

QUALITATIVE RESEARCH METHODS IN FAMILY MEDICINE: WHAT AND WHY?

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Qualitative research is a method that emphasizes interpretive and naturalistic approach to its subject matter. Qualitative research methods focus on interactive process between the researcher and participants, sampling is purposive, and data analysis is simultaneous with collection. Quantitative researcher study things in their natural setting, attempting to interpret phenomena in terms of the meaning that people bring to them.¹ While qualitative and quantitative research may address similar research topic, each will address different type questions. In contrast to quantitative research, qualitative research generates hypothesis instead of testing hypothesis, give explanation instead of measurement, and provide understanding rather than generalisability.

Qualitative research is popular in social science research but under-represented in medicine and health care research. Many health care researchers are unfamiliar with qualitative research and unsure how qualitative methods relate to their research interests. Lack of familiarity could be the reason as the majority of the health care research is quantitative, using experimental designs, epidemiological studies or quantitative surveys. In addition, the evidence-based movement has reinforced that clinical practice and health policy should be based on critical review of best available evidence. As a result, qualitative research that based on observations and talking to people, is seen as not justifiable. However, qualitative research is increasingly becoming more prominent in medicine and health care research, as there is increase awareness among health care researchers about the importance of understand *complex behaviors* or *meanings* in their research that cannot be answered using quantitative methods.

Recent years have seen the development of interest in the usefulness of qualitative methods particularly in family practice research. It is because the characteristics and approach of general practice medicine has been regarded as parallel those

of qualitative research.² The day-to-day activities of a practitioner of primary medicine similar with an ethnographer conducting qualitative research, whereby the physician in community-based setting develops rapport with patients so as to better interpret the illness and complaints of patients. In the consultation process, like an ethnographer, physician engages in interview with patients, establishing rapport and come to in-depth understanding of the patient's perspective and experience through open ended questions and probes.² In primary care setting, qualitative methods have been used to investigate how patients with depressive symptoms view their condition³, patients' values and expectations of care⁴, and perceptions of a contraceptive method.⁴

It is important to recognize that besides randomised controlled trial or evidence-based health care as a guide for therapy selection, listening and investigate the stories about experiences and limitations of a therapy is equally essential in the negotiation of patient care. In conclusion, the nature of practice of family medicine demands both quantitative and qualitative methods to provide comprehensive approach to patient care.

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