

In this number

The Duncan memorial lecture

Dr Duncan was the first medical officer of health in Britain and is remembered in many ways including an annual lecture in the city which benefited from his vision and experience, Liverpool. We are pleased to be able to publish the 1993 lecture which is the second in our lecture series following the 1993 Cochrane lecture published earlier this year.

Social inequalities and accidents

Several articles pick up the theme of social inequalities and health and the three short reports focus on accidents of various types in the old and the young. Short reports continue to be a way of communicating results much more quickly than normal, especially since the number of papers submitted to the Journal each year has dramatically increased lately.

Health expectancy compared with life expectancy

A methodological article presents the case for adding health to years in calculations of expected life span – a rather different approach to quality of life – but advises caution in using and interpreting various methods of calculation.

The UK Society for Social Medicine

We have a long-established tradition of publishing abstracts of lectures and posters accepted by peer review for the Annual Scientific Meeting of this Society which numbered in its members several of the founders of this Journal. Although this is a special connection we welcome the submission of abstracts from other similar societies.

Editorial

Why we need qualitative research

“The almost sole recognition given to quantitative methods has trained students inadequately, established flawed standards of practice and research, and delayed the development of essential medical knowledge... When qualitative methods are clearly established in our research repertoire, the advance of medical knowledge will be greatly accelerated”.¹

Aetiological and health services research are dominated by quantitative methods: research tends to be considered real and serious only when it uses these approaches. Quantification has acquired a bogus value – if something can be measured or counted it gains a scientific credibility often not afforded to the unmeasured or unmeasurable. Because of this, a finding or result is more likely to be accepted as a fact if it has been quantified than if it has not. On occasions, our love affair with numbers goes even further: sometimes we may suspend our critical faculties when faced with quantitative information, whether derived from routine or ad hoc sources. As a result, many well known, widely accepted “facts” of doubtful accuracy have become entrenched in our supposed knowledge of health, disease, and health care, such as that one couple in 10 is infertile, one man in 10 is homosexual, one hospital bed in 10 in the USA is for intensive care, and the prevalence of coronary heart disease rose and is now declining. The scientific bases for all these claims are doubtful.

We clearly need and can benefit enormously from the quantification of many aspects of the physical, social, and psychological worlds. Indeed, it is the undeniable importance of quantitative enquiry that makes the need for improvements in its conduct so crucial. This can be achieved in three ways. Firstly, by the development of more sophisticated statistical methods for handling quantitative data. Secondly, by using quantitative methods in combination with qualitative methods. And thirdly, by acknowledging that some situations are inevitably beyond the scope of

quantitative methods but could be investigated more appropriately by qualitative ones.

What is qualitative research?

Before considering how qualitative research might help, what exactly is it? As the opening quotation suggests, many scientifically trained researchers are unaware of qualitative methods and some even take pride in their ignorance. It is easiest to start with some widely held misconceptions about qualitative research: it is not about the measurement of quality; done properly, it is no less rigorous or objective than quantitative work; it is not an easy haven for innumerate scientists; and it is not simply research using samples that would be too small for statistical analyses.

In essence it is research that helps us to understand the nature, strengths, and interactions of variables. Like quantitative research, it can address causation and it involves observation and interpretation of events. Unlike quantitative research, it seeks to answer the “what” question, not the “how often” one. Thus, rather than adopting a simplified, reductionist view of the subject in order to measure and count the occurrence of states or events, qualitative methods take a holistic perspective which preserves the complexities of human behaviour.² A qualitative approach – interviews, observation of activities, interpretation of written material – is most revealing when the variables of greatest concern are unclear. The focus may range from a single individual or small group, such as the interaction between a health professional and a patient, to the functioning of a large organisation, such as a hospital. The benefits of qualitative methods are greatest when the subject of study cannot be controlled and is poorly defined. They have the capacity to reveal what is going on but do not attempt to measure how often an event or association occurs. Given these attributes, how can qualitative research contribute to our understanding of health and health care?