

## GUEST EDITORIAL

# Qualitative research in psychogeriatrics

### Introduction: qualitative inquiry

Over the past twenty years, qualitative research has gained recognition as a useful approach to scientific inquiry on issues related to health and health care, including those of particular interest to psychogeriatrics. This is evidenced not only by the inclusion of health-related qualitative reports in exclusively qualitative publications but also by their acceptance in venues that have traditionally favored quantitative methods of investigation (Sandelowski, 2004). The increased number of these reports has also led in recent years to systematic reviews of qualitative studies and qualitative metasyntheses, metaethnography or meta-analyses (Nygard, 2004; Smith *et al.*, 2005; Steeman *et al.*, 2006).

Qualitative research is an inquiry process based on a number of methodological traditions that explore a social or human problem by building a complex, holistic picture based on data derived in a natural setting (Creswell, 1998). These traditions, which come from diverse disciplinary perspectives (e.g. anthropology, history and sociology), include phenomenology, grounded theory, ethnography, case studies, biography and others (Creswell, 1998; Patton, 2002). The focus of each tradition influences how problems are conceptualized, how studies are designed and what techniques are used for data collection, data analysis and presentation of findings.

Common to all forms of qualitative research is the emphasis on the subjective view of reality. This approach focuses on meanings and understanding of experience, and it acknowledges that the observer is a participant whose views and values affect outcomes (Gibson *et al.*, 2004). The methods used in qualitative research are typically open-ended (e.g. in-depth interviewing, focus group discussions), and the data usually consist of narrative text (e.g. transcripts, documents) or observations documented in field notes. The analytic approach is inductive; that is, it allows important dimensions to emerge from patterns in the data without making prior assumptions about relationships or causes (Patton, 2002).

Qualitative inquiry can be applied to a wide range of health-related areas of interest, such as health services research (Pope and Mays, 1995), clinical research or health policy (Steiner, 2005) and clinical trials (Gibson *et al.*, 2004). It is also applicable to intervention research (Needleman and Needleman, 1996),

evidence-based practice (Newman *et al.*, 2006), public health (Baum, 1995) and health care ethics (Sugarman *et al.*, 2007).

When are qualitative methods appropriate for addressing an issue? As with quantitative approaches, there are strengths and limitations that should be considered when answering this key question. However, we believe that qualitative research presents opportunities for psychogeriatricians to generate knowledge that cannot be acquired through the sole use of quantitative methods.

### **Strengths of qualitative research**

There are several compelling reasons for choosing to conduct a qualitative study (Creswell, 1998). First, some research questions are best addressed using a qualitative approach. Qualitative research is particularly suited to questions such as what happens and how does it happen or the what, how and why of an emotional experience, while quantitative methods are best suited to answering questions such as how many, how often, how much or what change (Baum, 1995; Steiner, 2005). Second, qualitative inquiry is ideal for exploring topics about which little is known. Qualitative methods enable investigators to identify important variables, generate hypotheses and develop theories for explaining behaviors. Third, a qualitative approach enables investigators to obtain a detailed, in-depth view of a topic. The data derived may include participants' naturally occurring behaviors and social interactions (e.g. patient–physician encounters), their opinions, values and feelings about an issue (e.g. end-of-life care), the meanings that individuals attach to events (e.g. receiving a diagnosis) and experiences (e.g. chronic illness) or how people engage in a complex process (e.g. decision-making). Finally, qualitative inquiry can be a critical component of a larger research, clinical or educational program. For example, focus groups can be used to develop or refine quantitative instruments or to help establish their validity. Interviews may be conducted as part of a needs assessment project and support the development of an effective intervention program. Qualitative techniques can also be used to help investigators explain or interpret the results of quantitative studies.

### **Limitations of qualitative research**

As varied and useful as qualitative research can be, it is not well suited to answer all research questions. For example, qualitative studies are not designed to test hypotheses or identify statistically significant relationships between variables, in part because they utilize relatively small, purposefully selected samples whose make-up is based on strategies that emphasize the inclusion of information-rich cases that are thought most likely to illuminate the questions under study

(Patton, 2002). The findings derived from these samples cannot be generalized to a larger population as can be done in quantitative studies using random probability samples. In addition, comparable data cannot be obtained for all participants because of the flexible and less structured nature of qualitative inquiry, and comparison between groups of subjects may not be appropriate.

### **Applications of qualitative research in psychogeriatrics**

There are three general ways in which qualitative methods can be used: (1) a single qualitative strategy for conducting a study; (2) multiple qualitative techniques within a project; and (3) a combination of qualitative and quantitative methods for the research. When applied as the sole mode of inquiry, qualitative interviewing may be used to address a topic that has received little attention. Techniques include informal conversational interviews, the general interview guide approach or standardized open-ended interviews (Patton, 2002). For example, Black and Rubinstein (2004) used extended qualitative interviews with a sample of community-residing elders to examine the personal meaning of suffering, while Lawrence and colleagues interviewed elders to explore their attitudes and beliefs about the nature and causes of depression and its treatment (Lawrence *et al.*, 2006a; 2006b). Others have used semi-structured interviews to examine the experiences of individuals with dementia (Howorth and Saper, 2003; Beattie *et al.*, 2004; Harman and Clare, 2006) or those of their care givers (Murray *et al.*, 1999; Albinsson and Strang, 2003). Such in-depth or semi-structured interview techniques allow participants to tell their stories and share their perspectives in their own words.

Researchers frequently use multiple qualitative strategies within a study to develop a broader understanding of a topic, either at different stages in a project or to compensate for the shortcomings of a single qualitative technique (Barbour, 1998). For example, de la Cuesta (2005) used both interviewing and participant observation to identify strategies that Columbian care givers use in their homes to care for relatives with dementia. In contrast to interviewing, observing in a setting allows the investigator to understand the context in which activities occur, to capture information that may have escaped participants' awareness or to learn things that people would be unwilling to talk about in an interview (Patton, 2002). Another example is a study by Kayser-Jones (2002) that examined the experience of dying in a nursing-home setting by using a combination of in-depth interviews, participant observations and event analysis. One strength of using more than one method is that it allows for triangulation, a strategy for confirmation of findings that increases the confidence with which conclusions can be drawn from the data (Sandelowski, 1995; Barbour, 1998; Patton, 2002).

Mixed method studies combine qualitative and quantitative approaches in either a single study or a multi-phased study (Tashakkori and Teddlie, 1998). Given the paradigmatic differences between these approaches, knowing how these methods can be combined effectively can increase what is learned about a topic (Goering and Striener, 1996). Morgan (1998) usefully describes a series of research designs using a priority sequence model to illustrate how to integrate the complementary strengths of quantitative and qualitative methods. In this model, decisions are made to determine: (1) which approach is the principal method of a study and which is the complementary one; and (2) whether the complimentary method is used in a preliminary or a follow-up stage of the study. Mixed methods can also be used concurrently, with priority typically given to the method that has the strengths that are most important to the projects' goals (Happ *et al.*, 2006). For example, we have recently used quantitative and qualitative methods concurrently in a longitudinal study to examine end-of-life care of nursing home residents with advanced dementia (Black *et al.*, in press). In this study, structured quantitative interviews were administered to the surrogate decision-makers of nursing home residents, medical record data were abstracted from the charts of all participants and assessment instruments were administered to the total sample. Concurrently, in-depth qualitative interviews were conducted periodically with a sub-sample of the surrogates. The quantitative data provided descriptions of the types of health problems and treatments residents experienced near the end of life, while the qualitative interviews revealed how health care decisions were made and what the surrogates considered to be most important in maximizing quality of life for residents with advanced dementia.

### **Challenges of qualitative research**

To the uninitiated, qualitative research can appear to be a simple approach to scientific inquiry or an approach that lacks sufficient methodological standards. Neither of these beliefs is accurate in our opinion. The methods used are rigorous and the standards for judging adequacy are as carefully established as they are for quantitative approaches. While the challenges faced in applying qualitative methods differ from those encountered using a quantitative approach, the success of qualitative inquiry depends on understanding the principles and methods on which this approach is founded and skillfully executing the techniques used for collecting and analyzing data and reporting findings in a credible manner.

A hallmark feature of qualitative inquiry, and one that distinguishes it from quantitative approaches, is that the researcher is, in essence, a research instrument (Mays and Pope, 1995a; 1995b). Every aspect of the research process is influenced by the researcher's theoretical frame of reference, judgments and

competence (Malterud, 1993). Patton (2002) notes the importance of the investigator adopting a stance of neutrality (but not detachment) regarding the phenomenon under study and emphasizes that qualitative inquiry “requires that the investigator carefully reflect on, deal with, and report potential sources of bias and error” (p. 51). He and numerous other qualitative investigators provide guidance on how to produce data that are credible and trustworthy (Malterud, 1993; Denzin and Lincoln, 1994; Mays and Pope, 1995b; Creswell, 1998; Patton, 2002).

Qualitative research can require a substantial commitment of resources. Given the critical role played by the researcher in qualitative inquiry, data collection and analysis is usually done by a senior investigator (Waxler-Morrison *et al.*, 1995), an issue that can limit its use. In qualitative research, sampling, collecting data and analyzing data are systematically merged in an iterative process to ensure an adequate number of cases for the matter in question (Malterud, 1993). This process and the procedures involved in transcribing, coding and analyzing a large volume of qualitative data can be tedious and time-consuming. While computer programs can be used to assist with data storage, coding, retrieving and linking data, it is the investigator, not the software, who analyses the data. The entire process must be carefully documented so that all critical steps and decisions can be reported to enhance credibility of the research.

The research report is the ultimate site for evaluating the research, and it poses challenges for both the writer and the reader (Sandelowski and Barroso, 2002). The writer must provide sufficient information for the reader to appraise critically the study design, analysis and interpretation of findings and to be able to distinguish the data from the analytic framework and the researcher’s interpretation (Mays and Pope, 1995b; Giacomini and Cook, 2000). While it is difficult to summarize qualitative data, given its volume and form, it is important that evidence from the data be presented to support the conclusions drawn from it (Mays and Pope, 1995b). Sandelowski and Barroso (2002) note that many qualitative reports do not conform to the conventional experimental format. They and others have provided guides for users of qualitative research to assist readers in appraising qualitative studies (Inui and Frankel, 1991; Giacomini and Cook, 2000; Sandelowski and Barroso, 2002).

## Conclusions

Qualitative inquiry is fundamentally and practically different from the mainstream quantitative tradition. Qualitative methods, whether used solely or in concert with quantitative methods, can be applied rigorously in psychogeriatrics to incorporate the subjective perspective on issues relevant to practice, public health and policy. We hope investigators in the field of psychogeriatrics will

increase their use of qualitative methods because we believe it will enrich the research basis of the field and our understanding of the patients we serve.

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