

Guest Editorial

Dr Charlotte Paterson PhD, MSc, MBChB
University of Bristol, United Kingdom

What we can learn from Qualitative Research

This special issue is focused on qualitative research methods – methods that bring everyday practice to life by providing new insights and explanations. Qualitative research collects and analyses data in the form of words (from interviews, focus groups, observation, or written data) instead of numbers.¹ It is based on the theories and perspective of the social sciences – sociology, anthropology and education – and it answers questions about the ‘how’ and ‘why’ of human behaviour, human interaction and the meanings that people make of their experiences. Qualitative research methods may be used to investigate the perspectives of patients and practitioners and the characteristics of the interaction and communication between them. In addition, qualitative research may be used alongside, or ‘nested in’, quantitative studies and trials. In this issue, you will find interesting examples of four of these areas.

Suzanne Cochrane illustrates how interview studies and focus groups are used alongside clinical trials (RCTs) to produce a multi-faceted understanding of the research subject. She describes how in-depth interviews with practitioners led to the design of focus groups, which in turn informed the design of a trial of acupuncture for women with fertility problems. In addition to highlighting the complexity and individuality of such treatment, the paper describes the effect of treatment on practitioners themselves. Qualitative research can augment RCTs in a variety of ways: to develop a complex intervention so that it is acceptable to all stakeholders; to improve the design and implementation of the trial itself, in a pilot stage or as the main trial unfolds (addressing recruitment, randomisation or outcome measures);² or to monitor the process and implementation of the trial and intervention in order to interpret quantitative results.³⁻⁴

Heather D’Cruz uses an autobiographical narrative method to critically reflect on her experience as a ‘consumer’ of Chinese medicine and Western medicine consultations. By embedding her analysis in the wider frameworks of consumer involvement in research and in narrative methods, and by drawing on 10 years of extensive personal experience, she illustrates how useful such analysis is in making recommendations to improve professional practice. Patient/consumer perspectives are more

commonly investigated using interviews and focus groups, thereby drawing on a wider range of experiences.⁵⁻⁶ However, such studies rarely have the advantage of following experiences over long time-spans and only rarely involve consumers directly in the analysis.

The third paper, by Amber Moore and Paul Komesaroff, explores the use of mixed methods – qualitative and quantitative methods employed together in one study – expanding upon the earlier themes of Cochrane. They discuss the key theoretical, methodological and practical features of both methodological perspectives and consider some of the central ideas of medical ethics. They illustrate theory by reference to the placebo effect and a research ‘case study’ from within the Chinese medicine community.

The final paper, by Peter Ferrigno, analyses an aspect of the practitioner perspective. He uses a novel case study and narrative approach to understand the everyday life experiences of patients in terms of studies of qi. Ferrigno analyses the story depicted in a famous painting as well as a more familiar single patient case study and grounds his analysis in the classical theories of Chinese medicine and philosophy. The use of critical reflection and combining theory and practice leads to practical conclusions about the importance of exploring the patient’s narrative within the consultation. As before, it is more common to access practitioner perspectives using individual or group interviews – such as the fascinating insights into acupuncture practitioner’s experiences of treating people with rheumatoid arthritis.⁷

I am delighted to see this issue of the journal focus on qualitative research and I hope these papers will inspire more qualitative research into Chinese medicine.

References

1. Green J, Thorogood N. *Qualitative methods for health research*. London: Sage Publications; 2009.
2. Witt C, Becjer M, Bandelin K, Soellner R, Willich S. Qigong for schoolchildren: a pilot study. *J Altern Complement Med* 2005;11: 41–7.

3. Paterson C, Zheng Z, Xue C, Wang Y. 'Playing their part': the experiences of participants in a randomised sham-controlled acupuncture trial. *J Altern Complement Med* 2008;14:199-208.
 4. Salter C, Holland R, Harvey I, Henwood K. 'I haven't even phoned my doctor yet.' The advice giving role of the pharmacist during consultations for medication review with patients aged 80 or more: qualitative discourse analysis. *Br Med J* 2007; 334:1101.
 5. Paterson C, Britten N. Acupuncture as a complex intervention: a holistic model. *J Altern Complement Med* 2004;10:791-801.
 6. Green G, Bradby H, Chan A, Lee M. "We are not completely westernised": dual medical systems and pathways to health care among Chinese migrant women in England. *Soc Sci Med* 2006;62:1498-1509.
 7. Hughes JG, Goldbart J, Fairhurst E, Knowles K. Exploring acupuncturists' perceptions of treating patients with rheumatoid arthritis. *Complement Ther Med* 2007;15:101-8.
-