

EDITED BY  
CATHERINE POPE | NICHOLAS MAYS

# QUALITATIVE RESEARCH IN HEALTH CARE

FOURTH EDITION



WILEY Blackwell



## **Qualitative Research in Health Care**



# Qualitative Research in Health Care

Fourth Edition

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## Preface to the Fourth Edition

We had no idea in 1996 that, more than two decades later, we would be embarking on a fourth edition of this book. When we wrote the original paper [1] which inspired the book, qualitative methods were largely unfamiliar to health professionals and many health care researchers. Indeed, there was indifference and even hostility in some circles to the use of qualitative methods in research on health care. The paper that led to the book had been based on a quirky dramatic conference presentation to the Society for Social Medicine's annual scientific meeting in the form of a Socratic dialogue between a young female qualitative health services researcher and her older, male, medically trained boss. Crudely, the question the dialogue explored was: 'Why don't medics take qualitative research methods seriously?' The intervening years have seen a huge expansion in the use of these methods in health care research and elsewhere. For example, the place of qualitative research is now sufficiently recognised at the highest level in government 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].

Following the publication of the initial Socratic dialogue, we were fortunate that Richard Smith, the sympathetic then editor of the *British Medical Journal*, accepted our proposal for a series of papers targeted largely at clinicians, introducing them very succinctly to the main methods used in qualitative research in health care. This series became the first edition. The book has since become international – having been translated into Japanese and Portuguese [3, 4] – and we find that its readership now includes health care professionals working in many different health systems, researchers from diverse disciplinary backgrounds, and policy-makers and research funders from across the globe. This book is

also now one of several on the application of qualitative research to health care, but we believe that it remains distinctive as an entry point for those with little or no previous knowledge of qualitative methods.

For the fourth edition, we have updated the existing material, incorporating new examples and references, and added new chapters on topics which we see as increasingly relevant in an introductory text. As well as continuing to introduce the core qualitative methods of interviews and observation, the book includes entirely new chapters covering the analysis of documents and visual artefacts, and of virtual and digital data, which are becoming more widely used in the health research field. Also new to this edition is a chapter on the role of theory in qualitative research, which we have added in response to requests from readers and students anxious to understand the intellectual foundations of qualitative research. Looking back at previous editions of this book, we feel that we avoided or minimised attention to debates about theory and philosophy in a way that suggested they were irrelevant to qualitative research in health care. In this edition, we recognise the importance of theory in qualitative research more explicitly. We view theory as the foundation of what we do, and, like the physical foundations of a building, while the structures may not be immediately visible, they support what we do as researchers. This book also examines the interface between qualitative and quantitative research – in primary ‘mixed method’ studies and case study research, and in qualitative secondary analysis and evidence synthesis.

Preparing this fourth edition took a lot longer than we had anticipated, in part because as editors we have reached a stage of life characterised by significant caring responsibilities, notably for relatives who need formal health and social care, and informal support. Our interactions with the health and social care services in this period have sharpened our belief that the methods and approaches described in this book are needed to understand health care and health services, and will be essential if we are to improve these. We owe a debt of thanks to all the authors for contributing to this new edition, and to them and our publishers for their patience with the elongated editing process.

As before, this book has been improved by the constructive advice, commentary, and expertise of colleagues and students, 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 doing the kinds of qualitative research which we refer to in this book. We are grateful to the team at Wiley: Pri Gibbons and Deirdre Barry in Oxford, and, in particular, our Project Editor, Yoga Mohanakrishnan and Production Editor, Bhavya Boopathi in India.

Catherine Pope and Nicholas Mays, August 2019

## References

- 1 Pope, C. and Mays, N. (1993). Opening the black box: an encounter in the corridors of health services research. *BMJ* **306**: 315–318.
- 2 Spencer, L., Ritchie, J., Lewis, J., and Dillon, L. (2003). *Quality in Qualitative Evaluation: A Framework for Assessing Research Evidence*. London: Government Chief Social Researcher's Office, Prime Minister's Strategy Unit, Cabinet Office. <https://www.gov.uk/government/publications/government-social-research-framework-for-assessing-research-evidence> (accessed 15 September 2019).
- 3 Pope, C. and Mays, N. (2001). *Qualitative Research in Health Care*. Tokyo: Ikakju-Shoin Ltd.
- 4 Pope, C. and Mays, N. (2005). *Pesquisa qualitativa an atenção à saúde* (trans. A.P. Fajardo). Porto Alegre: Artmed.



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# 1

## Introduction

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Qualitative research is used in a range of social science disciplines. It encompasses a range of methods for data collection and analysis that are used in both academic and market research, several of which have become familiar in health care and health services research. This book aims to introduce the main qualitative methods that can be used to study health care, and to argue that qualitative research can be employed appropriately and fruitfully to answer complex questions confronting researchers. These questions might include those directed to finding out about patients' experiences of health care and everyday health care practices or evaluating organisational change processes and quality improvement.

### 1.1 What Is Qualitative Research?

Qualitative research is often defined by reference to quantitative research. It is seen as a way of doing research 'without counting' because it does not set out to quantify or enumerate the social world or phenomena studied. Indeed, the origins of this book lie in a series of articles on non-quantitative methods directed at a medical journal audience. However, defining qualitative research as 'not quantitative' is unhelpful. It risks suggesting

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that because qualitative research does not seek to measure, it cannot help to explain or understand social phenomena. Whilst it is true that qualitative research generally deals with speech, actions, and texts rather than numbers, this does not mean that it is devoid of measurement or explanatory power. It is worth noting that it is both feasible and legitimate to analyse certain types of qualitative data quantitatively (see Chapter 9 on the analysis of qualitative data). Moreover, qualitative analysis can offer profound and rich insights about aspects of health care and services that prove elusive to quantitative research, as pointed out in a letter to the *British Medical Journal* on the contribution of qualitative health care research:

Qualitative studies help us understand why promising clinical interventions do not always work in the real world, how patients experience care, and how practitioners think. They also explore and explain the complex relations between the healthcare system and the outside world, such as the socio-political context in which healthcare is regulated, funded, and provided, and the ways in which clinicians and regulators interact with industry. [1]

Qualitative research is variously referred to as an approach or set of approaches, as a practice, or as a paradigm. We describe qualitative research as an interpretative approach to data collection and analysis that is concerned with the meanings people attach to their experiences of the social world and how people make sense of that world. Qualitative research comprises both qualitative methods of data collection *and* qualitative methods of analysis; it gathers words and/or visual, descriptive forms of data and explicates these using text-based, interpretative analytical methods.

Qualitative research tries to interpret social phenomena such as interactions, behaviours, and communications in terms of the meanings people bring to them. If quantitative research asks questions such as ‘how big is X or how many Xs are there?’, qualitative research tackles questions such as ‘what is X, and how do people’s perceptions of X vary in different circumstances, and why?’ In this respect the ‘measurement’ that takes place in qualitative research is often concerned with *taxonomy* or classification rather than enumeration. This interpretive focus means that the researcher frequently has to question common sense and assumptions or taken-for-granted ideas about the social world. Bauman, talking about sociology

in general, refers to this as ‘defamiliarising’ and this is exactly what good qualitative research tries to do [2]. Rather than simply accepting the taken-for-granted 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 qualitative 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 and its connotations vary considerably between different countries, different cultures and religious groups, and across time [3, 4]. These insights, in turn, have profound implications for any attempt to quantify levels or trends in suicide or to intervene to reduce the number of suicides.

A second distinguishing feature of qualitative research, and one of its key strengths, is that it is particularly suited to studying people in their day-to-day settings rather than in artificial or experimental ones (though, as Chapter 12 shows, qualitative methods can be used fruitfully even as part of experimental studies such as randomised controlled trials). 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’ [5]. This is referred to as naturalism – hence the term ‘naturalistic methods’, which 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 of data collection. Studying people in their own territory can thus entail observing (non-participant observation), joining in (participant observation), and talking to people (interviews, focus groups, and informal chatting). It might also include reading what they have written (documentary analysis) and examining objects, images and artefacts they create or use. Different qualitative methods can be combined to provide deeper insights; for example, a recent doctoral thesis used photographs to explore a health care setting augmented by interviews and focus groups [6]. Another study interrogated a range of different documents and used interviews to understand health policy [7], and elsewhere observation and interviews have been used together to examine the implementation

of a major quality improvement initiative [8], and to identify the barriers to innovation in health care organisations [9].

## 1.2 The Uses of Qualitative Research

As well as combining several qualitative methods in a single study, quantitative and qualitative approaches can be used to complement each other. (This is explored in more detail in Chapter 12.) One simple way 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 be used to classify phenomena, or answer the ‘what is X?’ question, which necessarily precedes the process of enumeration of Xs. As health care deals with people, and as 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 and researchers 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 describe an activity which can be included 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 [10]. 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 of the subsequent survey questionnaire, and in ensuring the validity of the data obtained, because the language in the questionnaire was clear and could be widely understood. This sense checking and foundational qualitative work is increasingly used in studies of complex health care interventions both to inform the development of the intervention itself and to design the evaluation. An example of qualitative work that contributed to both these aspects is Segar et al.’s careful interview and observational work that informed the development of two telehealth interventions to support patients with long-term conditions [11], and which also contributed to the development of a conceptual framework that underpinned the



randomised controlled trials used to evaluate these interventions in the Healthlines study [12].

Qualitative research is not only useful as the prelude to quantitative research. It also has a role to play in ‘validating’ quantitative research or in providing a different perspective on the same social phenomena studied quantitatively. Sometimes, it can force a major reinterpretation of quantitative data. For example, one anthropological study using qualitative methods uncovered the severe limitations of previous surveys: Stone and Campbell found that cultural traditions and unfamiliarity with questionnaires had led Nepalese villagers to feign ignorance of abortion and family planning services, and to under-report their use of contraception and abortion when responding to surveys [13]. More often, the insights provided by qualitative research help to interpret or understand quantitative data more fully. Thus Bloor’s work on the surgical decision-making process built on an epidemiological study of the widespread variation in rates of common surgical procedures [14] (see Box 1.1) and helped to unpack the reasons why these variations occurred [15]. In the Healthlines study described earlier, qualitative research was used to explain the modest effects achieved in the randomised controlled trials of the telehealth interventions [16].

Qualitative methods can also be used independently to uncover social processes, or access areas of social life which are not open or amenable to quantitative research. They are especially valuable for understanding views and opinions. For example, Morgan and Watkin’s research on people’s cultural beliefs about hypertension has helped to explain why rates of compliance with prescribed medications vary significantly among and between white and Afro-Caribbean patients in South London [17]. Qualitative research can also provide rich detail about life and behaviours inside health care settings, as in Strong’s classic observational study showing how American and English hospital clinics were organised [18]. Stand-alone qualitative research has also been useful in examining how data about health and health care are shaped by the social processes that produce them – from waiting lists [19], to death certificates [20], and AIDS case registrations [21]. Qualitative methods are increasingly being used in studies of health service organisation and policy to considerable effect in evaluating organisational reforms and changes to health service provision [22].

**Box 1.1 Two Stage Investigation of the Association Between Differences in Geographic Incidence of Operations on the Tonsils and Adenoids and Local Differences in Specialists' Clinical Practices [14]**

*Epidemiological study – documenting variations*

Analysis of 12 months' routine data on referral, acceptance, and operation rates for new patients under 15 years of age in two Scottish regions known to have significantly different 10-year operation rates for tonsils and adenoids.

Found significant differences between similar areas within regions in referral, acceptance, and operation rates that were not explained by disease incidence.

Operation rates were influenced, in order of importance, by:

- differences between specialists in propensity to list for operations
- differences between GPs in propensity to refer
- differences between areas in symptomatic mix of referrals.

*Sociological study – explaining how and why variations come about*

Observation of assessment routines undertaken in outpatient departments by 6 consultants in each region.

Found considerable variation between specialists in their assessment practices (search procedures and decision rules), which led to differences in disposals, which in turn created local variations in surgical incidence.

'High operators' tended to view a broad spectrum of clinical signs as important and tended to assert the importance of examination findings over the child's history; 'low operators' gave the examination less weight in deciding on disposal and tended to judge a narrower range of clinical features as indicating the need to operate.

### 1.3 Methods Used in Qualitative Research

We have suggested that qualitative research explores people's subjective understandings of their everyday lives. Although the different social science disciplines use qualitative methods in slightly different ways to accomplish this, broadly speaking, the methods used in qualitative research include observation, interviews, and the analysis of texts,

documents, or artefacts. Speech or behaviour can be collected using audio or video tapes, and with the advent of the Web and mobile communication technologies a range of additional digital data capture opportunities have opened up, extending textual analysis to include online conversations and forum threads as well as printed documents. Data collected by each method may be used differently (for example, video- and/or audio-taped material may be used in conversational analysis (see Chapter 10) or as the basis of one of the other distinctive analytical approaches (outlined in Chapter 9)), but there is a common focus on talk and action rather than numbers. On one level, these ‘methods’ are used every day by human beings to make sense of the world – we watch what is going on, ask questions of each other, and try to comprehend the social world we live in. The key difference between this activity and the qualitative methods employed in social science is that the latter are explicit and systematic. Qualitative research, therefore, involves the application of logical, planned, and thorough methods of collecting data, and careful, thoughtful analysis. As commentators have pointed out, considerable skill is required by the researcher to progress beyond superficial description towards genuine insights into behaviour [23–25]. Perhaps more than some quantitative research techniques, qualitative research studies benefit from experienced researchers. One of the problems arising from the rapid expansion of qualitative methods in the medical and health fields is that the necessary skill and experience are sometimes lacking to undertake high-quality qualitative work.

## **1.4 The Place of Qualitative Methods in Health Care Research**

Over the past few decades, the usefulness and contribution of qualitative research in and for health care has appeared to become increasingly accepted. The *British Medical Journal* series that prompted the first edition of this book was highly cited and has been augmented and expanded with further papers. The range of books detailing the application of these methods to health and social care practice and research has grown, as has the number of published studies. In the UK, the National Institute for Health Research (NIHR) Health Technology Assessment Programme, previously dominated by quantitative and experimental methods, began