HEALTH EDUCATION JOURNAL (1995) **54,** 389–392

Guest editorial

QUALITATIVE RESEARCH AND THE GINGERBREAD MAN

Recent articles on research methodology in the pages of this journal signify a trend towards a wider use of qualitative methods. In doing so, they join a growing list of papers from a wide range of journals, including the influential *British Medical Journal* (*BMJ*). The discovery of qualitative methods is good news for all those who have spent many years arguing their case in the health field. However, there are potential pitfalls. These threaten to undermine qualitative researchers if open debate on the nature of their work is masked by an overwhelming push to accept the methods as just another set of weapons to be deployed in the armoury of health research.

Articles extolling the virtues of these methods have been written both by those with little practical experience of using them, but with considerable expertise in experimental or survey research, and by researchers with life-long commitment to, and considerable reputations in, the field of qualitative methodology. Taken together these people are well placed to write about qualitative research and to bring its benefits to the attention of their laboratory-based peers. They offer valuable and accessible introductions to the strengths of qualitative methods within health-related research, as well as providing a toolbox of techniques.

A need for caution

The note of caution comes from our concern that what is distinctive and challenging about qualitative methods may be overwhelmed by the desire to make them acceptable to those unfamiliar with their origins and assumptions. The tenor of many of the recent articles is – understandably perhaps – one of appeasement, conveying the wish to avoid anything as unpleasant as an argument. It is as if there is a need to allay the suspicions and anxieties which may be aroused in the dominant tradition of quantitative researchers by the challenge that is implied by an alternative methodology. Accordingly, such a direct challenge is avoided in favour of a more discrete approach to the topic. For example, in the first article in the interesting series in the *BMJ*, Pope and Mays[1] conclude that 'in health services research the differences between qualitative and quantitative methods continue to be overstated and misunderstood' (p43). As these authors stress, there are many ways in which qualitative and quantitative research are not methodologically distinct. However, as Milburn and colleagues[2] note in their article in the *HEJ* series, there is a need to be more questioning about the appropriate use of combined methods.

In another article in the *HEJ* series, Secker and colleagues[3] explore the differences between what they describe as two 'theoretical foundations' for qualitative research: sociological and marketing research. While they argue that the former is exploratory and analytical and the latter developmental and descriptive they stress that this distinction 'is not meant to suggest that one approach is better or more rigorous than the other'. In arguing for greater recognition of the similarities of research traditions there is a danger that we will lose sight of two fundamental differences between them: the type of knowledge that different methods can generate – the epistemological difference; and the types of reality or object to which different methods are relevant – the ontological difference.

Meaning and context

Research methodology is more than a set of techniques, and some understanding of history and epistemology (that is the basis on which they claim to produce knowledge) is important. Social phenomena, unlike those assumed to exist within laboratory science, are more than a set of regularised relations of functioning components. They are a product of dynamic social relationships reflecting the cognitive and economic interests operating in different groups in society. Consequently, some grasp or analysis of the social and symbolic construction of reality is necessary before a fitting method of investigation is devised. Articles in the recent *HEJ* series have demonstrated that qualitative research methods can be used as tools in a range of settings to collect descriptive information. However, as Pope and Mays[1] suggest, they can do much more than this. Within the health field, the major contribution qualitative research can make must be: *to provide 'knowledge' about the subjective meanings attaching to behaviours and experiences as viewed from within a culture, society or group and the factors (individual, cultural and structural) which shape these meanings.*

It is possible to dismiss the relevance of such work to the scientific project in the health field. However, to do so is to deny a place for the understandings we derive from anthropology, history, human geography, and sociology. What characterises much of the work in all of these disciplines is an attempt to define the object of interest as the relation of subject to object, of person to society. We would argue that knowledge and methods derived from such disciplines can help to answer a principal question underlying much health research: why do people (professional or lay) do what they do when they do it? The accounts that people give about their experience of health, illness and health care provide an important way of linking individual agency and social structures – the conundrum at the heart of the contemporary debate about inequalities in health.

The search for a 'gold standard'

Another contemporary issue facing health research is the effectiveness of health care interventions. Increasing emphasis has been placed on the need to assess the quality of the research evidence on effectiveness and a correspond-

ing methodology for systematic review has developed. This identifies the well-designed randomised controlled trial as the 'gold standard' in evaluative research. In seeking to answer the question, 'why do people do what they do?', it is similarly necessary to assess the quality of the evidence from qualitative research. Asking the right technical questions is important. These would focus, for example, on sampling strategy, the ways in which adequacy of theory, collection, and analysis of data have been safeguarded and how the context for the research has been taken into account. But we would argue that the primary marker of the quality of qualitative evidence relevant to this question is whether the knowledge which the research has produced incorporates an understanding of the nature of subjective meanings in their social contexts.

This raises critical issues about the contested nature of knowledge within health research which have yet to be directly addressed in contemporary debates about the complementarity of different research methods. For the most part, scientists working within fields strongly influenced by the biomedical perspective are not preoccupied with epistemological assumptions and it is in the nature of 'normal science' that this should be so. They appear to be entirely pragmatic and therefore reasonable and fair – but only within limits. And limited ideas about what 'proper science' is place definite constraints upon what methods and procedures scientists adopt and how, when and where results are to be published.

Power and methods

However, the notion of 'proper science' also has a social history in which the powerful constructed methods objectified, devalued or dismissed the views of the mass of ordinary people. For example, social medicine with medical and social surveys at its heart was harnessed as part of a political project of social engineering – albeit a progressive one but still one which involved a governmental and educated elite shaping the health of a silent and malleable populus[4]. Much of today's public health policy still resonates with this tradition, with strategies such as mass childhood immunisation being a contemporary example[5]. Over the last two decades there has been a stronger critique of the 'rationality' of science and a growing recognition that successful science, far from being 'disinterested and sceptical', is based on persistent lobbying of governmental representatives and the mobilisation of a variety of other social groups – including the public – in support of scientists' interests.

In this context, discussions about multidisciplinarity and diversity of research method take on a different and more complex hue. If we are to see genuine progress in complementary working across disciplines and methods then health researchers and those who use health research need to be more aware of, and take into account, the fundamental issues underlying the current genteel discussion about methods. This poses a greater challenge than that involved in asking a series of questions about the technical aspects of qualitative methods and requires deeper questioning of the dominant views about the nature of 'science' itself[6]. If these big questions are not directly addressed then qualitative researchers may undergo the same fate as the gingerbread man.

Lulled into a false sense of security we may move closer and closer towards our larger colleagues only to be gobbled up whole.

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