Qualitative Research

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Quantitative



John Blenkinsopp Clinical Effectiveness Advisor University Hospital of North Tees

Appraising Qualitative Tests?

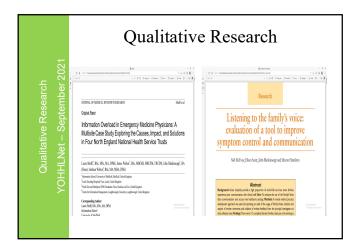
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- At first sight, appraisal of qualitative studies seems more intuitive and less deductive; less of a science and more of an art
- What are your views of qualitative studies?
 - Have you appraised them before?

Qualitative Research

The Role of Qualitative Research in Evidence Based Practice

- Give patients a voice and a view ('client focussed care)
- Gives a human dimension to research
 - Doing things with patients vs Doing things to patients
 - A change from passive receipt of treatment to an involvement in it
 - Appropriateness of treatment
 - Quality of life as opposed to length of life
 - Side effects



Insight in Healthcare

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- Phenomenological vs scientific
- Why do people behave in a certain way?
- How are opinions and attitudes formed?
- Why do people feel a certain way as a result of events?
- Subjective statements 'in my experience, this happens because...'

21	Differences between Qualitative and Quantitative Studies		
Qualitative Research YOHHLNet – September 2021	If you want to know how of for sore throats, you need to If you want to know why G antibiotics for sore throats, research.	Ps do or don't prescribe	

Different Approaches



- Phenomenology describing an event that the patient experiences – e.g. back pain
- Ethnography 'portrait of people' with focus groups and interviews
- Action Research Researchers and patients collaborate to describe their experiences
- Narrative Research Researchers examine stories to understand how patients perceive and try to contextualise their experience

Warfarin



• There are thousands of papers that tell me about the effectiveness of Warfarin, but most patients are worried about side effects and the experience of taking the drug

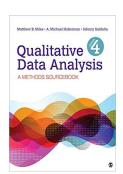
Qualitative research and sociological research

- Data usually gathered in the form of interviews or observation. Feelings and insights are considered important
- The theory is developed from the data ("grounded theory") - themes and issues emerge during the study, sometimes surprisingly

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Qualitative Research Methods

- Observations recording what you have observed in detailed notes.
- Interviews Asking people questions in one-on-one conversations.
- Focus groups asking questions and generating discussion among a group of people.
- Survey Questionnaires with open ended questionnaires



Checking Validity

- Giving the findings to the subjects to check that they are a reasonable account - "member checking".
- "Triangulation" using more than one, independent source.
 - In the antibiotics & sore throats example, a researcher may get data from a focus group, as well as send written questionnaires to other individual GPs. If the results are broadly similar, there is more chance that the results are valid.

Main Issues

- The outcomes may be more subjective and multifaceted than "absent / present" dichotomies.
- The tools for data collection (interviews, focus groups and surveys) may be more at risk of observer effect and bias than quantitative methods
- There may be a uneasy suspicion that the authors, however subconsciously, have been "selective" in their choice of quotes to support conclusions

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Critically Appraising Qualitative Studies

- We need to identify a clear aim for their project, not just an attempt to gather masses of data and then impose some "order" on it
- choice of an appropriate methodology
- Justification for who was and who was not included, and some discussion of the effect of drop outs and non-responders.

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Practical Workshop

- We are about to review a qualitative research study
- Appraise the approach
 - Is it open to any bias?
 - Have they asked 'the right' questions?
 - Have they 'saturated' the data?

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		Barriers to accurate diagnosis	s and effective management					
		of heart failure in primary ca	are: qualitative study					
		Ahmet Fuat, A Pali S Hungin, Jeremy James Murp						
		Abstract	Introduction	Centre for Integrated Health				
		Objective To secret in the beliefs, current practices, and decision making of general practitioners in the diagnosis and management of supported heart failure in primary care, with a view to identifying barriers to perigin A qualitative approach using foots groups with 39 general practitioners from four primary care groups. The sampling strategy was strated and purposive: The contents of interviews were transcribed and analysed according to the principles of "pagmatic variant" grounded theory. Setting North east England.	Heart failure is difficult to define and diagnose. It is common increasing in prevalence, and has high mor- hidity and mortality also to common cancer. It is managed largely in primary care, imposing a theory burden on the NHS, and account for 5% of admissions to medical words, with high readmission rates. It is not to the common of the common of the correct in less than half of cases confirmed by chocardiographs. Heart failure is poorly managed in general practice for many reasons. If Corcurainy, about diagnosis's lack of cares to diagnosis	meggaetr Vestur Care Research Institute, University of Durham, Stocktor-on-Fees TS17 6BH Almet Fust Northern and Methier Regional Health Audweity research Institute fellow A Pall S Hunglin professor of privary care and general practice				
		Results Three categories of difficulties contribute to variations in medical practice and to the reasons why general practitioners experience difficulties in diagnosing and managing heart failure. The first is uncertainty about clinical practice, including lack of	services"; lack of awareness of research evidence and guidelines'; worries about adverse effects, cost, and inconvenience of angiotensin converting enzyme inhibitors'; and poor communication between profes- sionals in primary and secondary care' lead to variable	Darlington Memorial Hospital, Darlington, County Durham DL3 6HX Jeremy James Murphy				