

## Qualitative Research and Clinical Methods

I am honored for being an alumnus of KEMC, and am delighted to write this editorial for the Annals. I have, ever since done my research and taught qualitative methods, felt that clinical methods are quite akin to qualitative research. Then, why only few clinical researchers use qualitative methods? A witness to this assumption is the research published in the Annals. In this treatise, I try to identify some parallels between the two types of methods and argue for the clinicians to invest in learning qualitative research methods to practice clinical methods well.

Qualitative research is to identify and interpret issues from the perspective of participants, their experience of: illness or disability, using health service, and to appreciate the meanings they give to the behaviour, events or objects in the context of their social and cultural norms. In this type of research, the emphasis is on exploring the associations and understanding the phenomenon in its holism; and not, like in quantitative research, from an outsider's perspective and for certain specific aspects.<sup>1</sup> It requires participants with specific characteristics, selected purposely that can best inform the research topic. More participants, identified inductively during data collection, are added to develop full and multiple perspectives about the cases.<sup>2</sup>

No preset data collection tool is used, instead qualitative researcher guided by a research question acts as an instrument, since the line of enquiry he changes during data collection as new understanding is gained and/or the situation changes.<sup>3</sup> The data for research is derived from the observation, interviews or verbal interactions, focus group discussions, document reviews, life histories etc. and the researcher asks why, how and under what circumstances things occur; and not just what, where and when. It is recorded in words or pictures and log book is used to record notes arising from interviews, observations, extracts from documents etc.

In health care settings patients are the subjects for clinical methods. The clinician, even prior to any verbal communication, observes the patient, e.g. for his gait and appearance. If in a bed or examination couch,

his posture could give some clue to the illness. Inspection, a clinical method, is like systematic observation, which is qualitative method, should be holistic. In my third year during bedside teaching, Professor (late) Rashid Ahmed Qureshi said, *"patient has come to you as a whole and not his stomach in a tray"*, when a student straight went to examine abdomen of a patient with acute abdomen. History taking, another clinical method, is like conducting semi-structured in depth interview – a qualitative research method. In both disciplines, we are told, *"not to ask leading, but follow up and probing questions"*; and Professor (late) Alamgir Khan, while teaching clinical methods, would add, *"if a good history is taken, you will establish diagnosis in over 65% of cases"*. Likewise, as part of history taking, documents related to patient's illness history and treatment are reviewed – similar to document review in qualitative research.

The two approaches however differ in how the data is analysed. In clinical practice, diagnosis is established based on the pathophysiological knowledge or patient's clinical condition is discussed in clinicopathological conference.<sup>4</sup> On the other hand, qualitative research employs meaning based data analysis, whereby the qualitative data is transformed into some form of explanation, understanding or interpretation of people and situation that is investigated.<sup>5,6</sup>

In conclusion, the history, the observation and the review of document related to patient are since obtained using qualitative methods, the clinician trained in these methods could not only conduct these methods well but also interpret the data to identify and detect obstacles to the change in clinical condition and the reasons why improvement does or does not occur.<sup>7</sup> Finally, while it is heartening that research forums are organised in the institutions affiliated with KEMU, in order the research is richer, the researchers' skills in qualitative research methods should be built.

### References

1. Green & Thorogood 2004 in Britten N, Patient Education and Counseling, 2011; 82: 384-8.
2. Mays N, Pope C, Reaching parts other methods cannot

- reach: An introduction to qualitative methods in health and health services research. *BMJ*. 1995; 311: 42-45.
3. <sup>1</sup>Murphy E, Dingwall R, Greatbatch D, Parker S, Watson P. Qualitative Research Methods in Health Technology Assessment: A Review of the Literature. *Health Technol Assess*, 1998; 2: 3-9.
  4. David A. Nordone in Walker HK, Hall WD, Hurst JW, editors, *Clinical Methods: The History, Physical and Laboratory Examinations*, 3<sup>rd</sup> Edition. Boston: Butterworth; 1990.
  5. Polkinghorne D 1983. *Methodology for the Human Sciences*. Albany, NY: Human Sciences Press.
  6. Monique Hennik, Inge Hutter, Ajay Bailey 2011. *Qualitative Research Methods*, Sage, London.
  7. Pope C, Van Royan P, Baker R. Qualitative Methods in Research on Health Care Quality. *Qual Saf Health care*, 2002; 11: 148-152.

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