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## **EDITORIAL**

# **Qualitative Research Methods In Family Medicine**

"What is qualitative study?" I was recently asked by another family doctor. Greenhalgh *et al* gave a very good and precise answer to this question in their recent paper<sup>1</sup> in which they said: "Qualitative study is a study that goes beyond numbers." Qualitative studies commonly employ interviewing and observation as their research methods and the data is often text rather than numbers.

The interest in using qualitative research methods in family medicine is now growing rapidly.<sup>2,4</sup> These qualitative methods have a long history in social sciences and education but a relatively short one in medicine. *Handbook of Qualitative Research*<sup>5</sup> recently offered the following definition for qualitative research: "It is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them."

One major reason why qualitative methods are becoming popular in family medicine research is because of the similarities between qualitative research and the practice of family medicine. Whittaker<sup>6</sup> wrote about her experience in conducting qualitative research: "The experience of being a GP parallels the experience of an ethnographer conducting qualitative research: the doctor is often based in a community for a long term, developing relationships with members of that community and growing to understand the 'local knowledge' of the community and many of the individuals within it so as to better interpret the signs of illness and complaints of those people when they present as patients. In the consultation itself, the GP, like an ethnographer, engages in an interview with the patient, needing to establish rapport and come to an understanding of the patient's perspective and experience, feelings and values through using open-ended questions and probes. In this way the practitioner attempts to understand and interpret the patient's experience. Like an ethnographer, the GP must interact with a wide variety of people, many of whom share entirely different understandings, backgrounds and life experiences."

It is, however, important to recognise that both quantitative and qualitative research methods can be applied in similar topics in family medicine research. A major deciding factor is the type of questions. For example: a question like "What percentage of patients would want antibiotics for their upper respiratory tract infections?" requires a quantitative approach.

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However, a question like "What does 'antibiotics' mean to people who request it in a consultation for upper respiratory tract infections?" is far better answered by qualitative methods. Britten *et al*<sup>7</sup> therefore pointed out that "There are a variety of circumstances in which qualitative methods are appropriate. What they all have in common is the fact that the research question is essentially open. The usefulness of qualitative methods to practising clinicians is that they can address research questions of immediate relevance which are otherwise difficult to investigate. These include the process of the consultation, the doctor-patient relationship, an understanding of the patient's perspective ....."

Although qualitative studies are gaining much wider acceptance in medicine than before, they are not accepted without questions. Some researchers still question the existing methodological standards and are concerned about measurement bias.<sup>8</sup> These controversies often arise from their failure to adjust to the differences between quantitative and qualitative methods. However, these uncertainties do demand qualitative researchers to be rigorous with their accounts of methodology and data analysis.

In this issue of the Journal, Dr A Lee describes qualitative methods in Health Services Research (HSR).<sup>9</sup> He describes the advantages of qualitative research in HSR and explains focus group method in some detail. Qualitative methods are being increasingly adopted in HSR. Harding and Gantley<sup>10</sup> in a recent article said "The 'focus group' appears to be a staple method of HSR." However they also expressed caution in data analysis in that "The use of qualitative methods in problem-orientated research in general, and HSR in particular, produces analytical 'insights' from recounted experiences, beliefs and views which are frequently indiscriminate from those of 'common sense' ....." Thus qualitative methods which lack theoretical insights significantly diminish the analytical potential of the

research ....." The use of qualitative methods in HSR without an understanding of the assumptions behind these methods results in their being followed slavishly and regarded simply as techniques for collecting or organising data." Thus it is important to recognise that qualitative methods should be applied only if the theoretical basis of the methods is well understood.

In conclusion, the nature of the practice of family medicine demands a variety of research methodologies to allow family physicians, health care policy makers and researchers a deep understanding of the discipline. Qualitative research methods will have to play a major role if this deep understanding is to occur. However, we must also bear in mind the limitations of qualitative research methods and their range of applications. ■

Lam Tai Pong  
Editor

## References

1. Greenhalgh T, Taylor R. Papers that go beyond numbers (qualitative research). *BMJ* 1997;315:740-743.
2. Murphy E, Mattson B. Qualitative research and family practice: A marriage made in heaven? *Fam Pract* 1992;9:85-91.
3. Baum F. Researching public health: behind the qualitative-quantitative methodological debate. *Soc Sci Med* 1995;40:459-468.
4. Miller WL, Crabtree BF. Primary care research: A multi-method typology and qualitative road map. In Crabtree BF, Miller WL (eds). *Doing qualitative research*. Newbury Park: Sage Publications, 1992:3-28.
5. Denzin NK, Lincoln YS (eds). *Handbook of Qualitative Research*. London: Sage Publications, 1994.
6. Whittaker A. Qualitative methods in general practice research: experience from the Oceanpoint Study. *Fam Prac* 1996;13:310-316.
7. Britten N, Jones R, Murphy E, *et al*. Qualitative research methods in general practice and primary care. *Fam Prac* 1995;12:104-114.
8. Poses RM, Isen AM. Qualitative research in medicine and health care. *JGIM* 1998;13:32-38.
9. Lee A. Qualitative methods in Health Services Research. *HK Pract* 1998; 20:335-339.
10. Harding G, Gantley M. Qualitative methods: beyond the cookbook. *Fam Prac* 1998;15:76-79.