



NIHR Global Health Research Group
on Stillbirth Prevention and Management in Sub-Saharan Africa
at The University of Manchester



Qualitative research: Overview

Tracey A Mills

Senior Lecturer, International Public Health

“Not everything that can be counted counts, and not everything that counts can be counted”

William Bruce Cameron

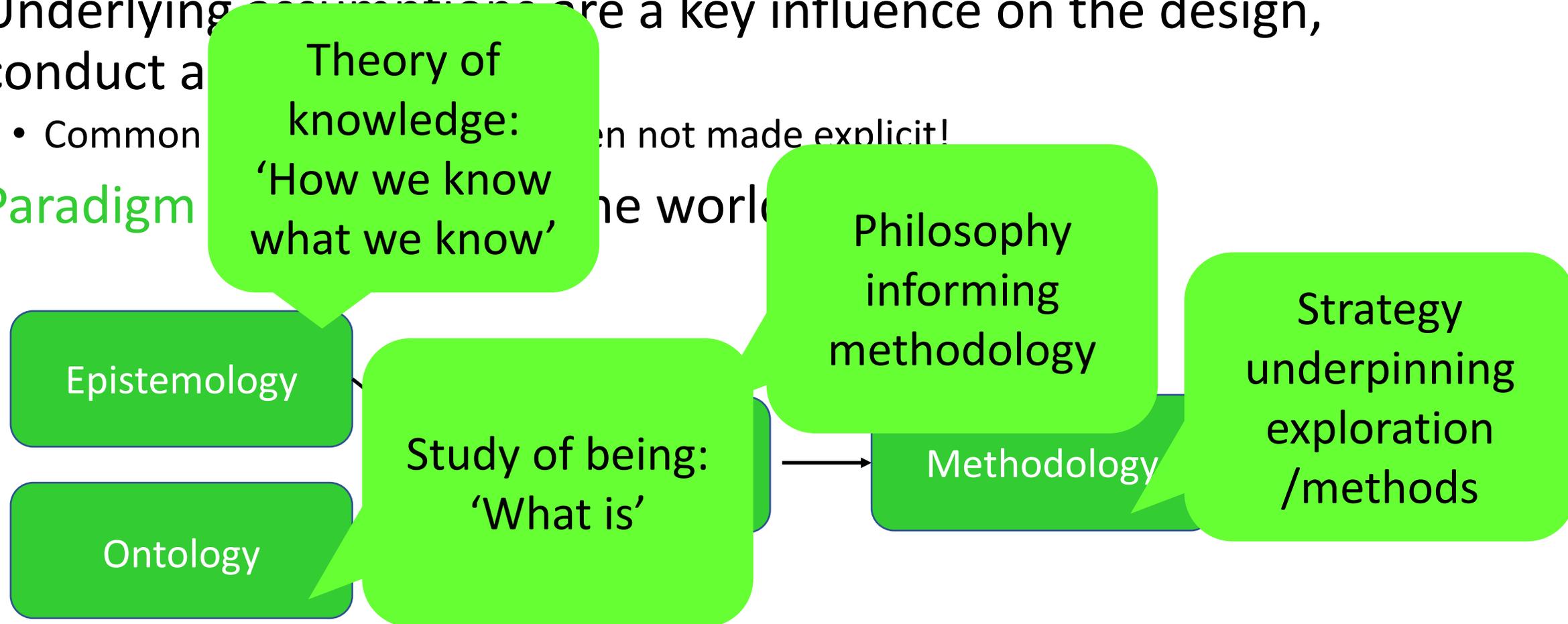


What is qualitative research?

- Develops concepts which help us *understand social phenomena*
- Conducted in *natural* (rather than experimental) settings
- Focus on *human views, experiences* and *meanings attached to experiences*
- Widely used to address complex questions in health research

Foundations

- Underlying assumptions are a key influence on the design, conduct and interpretation of research
 - Common assumptions are often not made explicit!
- **Paradigm**



Constructivism

- Emerged as a criticism of **objectivism**

	Objectivism	Constructivism
Ontology	Reality exists separate from and not determined by observer and can be known: <i>Positivism</i>	Reality is a social construction, individuals have interpretations of reality: <i>Interpretism</i>
Epistemology	We can directly observe/measure reality	Knowledge is subjective, constructed by individual interpretation of experiences
Methodology	Deductive, theory/ hypothesis testing, experimental research, clinical trials, surveys	Inductive, theory generating, qualitative methods, phenomenology grounded theory, ethnography

Why and when to do qualitative research

- Quantitative and qualitative research presented as conflicting and incompatible, mutual criticism/suspicion
- Health care research questions are often complex
- Qualitative approaches are needed for **experience, meaning and perspective** 'Why'
- *Example: Why do women in rural Tanzania not attend antenatal clinic follow up?*
 - Talking to women, health workers and observation of clinics would provide more understanding

Mixing methods

- Qualitative and quantitative methodologies are increasingly combined in the same study
- Pragmatic paradigm ('3rd way') emerged in 1990's
- Encouraged freedom to choose 'what works' to answer complex research questions
- Can be **sequential**, **parallel** or **nested**
 - Be clear how data will be synthesised
- Ensure compatibility, sufficient expertise in team



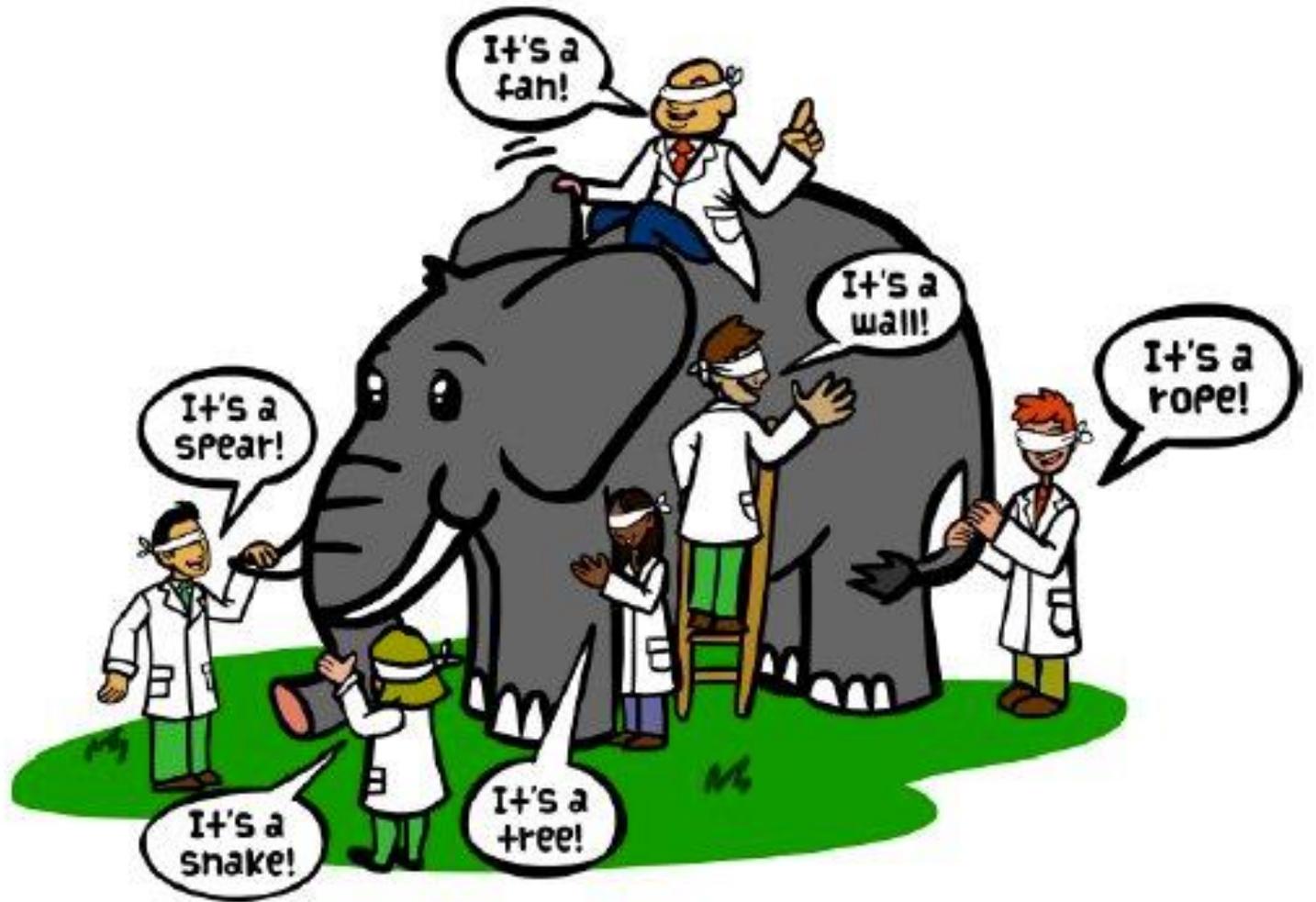
Quality: The good, the bad and the ugly

- High quality qualitative research provides robust evidence for practice
- Needs to be ethical, important, clearly described and use appropriate and rigorous methods
- Quality criteria are established but different to quantitative
 - Researchers are instruments in the research
 - 'Participants' rather than 'subjects'



Rigour

- **Trustworthiness:** transparent and explicit description of purpose, conduct, decisions, data handling
- **Credibility:** truth, recognisable descriptions of context, reflexivity (addresses influence of the researcher), verbatim, ? triangulation
- **Transferability:** 'fit' into similar contexts, is it meaningful to others
 - Large sample not marker of quality, may reduce depth
 - Data 'saturation' not required for all methodologies
 - Sample; purposive, convenient, theoretical or snowball, participants are selected to illuminate the phenomenon
- **Dependability:** consistency, but not necessarily same in another context, maximum variation, seeking negative cases and involve others in interpretation



'We have to remember that what we observe is not nature in itself, but nature exposed to our method of questioning'
Werner Herzog

Summary

- High quality qualitative research involves complex theoretical frameworks, rigorous design and analyses
- It is not an 'easy option' or 'collection of anecdotes' as sometimes represented
- Understanding experiences of individuals and groups can inform better delivery of services, support and care for acute and chronic health needs and education to improve public health
- The next sessions will provide real world examples of the main qualitative methodologies in action

