

COMMON MISCONCEPTIONS

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What can be meaningfully said based on the comments of only 20 people?

This misconception taps into the notion of generalisability, which obviously comes from the positivist paradigm underpinning quantitative research approaches. By randomly recruiting a large ‘representative’ sample, researchers can yield statistically significant findings that are generalisable to the wider population.

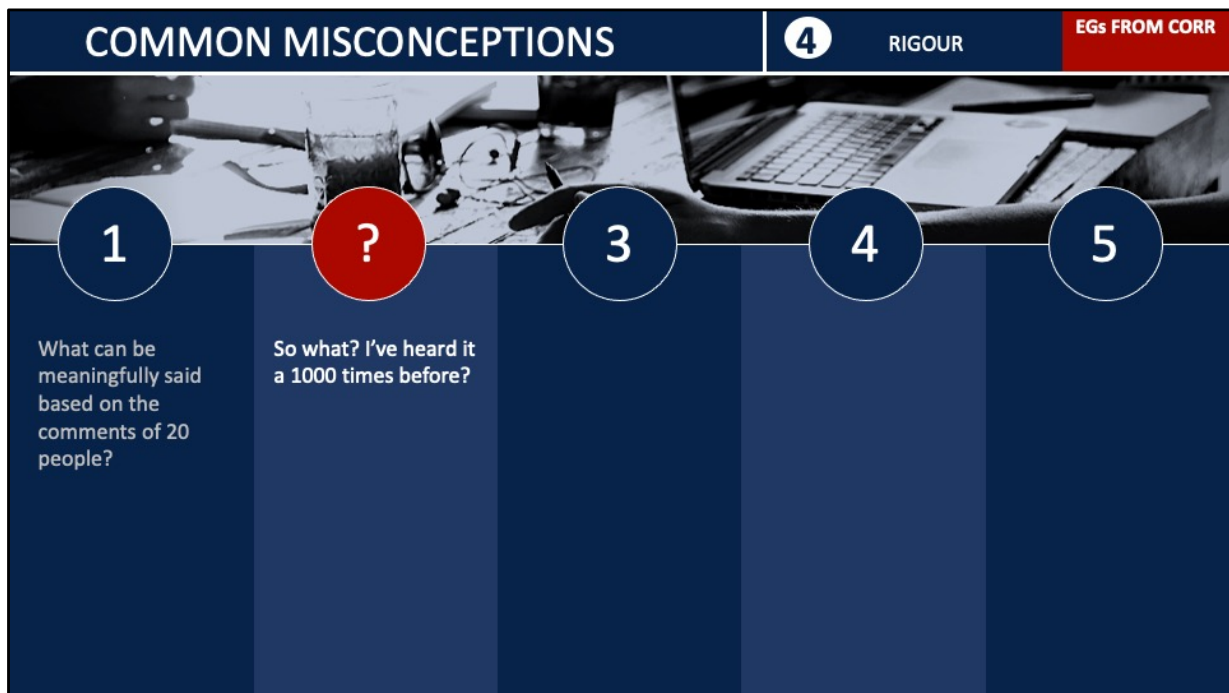
Qualitative researchers set out to recruit a sample of key informants who have experienced the phenomenon under study and can provide us with a rich description of their experiences. We are more concerned with capturing diversity and a range of experiences, rather than only capturing the experience of what we call “average Joes.” While the experiences and perspectives of each participant will be inherently unique, through our analysis, we are trying to identify patterns, so common underlying processes that can help us to understand the essence of experiences and perspectives .

If we did set out to interview a large representative sample, we would no doubt find that after we had interviewed proportion of our target (commonly between 15 to 30) we had identified the patterns we were looking for, we had reached saturation, making our remaining interviews redundant. This redundancy raises ethical concerns about over-recruitment - it is not ethical to recruit participants for a research study

when you have already answered the research question and there is no potential for further scientific advancement.

The findings of a qualitative study can tell us about the experiences of our sample and the experiences of other people with similar experiences. For this reason, it is important that qualitative researchers describe their sample with enough detail for readers to judge how similar or different the sample is to their own context. So rather than the notion of generalisability, we are concerned about the resonance and applicability of the findings to other settings and contexts. And in qualitative research we refer to this as transferability.

It is important to remember that qualitative research is hypothesis-generating rather than hypothesis testing. If we wanted to determine how generalizable our findings are, we would need to employ quantitative approaches to test our hypotheses in a large, representative sample.



A weak analysis can feed into this misconception. It is important that researchers do not simply let the data 'speak for itself' and present a long list of quotes without any effort or attempt to interpret the data.

For example, when patients talk positively of a health intervention, this can be reported as evidence that they are positive. But what if the patients' words conflict with their apparent discomfort? What about the contradictions in their narrative? The researchers need to be ready to interpret what is said in light of the context.

There needs to be some attempt at interpretation. What are the similarities/difference in the participants experiences, how are themes linked?

Evidence based policy cannot be made on the basis of expert intuition, it is made on the basis of data collected through robust methods. Stakeholders like hospital decision makers and policy administrators need to see evidence-based frameworks rather than just going on what the clinicians say. By developing such frameworks, this sort of research gives clinicians buying power to change practice.



Reviewers of qualitative research need to consider whether the findings simply reflect the researchers' pre-existing ideas, or whether they are credible interpretations of the participants' experiences. So how can we reassure them that our findings are credible?

1. Describe thoroughly the processes of data collection, including providing the interview schedule in the manuscript or as an appendix so that the readers can see what was asked of the participants.
2. The analysis needs to be explained using jargon-free language and supported by examples, so clinicians and others who are less familiar with qualitative research can understand the work. You need to explain who was involved in the coding? To what extent did the two analysts agree on codes and categories and how these were handled. It is not enough to say that the research was triangulated; you need to be clear how this was done and how conflicts were managed
3. The composition of the research team should enable the data to be analyzed from a variety of clinical and theoretical perspectives and the discussion should include a thoughtful reflection of the researchers' involvement in the findings
4. In the findings, quotes should be provided to give readers confidence that the researchers' interpretations are grounded in the participants' voices. Each quote

should be introduced with some contextual information so that it is clear how it supports each finding.

5. You should present the codebook in the manuscript or as an appendix so that the readers can understand the process the data reduction - remember, if someone else had access to your data and understood the lens through which you conducted the analysis, it should be clear to them how and why you arrived at your interpretations.




The call for more “precise” quantification of findings is really common among reviewers who are more familiar with a quantitative research paradigm. But the purposive (non-random) sampling methods do not support this quantification.

Usually, qualitative researchers need to give some indication of frequency of the phenomena being described, because the implications of a finding could be very different depending on whether it was seen once in data from one participant out of a sample of 20, or whether it was seen repeatedly in data from all participants. But counting is inherently imprecise in most qualitative work, we usually not concerned with the reliability and validity of the researchers’ judgements - we are concerned with the diverse lens that they can bring to the analysis to challenge our emerging interpretations. Therefore, most authors quantify tentatively, using terms such as ‘most’ or ‘few’.



Qualitative research that can inform practice and policy doesn't stop at describing a series of themes, it goes a step further and uses these themes to develop a framework or model.

If we take the example of our paper on misconceptions around knee OA - a reviewer argued that clinicians have heard these misconceptions 1000 of times before, but the misconceptions persist! We need to change practice and this paper proposes a framework for how we can do this. It helps us understand why language such as bone on bone can be unhelpful for patients and how we can change it.

PUBLISHING		4	RIGOUR	EGs FROM CORR
1	Clearly defined question that relates to a social process that cannot be studied using a quantitative research approach.			
2	Result that are presented beyond a list of quotes.			
3	Applicability beyond the study context. Not generalisable, but to what other contexts are the findings transferrable?			
4	Are the findings trustworthy? Do the findings reflect the researcher pre-existing ideas or are they credible interpretations of the participants experiences?			

In a qualitative study, we need to render our methodological decisions visible, to enable reviewers to determine if this is a high quality study and to address misconceptions. When publishing, ask yourself the following questions:

1. Is this question-driven research with a sound rationale?
2. Does the question warrant a qualitative approach? Is it focused on a social process ?
3. What can the interview guide tell us about how the questions were directed? Want to see open ended questions and a flexible guide designed to yield insight into the problem
4. Have the participants been selected because they are experts, 'key informants' who can provide us with rich, first hand experience of the phenomenon under study?
5. Does the sample represent a range of experiences/perspectives, not just the experience of average joe?
6. Have emerging interpretations been challenged from different perspectives i.e. by recruiting diverse cases and contesting interpretations among an appropriate panel of experts in relation to the research question.
7. Do the findings reflect the data, not just confirm pre-existing ideas? It is important that each finding is illustrated by supportive quotes

8. Do the findings move beyond a summary of themes? Have the researchers attempted to develop a framework to understand what these themes mean beyond the study context ... e.g for clinical practice?