated. Brannen, for example, has argued that

the practice of research is a messy untidy business which rarely conforms to the models set down in methodology textbooks. In practice it is unusual, for example, for epistemology (i.e. the specific theory of the nature of knowledge adopted by the researcher) to be the sole determinant of method... There is no necessary or one-to-one correspondence between epistemology and methods [6: 3,15].

She suggests that the choice of method and how it is used are as likely to be informed by the research question or pragmatic or technical considerations as by the researcher's theoretical stance (though others would disagree). This may be particularly the case in health services research because of its applied nature: research here tends to be geared towards specific practical problems or issues and this, rather than theoretical leanings, may determine the methods employed.

So what is qualitative research?

Qualitative research is often defined by reference to quantitative research. Indeed, the articles on which the first edition of this book was based were commissioned, not as a series about qualitative research, but as a series on 'non-quantitative methods'. An unfortunate corollary of this way of defining qualitative research is the inference that because qualitative research does not seek to quantify or enumerate, it does not 'measure'. It is worth noting that it is both feasible and legitimate to analyse certain types of qualitative data quantitatively (see Chapter 7). Whilst it is true that qualitative research generally deals with talk or words rather than numbers, this does not mean that it is devoid of measurement, or that it cannot be used to explain social phenomena.

Measurement in qualitative research is usually concerned with *taxonomy* or classification. Qualitative research answers questions such as, 'what is X, and how does X vary in different circumstances, and why?' rather than 'how big is X or how many X's are there?'

It is concerned with the meanings people attach to their experiences of the social world and how they make sense of that world. It therefore tries to interpret social phenomena (interactions, behaviours, etc.) in terms of the meanings people bring to them; because of this it is often referred to as *interpretative* research. This approach means that the researcher frequently has to question common sense assumptions or ideas that are taken for granted. Bauman, talking about sociology in general, refers to this as ‘defamiliarising’ [7] and this is just what qualitative research tries to do. Rather than simply accepting the concepts and explanations used in everyday life, qualitative research asks fundamental and searching questions about the nature of social phenomena. So, for example, instead of counting the number of suicides, which presumes that we already agree on the nature of suicide, the researcher may well start by asking, ‘what is suicide and how is it defined in this society?’ and go on to show that it is socially constructed by the activities of coroners, legal experts, health professionals and individuals, so that definitions of suicide vary considerably between different countries, different cultures and religious groups, and across time [8].

A second distinguishing feature of qualitative research, and one of its key strengths, is that it studies people in their natural settings rather than in artificial or experimental ones. Kirk and Miller define qualitative research as a ‘particular tradition in social science that fundamentally depends on watching people in their own territory, and interacting with them in their own language, on their own terms’ [9: 9]. This is referred to as *naturalism* – hence the term *naturalistic methods* that is sometimes used to denote the approach used in much, but not all, qualitative research.

Another feature of qualitative research (which some authors emphasise) is that it often employs several different qualitative methods. Watching people in their own territory can thus entail observing, joining in (*participant observation*), talking to people (interviews, focus groups and informal chatting) and reading what they have written. In the health care context, a range of qualitative research methods has been employed to tackle important questions about social phenomena, ranging from complex human behaviours such as patients’ compliance with treatment [10], and decision making by health care professionals [11], through to the organisation of the hospital clinic [12] or of the health system as a whole [13,14].

Qualitative research, thus defined, appears very different from quantitative research. Much is made of the differences between the

two. The so-called qualitative–quantitative divide is often reinforced by highlighting a corresponding split in the social sciences between social theories concerned with delineating social structure and those concerned with understanding social action or meaning [15,16]. The crude alignment of qualitative research with ‘action’ or interpretive approaches and quantitative research with ‘structural’ or positivist ones has meant that researchers on either side have tended to become locked into adversarial positions, ignorant of each other’s work. The differences between qualitative and quantitative research are, as a result, frequently overstated, and this has helped to perpetuate the misunderstanding of qualitative methods within such fields as health services research [17]. However, there is a growing recognition within sociology that the qualitative–quantitative distinction may not be helpful or even accurate [18,19]. In the context of health and health services research qualitative and quantitative methods are increasingly being used together in mixed method approaches (see Chapter 9 for more on this) [20].

The uses of qualitative research

Quantitative and qualitative approaches can complement each other. One simple way in which this can be achieved is by using qualitative research as the preliminary to quantitative research. This model is likely to be the most familiar to those engaged in health and health services research. For example, qualitative research can classify phenomena, or answer the ‘what is X?’ question, which necessarily precedes the process of enumeration of X’s. As health care deals with people and people are, on the whole, more complex than the subjects of the natural sciences, there is a whole set of such questions about human interaction, and how people interpret interaction, to which health professionals may need answers before attempting to quantify behaviours or events. At their most basic, qualitative research techniques can be used simply to discover the most comprehensible terms or words in common use to include in a subsequent survey questionnaire. An excellent example of this can be found in the preliminary work undertaken for the British national survey of sexual attitudes and lifestyles [21]. In this case, face-to-face interviews were used to uncover popular ambiguities and misunderstandings in the use of a number of terms such as ‘vaginal sex’, ‘oral sex’, ‘penetrative sex’ and ‘heterosexual’. This qualitative work had enormous value in informing the development