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Case Studies

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Qualitative Research:

Study 1: ‘Calling the Doctor out of Hours’ (Hopton J, Hogg R et al. 1996)

- **individual interviews** with 46 patients
- what constitutes a medical emergency?
- how and why decision to call doctor is made?
- Yes, in response to was it the symptoms... *but also considering*:
    - person’s **responsibility for others** (e.g. children)
    - **previous experiences of health services**/health professionals – negative and positive
    - **‘past frights’** (may be the same or another patient)
    - **awareness** of serious possibilities (e.g. meningitis)
    - ideas about **what is ‘normal’**
    - current **other illnesses**

Qualitative Research:

Study 1: ‘Calling the Doctor out of Hours’ *(continued)*

Concluded that:

- It is **inappropriate** in the health system to **neglect the psychosocial context** of illness in designing educational programs about out-of-hours use

Qualitative Research:

Study 2: ‘Communication of Risk in Primary Care’ (Edwards, Matthews et al. 1998)

- **focus groups** with 36 primary health care professionals
- the practicalities (that is “how to?”) of communication of “risk”
- invited to discuss topics including:

  - **usefulness of** patient **information** leaflets
  - role of the **media**
  - **patients’ wishes**
  - **relevance of research** (e.g. the OCP, immunizations)
  - **influence of patient factors** such as ethnicity, SES, linguistic and intellectual ability

Qualitative Research:

Study 2: ‘Communication of Risk in Primary Care’ (Continued)

Concluded that:

- **Standardizing** an **understanding of risk** between professionals may be possible
- However, **‘risk’** remains **difficult to communicate** to patients

Qualitative Research:

Study 3: ‘Anxiety and confusion in genetic counselling’ (Chapple, Campion P, et al. 1997)

Part (a): non-participant observation of 30 consultations between genetic counsellors and families via video recordings (non-participant = researcher not in the room)

- observing and studying genetic counselling and its impact on families

Part (b): individual interviews of parents/potential parents - (1) post-consultation and (2) six months later found confusion and anxiety

- Found that counsellors were using ‘unfamiliar medical terms’; ‘complex statistical probabilities’; ‘alarming images’

Concluded that:

- **careful choice of words** and detailed explanations to **reduce risk of ‘labelling’ and stigmatization**

Qualitative Research:

Study 4: ‘How GPs have accessed and used evidence about statin drugs’
(Fairhurst and Huby 1998)

- **semi-structured individual interviews** of 24 general practitioners
- examined decision-making around use of statin drugs
  - ❑ **few GPs had read the original papers** from which evidence derived
  - ❑ **knowledge ‘trickled down’**
  - ❑ **relied on** editorials, **‘trusted’ journals**
  - ❑ **needed** several **confirmatory sources before changing** practice

Qualitative Research:

Study 4: ‘How GPs have accessed and used evidence about statin drugs’ (continued)

Concluded that:

- **implementation of** Evidence Based Medicine **(EBM) was via a ‘passive’ process** rather than an ‘active’ one
- **trial data integrated through a social process** (may sometimes be dubbed - critically - as ‘experience based practice’)

Qualitative Research:

Study 5: ‘The meaning of medications’ (Conrad 1985)

- individual interviews with 80 people with epilepsy

Researchers investigated compliance (adherence) and asked about:

- the general meaning of medications in their lives
- why prescribed medications were taken and why were they not taken?
- reports on both side-effects and drug efficacy
- modifying the prescribed regime as a patient’s way of resuming control over his/her disorder

Qualitative Research:

Study 5: ‘The meaning of medications’ (continued)

Concluded that:

- ‘self-regulation’ to the patient = ‘non-compliance’ to the health professional
- findings highlight the desirability for health professionals to perceive situations from outside their own professional ‘meaning’

Compliance/Adherence

- Is a topic of major importance in predicting health outcomes from prescribed medication regimes
- The findings from Conrad (1985) provide context for understanding so-termed ‘illogical’ behaviour in clinical contexts (with implications for non-clinical contexts)

However, this lack of adherence could include life threatening situations such as:

- non-uptake of childhood immunizations
- resistance to ‘safe-sex’ messages
- day to day management of diabetes, asthma and other chronic disorders (Barbour 2000)

The systematic review: The Gold Standard in Quantitative Research

Can this be done with Qualitative Research Studies?
(Hoddinott P and R Pill 1997; Barbour 2000)

- The systematic review is the cornerstone of Evidence Based Medicine (EBM)
- Its performance with qualitative research studies would bring qualitative research into an equal partnership with quantitative research

However, this concept is controversial and ‘anathema’ to some qualitative researchers
(Flemming 2010)

The systematic review: The Gold Standard in Quantitative Research

Can this be done with Qualitative Research Studies? (continued)

- There would need to be an early emphasis on check-list development if a systematic review was to be performed, especially in relation to:
  - careful recording of all details of analysis
  - researcher's 'background' (potential issue with reflexivity?)
  - recruitment and setting
- Any limitations would need to be well-identified and articulated

The systematic review: The Gold Standard in Quantitative Research

Concerns and doubts arise as to whether:

- findings are really ‘transferable’ between qualitative studies when conducting a review
- there can be validity in a ‘retrospective’ review model, given the qualitative researcher’s connectedness to his/her own data* etc. That is, could the reviewer really put her/himself into the data accurately?

**same issue has been raised with respect to secondary analysis i.e. subsequent analysis by another researcher*

That is, the original researcher’s ‘connectedness’ to the data may limit the value of the secondary analysis

The systematic review: The Gold Standard in Quantitative Research

A feasible solution is a ‘prospective’ collaborative review model

That is, plan inclusion of each study in the review process in advance of actually conducting the studies

(Hoddinott & Pill 1997; Barbour 2000)

Suggestions of a New Approach: Critical Interpretive Studies

For example, Oral Morphine for Cancer Pain (Flemming 2010)

There had already been Cochrane (Systematic) Review conducted (Wiffen & McQuay 2007) and the European Association of Palliative Care (EAPC) had made recommendations (Hanks et al. 2001)

- These were **effectiveness** studies on the use of morphine and alternative opioids to treat cancer pain

The intention of Flemming's **qualitative review** was to **establish whether recommendations** for use arising from the effectiveness literature **reflected** patients', carers' and healthcare professionals' **perceptions** of using morphine & how these perceptions could be an influence on recommendations for clinical practice (Flemming 2010)

Critical Interpretive Study:

Oral Morphine for Cancer Pain (Flemming 2010) (continued): Search and Appraisal

Search:

- literature search of databases for qualitative research in this area
  - 19 qualitative research papers met inclusion criteria

Appraisal:

Quality appraisal was conducted (‘may be contentious to some qualitative researchers’– that is, they may not like the idea of ‘quality appraisal’)

- Findings were classified with a ‘Cochrane-like’ method
- A grid was prepared to show the integration between qualitative and quantitative data

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