



QUALITATIVE RESEARCH IN HEALTH

Ligia Regina Franco Sansigolo Kerr¹, Carl Kendall²

Qualitative research and health has become extremely popular in the last 30 years. Since the 80's, more and more health professionals have engaged in qualitative research. Discriminating a "qualitative research" from quantitative research, though, is a misnomer, since all research is at least part qualitative. After all, when epidemiologists or biostatisticians count something, that category is a qualitative "something". Giddens puts it very well:

All so-called 'quantitative' data, when scrutinized, turn out to be composites of 'qualitative' - i.e., contextually located and indexical - interpretations produced by situated researchers, coders, government officials and others. The hermeneutic problems posed by ethnographic research also exist in the case of quantitative studies, although these may be in some large part 'buried' by the extent to which the data involved have been 'worked upon'^(1:333).

The desire to engage with these categories – to question why and what to do about the problems captured by these numbers - is part of the attraction of qualitative research. Another is to represent voices in the community more directly. Finally, one reason for the increasing popularity of qualitative research is that it looks easy and affordable. After all, we all use words and think systematically, right? Because of this, many people conduct qualitative research without appropriate training. The result can be research that slavishly imitates quantitative research, only with bigger problems, since it consists of smaller samples and textual data. This kind of research demonstrates a lack of familiarity with the epistemological commitments of qualitative research⁽²⁻³⁾. Moreover, many of these studies do not take advantage of methodological advances in methods and data collection technology that have occurred in the last 30 years. Many of these advances are collected in reporting guidelines for publication now developed.

There are numerous techniques and strategies that are employed in qualitative research, the most common are listed below: 1) Direct observation, observing interaction without direct participation in activities; 2) Interviews, open-ended or semi-structured, and in-depth. The interviewer usually has a guide (to differentiate it from a questionnaire) containing open-ended questions in no fixed order. Open-ended or semi-structured guides are often used in hybrid data collection methods such as *Rapid Anthropological Assessment*. In-depth – a word used inappropriately for almost any kind of open-ended interview - explores a topic in a comprehensive way, through multiple and lengthy interviews open to exploring categories

¹Physician, Senior Professor, Department of Community Health, Universidade Federal do Ceará. Fortaleza, CE, Brazil. E-mail: ligia@ufc.br; ligiakerr@gmail.com

²Medical Anthropologist, Department of Global Community Health and Behavioral Science, Tulane School of Public Health and Tropical Medicine. New Orleans, United States, E-mail: carl.kendall@gmail.com; ckendall@tulane.edu

emerging from the respondent; 3) Participatory research, explicitly involving participants in the design and conduct of a study; 4) Ethnography, immersing the researcher in the field for months or years; 5) Focus group discussions, with researcher as moderator initiating a discussion among participants and listening carefully while facilitating the discussion. All qualitative research requires the researcher to carefully build a chain of process and evidence, and increasingly sophisticated consumers of this research require more careful application of these methods and strategies to add validity and reliability to the results.

One of the advantages of qualitative research is its effectiveness in the study of subtle nuances of shared human life and the analysis of social processes over time. Qualitative research provides an opportunity to explore assumptions that generate our understanding of the social world. Qualitative research is particularly suitable for topics or issues that are not well known or without clear responses or solutions, such as drug and alcohol abuse. Since qualitative research collects, analyzes and reformulates questions in parallel, and iteratively, it provides a flexible approach particularly suitable for relatively unknown topics.

Many quantitative studies require large budgets, staffs and large study populations. Much qualitative research can be conducted at lower cost and some, with just a notebook and a pen.

However, qualitative research also has disadvantages. These are not appropriate methodologies for obtaining statistical descriptions of large populations. Reproducibility is another potential problem. For example, we can not assume that the same result will be achieved at the end of repeated observations or measurements by different researchers. Depending on the training and skills of the researcher, studies may fail to achieve saturation of information, or explore alternative explanations for the phenomenon studied, and the researcher can "paint" this phenomenon in her own way, which may not best represent voices in the community.

At the core of the growing interest in qualitative research is the recognition of the importance of context. With the collapse of expert systems of knowledge that characterizes postmodernism, there is a growing recognition of the role of local construction of knowledge and expertise. Local knowledge situated in local contexts reported by local participants promises a strategy for researchers concerned with democracy and progress, in improving health and quality of health. In the past the diversity and multiplicity of this local knowledge seemed too complicated to call science. Where were the universal laws? Where were the new inventions? Current technologies, and elaborated and explicit reporting strategies are finally promising opportunities to compare local experience not available 40 years ago, and globalization is now creating sufficiently similar conditions for local responses to have global importance.

This issue of Rene Journal features a series of articles that cover a wide range of topics that discuss evaluation of health programs, health promotion, health conditions of certain groups (maternal and child health, nursing professionals, etc.), and health care, among others, demonstrating diverse uses of qualitative methodology in scientific research in healthcare. The widespread application of appropriate qualitative methodology in the collection and interpretation of data point a way forward to improve life and human health.

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