Family Practice Forum

Qualitative Research in Family Medicine

Gary L. Burkett, PhD, and Michael A. Godkin, PhD
Johnson City, Tennessee, and Worcester, Massachusetts

David Metcalfe, currently of Manchester University, suggested in a keynote speech at the most recent North American Primary Care Research Group (NAPCRG) meeting in Columbus, Ohio, that "research in comprehensive care requires a comprehensive range of methodologies."[1] In particular, he contended that some areas of fundamental interest in primary care disciplines might be best studied, not through "quantitative" or "statistical" approaches, but through "qualitative" research methodologies such as anthropological fieldwork or ethnography, "action research," or the venerable "case study" approach. The audience's reaction was a mixture of enthusiastic agreement, perplexity, and vehement disagreement. Some seemed to feel that the lecturer was calling for a radical reliance on "subjective," "soft," and "impressionistic" experience rather than on "scientific" knowledge. To others, including ourselves, Metcalfe was simply delivering a very timely reminder of one of the first principles of research design: "different research questions call for different research methods."

There is a long, productive, and respected tradition of qualitative research in anthropology, sociology, and other social science disciplines. The term *qualitative research* is used to label techniques that range from anthropological fieldwork performed by investigators who wish to discover the meanings of whole cultural systems to the work of ethnomethodologists, who wish to identify the latent rules of everyday social interaction. While qualitative research has many uses and takes many forms, the intention of most of it is to discover *the meanings of social phenomena as experienced by the actors themselves.*

Qualitative research is particularly suited to the content of family medicine, of all the medical disciplines, because of its underlying philosophy. Family medicine considers as an essential focus the psychosocial context of patients' problems, the meanings that individuals place on their relationship to their social context, and the impact of such meanings on psychological, emotional, and physical states of health. In particular, family medicine is concerned about people's perception and experiences of their bodies with respect to areas of vulnerability, their families and work places, and the medical care system, and how these experiences have an impact on the development, presentation, and management of illnesses.

It is unfortunately true that qualitative research traditions have often been maligned as "unscien-

From the Department of Family Practice, Quillen-Dishner College of Medicine, East Tennessee State University, Johnson City, Tennessee, and the Department of Family and Community Medicine, University of Massachusetts Medical Center, Worcester, Massachusetts. Requests for reprints should be addressed to Dr. Gary L. Burkett, Department of Family Practice, Quillen-Dishner College of Medicine, PO Box 21,130A, East Tennessee State University, Johnson City, TN 37614.

tific" and "subjective." In spite of such approaches to research enjoying a resurgence in the late 1960s and early 1970s (as did family medicine), they have had to withstand (again, as has family medicine) repeated criticisms concerning academic and scientific integrity. Such criticisms tend to be based on misconceptions about the nature of science and about the purpose of scientific investigation. In particular, such criticisms tend to ignore differences between the social world and the physical world.

Research might be defined in its simplest terms as asking a question and pursuing an answer through systematic observation. Similarly, science, as defined by Peter Caws in his *Philosophy of Science,* is "the explanation of nature in its own terms, together with all that follows from doing that successfully, such as the ability to predict how things will behave and hence to control them."[2] While the quantitative measurement of "variables" and the search for statistical relationships among such measurements has exhibited great success in the explanation of some realms of nature, there is no reason to assume that such an approach is always the most appropriate one to the study of every kind of natural (particularly psychosocial) phenomena.

There are probably two primary roles for qualitative research methodologies in family medicine. One role, about which there would be very little disagreement, is an exploratory tool that can be used prior to the development of a more structured and quantitative research design. In settings where an investigator is unsure about how to specify and measure variables, qualitative research methods—such as participant observation or semistructured interviewing—can serve a useful function in preliminary stages of research. As a tool for exploring and discovering the actual dynamics of a research setting, a qualitative approach to research can help ensure that investigators do not impose measurement techniques in an irrelevant or inappropriate fashion.

Second, qualitative approaches to research often can serve a useful function even when there is no immediate intention to achieve quantification of findings. This usefulness role is especially important when social meanings themselves (people's interpretations of events) are the object of investigation. Metcalfe, for example, in the lecture mentioned previously,[1] cited a study of the ways in which women who had undergone hysterectomies interpreted and felt about the experience of losing their uterus. While some women experienced a sense of estrangement at the loss of an organ that was vital to their self-concept, many others felt great relief as a result of the removal of a diseased and threatening agent from their persons. These perceptions have obvious implications for the counseling of patients.

There is a danger that family medicine, in its quest for increased research productivity, will unnecessarily limit itself by borrowing too exclusively from the research methods of other medical specialties, especially the so-called scientific, or quantitative, method with its base in the physical sciences. In some ways this choice is appropriate; prediction and generalization, two yardsticks of quantitative research, are necessary outcomes of scientific inquiry. Quantitative research should be, however, but one method in a family medicine researcher's repertoire. Qualitative research, emphasizing understanding rather than explanation, relationships rather than causality, processes rather than content, has an important role to play in medical research, especially in family medicine.

If qualitative approaches to research are to gain a greater role in family medicine research, there are several important changes that need to occur. First, there needs to be wider acknowledgment of the legitimacy of such research methods for certain areas of inquiry that are of fundamental importance to the discipline. Second, there needs to be further discussion and study of the specific functions that can be performed by these research traditions. Third, there need to be training opportunities for developing and sharpening the general observational skills and specific investigational techniques that constitute qualitative research methodologies. And fourth, there needs to be official recognition by such research gatekeepers as journal editors and granting agencies of the value of alternative research techniques.

References

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