

# Qualitative research study design

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# Quality at GP consultations: cross sectional survey

- ◆ *BMJ* 1999;319:738-743 (18 September)
- ◆ **Objectives:** To measure quality of care at general practice consultations in diverse geographical areas, and to determine the principal correlates associated with enablement as an outcome measure.
- ◆ **Design:** Cross sectional multipractice questionnaire based study.
- ◆ **Setting:** Random sample of practices in four regions: Lothian, Coventry, Oxfordshire, and west London.
- ◆ **Participants:** 25 994 adults attending 53 practices over two weeks in March and April 1998.
- ◆ **Main outcome measures:** Patient enablement, duration of consultation, how well patients know their doctor, and the size of the practice list.

# GP consultations: cross sectional survey

- ◆ **Results:** A hierarchy of needs or reasons for consultation was created. Similar overall enablement scores were achieved for most presentations (mean 3.1, 95% confidence interval 3.1 to 3.1). Mean duration of consultation for all patients was 8.0 minutes (8.0 to 8.1); however, duration of consultation increased for patients with psychological problems or where psychological and social problems coexisted (mean 9.1, 9.0 to 9.2). 2195 patients who spoke languages other than English at home were analysed separately as they had higher enablement scores (mean 4.5, 4.3 to 4.7) than those patients who spoke English only despite having shorter consultations (mean 7.1 (6.9 to 7.3) minutes. At individual consultations, enablement score was most closely correlated with duration of consultation and knowing the doctor well. Individual doctors had a wide range of mean enablement scores (1.1-5.3) and mean durations of consultation (3.8-14.4 minutes). At practice level, mean enablement scores ranged from 2.3 to 4.4, and duration of consultation ranged from 4.9 to 12.2 minutes. Correlations between ranks at practice level were not significant.



# GP consultations: cross sectional survey

- ◆ **Conclusions:** It may be time to reward doctors who have longer consultations, provide greater continuity of care, and both enable more patients and enable patients more.

# Historical note

- ◆ Medical research relies heavily on experimental and correlation techniques to test theory using quantitative data, because dominated by a positivist/post-positivist paradigm.
- ◆ Criticism toward this way of conducting research has emerged.
- ◆ Qualitative research approaches (e.g., Silverman 2004) have developed starting from completely different philosophical assumptions, such as phenomenology and hermeneutics.

# Q-free methodology: \*quantitative and \*qualitative paradigms

- ◆ Debate between quantitative & qualitative is divisive, counterproductive for (advancing social and behavioral) science.
- ◆ Learn to utilize and appreciate both quantitative and qualitative research methodologies.
- ◆ Develop into *pragmatist researchers* able to utilize both quantitative and qualitative techniques when conducting research.
- ◆ **Journal: Quality and Quantity**



# Mixed Methods Research

MMR aims to integrate quantitative and qualitative approaches:

- (1) philosophical foundations (i.e. basic sets of beliefs that ground inquiry),
- (2) methodological assumptions (i.e. principles and formal conditions which guide scientific investigation), and
- (3) research methods (i.e. concrete procedures for data collection, analysis and interpretation).

# **Read the following abstract introducing an article entitled**

The Sexual and Reproductive Health of  
Young People in the Arab Countries  
and Iran:



Based on analysis of published and unpublished literature as well as interviews with knowledgeable experts, this research locates needs in their social and political context. Interviewees from across the region reported that young people lack access to information about their sexual and reproductive health, whether from parents, teachers or health services. Parents feel ill-equipped to talk to their sons and daughters, even though there is some evidence that they may be young people's preferred source of information. Health and life skills education curricula that include these topics are rare and where they do exist, relevant sections of curriculum are frequently skipped over by teachers unprepared or embarrassed to teach them. Interviewees reported that government health service providers generally neither recognise special needs of this age group nor foster a climate in which young people are welcome, in some cases showing a judgemental attitude towards them – particularly those who are not married. While some innovative programme models exist, few are rigorously evaluated. 187 words

# Adopt a working definition

"Qualitative" is primarily concerned with "Why" something happens.

Go back to the abstract and ***Identify key terms*** that help us understand important aspects of qualitative research.

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- ◆ ... **reviews** the ... **situation**. Based on **analysis** of ...
- ◆ **literature** as well as **interviews** ... in their **social and**
- ◆ **political context**. Interviewees ... **reported** that ... **feel** ...
- ◆ **talk** ... **evidence** ... **source of information**.
- ◆ climate ... **attitude** towards
- ◆ **programme models**
- ◆ **rigorously e v a l u a t e d** .
- ◆ *(187 words of which 19 are very useful – which of course shows we can also integrate a quantitative method)*

# **qualitative research is research involving**

- ◆ **detailed, verbal descriptions of characteristics, cases, settings, people or systems obtained by interacting with, interviewing and observing the subjects.**
- ◆ **Typically starts with use of a document review to collect data.**

# Questions

Is qualitative research about sexuality, sexual and reproductive health important?

What are the tried and trusted methodologies for qualitative research about sexuality, sexual and reproductive health?



# Questions

What confidence can be placed in qualitative research?

Is “Results Results-Based Programme Planning, Monitoring and Evaluation” considered a form of research?

# Questions

Is there a standardized qualitative research design we can follow?

## ◆ **IMRAD**

☐ ☐ **Introduction +**

☐ ☐ **Methods +**

☐ ☐ **Results+ (Analysis)+**

☐ ☐ **Discussion**

# Methods



## **Observation**

Participant Observation  
Experimental Phenomenology

## **Interviewing**

Non-Directive Interviewing  
Interviewing as Dialogue  
Focus Groups

## **Other Techniques**

Personal Construction of Reality  
Projective Techniques  
Narrative research  
Community-based surveys



# How to use them ...

- ◆ **Research Methods Knowledge Base**

<http://www.socialresearchmethods.net>

- ◆ **Qualitative Research in Health Care from BMJ:**

Assessing quality in qualitative research

<http://www.bmj.com/cgi/content/full/320/7226/50>

Analysing qualitative data

<http://www.bmj.com/cgi/content/full/320/7227/114>

Using qualitative methods in health related action research

<http://www.bmj.com/cgi/content/full/320/7228/178>

# And then some more ...

<http://gsociology.icaap.org/methods/qual.htm>