Improving the quality of qualitative studies: do reporting guidelines have a place?

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Family Practice encourages the submission and publications of qualitative studies in family practice. These studies provide invaluable information and insights regarding the processes, salience, accessibility, appropriateness and satisfaction of family practice.1 Such studies provide information superior to randomized control trials for these dimensions. RCTs in turn provide superior information concerning the effectiveness, safety and the cost-effectiveness of family practice.

It is appropriate then, to ask whether research-oriented health journals like Family Practice should require authors submitting qualitative studies to conform to reporting guidelines in accordance with expectations of more quantitative submissions. These latter reporting guidelines include CONSORT (RCTs), PRISMA (systematic reviews), STARD (diagnostic accuracy studies).2,3,4 Medical journals including Lancet, JAMA, NEJM, BMJ as well as Family Practice often require conformity to all or some of these reporting guidelines.

These guidelines for qualitative research specify a minimum set of information needed for complete and clear reporting of what was found during a research study. They were introduced to overcome the well-established limitations in the reporting of scientific studies in many areas of health research. These can range from withholding publications of whole studies or pre-specified outcomes, often with negative or undesired results, to omissions of crucial information in published articles.5,6 Although there is limited evidence, it can be anticipated that problems of this nature will also occur with the reporting of qualitative studies.

Reflecting an increased desire for rigour in reporting of qualitative research, some publishers (e.g. BioMed Central7) and journals (e.g. Journal of Advanced Nursing8) have now developed reporting guidelines for qualitative studies.

Most importantly, the EQUATOR Network9 includes a number of guidelines for reporting qualitative research. EQUATOR is an international initiative that seeks to improve reliability and value of medical research literature by promoting transparent and accurate reporting of research studies. Its various aims, as stated in their website, include:

- to become the recognised global centre providing resources, education and training relating to the reporting of health research and use of reporting guidelines;
- to assist in the development, dissemination and implementation of reporting guidelines;
- to monitor the status of the quality of reporting across health research literature;
- to conduct research relating to the quality of reporting.

The Robert Wood Johnson Foundation in the USA has also recently mounted a Qualitative Research Guidelines Project in order to promote the quality, appraisal and reporting of qualitative studies in health.10

It is difficult in the absence of agreed criteria, to assess which are the best qualitative reporting guidelines among the many listed on the websites of EQUATOR, Robert Wood Johnson and elsewhere. Some of the most prominent, however, include the guidance to authors in BioMed Central journals (RATS) and the Journal of Advanced Nursing noted above.9 Others include:

- COREQ, a 32-item checklist for articles involving interviews and focus groups, was developed following a review of 76 items identified from 22 checklists;11
- The Criteria for Qualitative Research developed by a workshop at the Medical Sociology Conference in 1995.12
Resources for peer review of qualitative research are also available to support efforts to improve manuscripts on the editorial side.\textsuperscript{13,14} This accompanies a growing interest in assessing and improving the quality of qualitative research.\textsuperscript{15,16} While this literature sometimes includes reporting guidelines, its importance rests more on the wider purview of the topic. A recent review of quality assurance discourse relating to qualitative research, for example, found that quality judgements tend to focus on two dominant themes—the quality of research outputs or on principles and processes underpinning quality research practice.\textsuperscript{17}

Some authors, though, sound a note of caution. Barbour argues that reducing qualitative research to a checklist is overly prescriptive and results in ‘the tail wagging the dog’ with conformity to items in the checklist in itself not conferring rigour.\textsuperscript{18} Another difficulty in using one prescriptive checklist for qualitative research is that many different types of qualitative approaches exist, varying in the extent to which they do, or do not embrace a priori, explicit theoretical position. Such challenges mean that it may be better to seek broad guidelines rather than prescriptive checklists in reporting qualitative research.

Inspection of the different guidelines for qualitative research reveal many similarities with guidelines for quantitative research—clarity in aims and exposition generally, ethical safeguards in place, appropriateness of methods, rigour in methods, careful justification for conclusions drawn from results. However, these criteria may have different meanings in qualitative and quantitative studies. For example, sampling strategies in qualitative studies may be other than random and may be theoretical (based on a preconceived or emergent theory), purposive, maximum variation as well as snowball in form. Validity and reliability may be established using triangulation (when the same problem or single dataset is examined using multiple methods, or multiple researchers, or multiple theoretical perspectives) and respondent validation.

In addition, some aspects of qualitative studies are quite different from quantitative studies. It is usually important to state explicitly the theoretical position taken by the researchers, e.g. grounded theory, ethnography, discourse analysis, that was used in relation to the study.\textsuperscript{11} It is also usual to declare the nature of the relationship between the researcher, the research problem and the participants (sometimes called reflexivity), enabling the researchers to examine how their social and cultural values may influence the research. Equally, it is important to understand what the participants understood about the conduct of the research and their part in it.\textsuperscript{19}

There is another difference in the reporting of qualitative studies from quantitative studies. Authors of qualitative studies are often asked not only to provide a full description of their design and methodological approach, but also to justify it. Justification is required of quantitative studies too of course. However, at least among quantitative researchers who constitute the majority of authors and readers of medical journals such as \textit{Family Practice}, there are some broad, shared assumptions that are usually deemed unnecessary to justify in journal articles. These include such fundamental characteristics as random sampling, accuracy of diagnostic tests and the prior conduct of sample size estimates.

Qualitative researchers may feel that they should not have to provide a higher level of justification for their design and methodological approach than quantitative researchers. Nevertheless, qualitative researchers may find it useful to do so knowing that editors, reviewers and readers may be unfamiliar with their approach and will acquire a greater appreciation of their approach as a consequence.

It is anticipated that qualitative studies in health will continue to gain prominence in the future. It is important, therefore, that the use of reporting guidelines for qualitative (as well as quantitative) research becomes more widespread and encompasses both the processes and the outputs of research. Such guidance is likely to lead to improvements in the quality of research and its greater contribution to individual and population health.

References

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\textsuperscript{5} Simera I, Moher D, Hoey J, Schulz KF. The EQUATOR Network and reporting guidelines: Helping to achieve high standards in reporting health research studies \textit{Maturitas} 2009; \textbf{63}: 4–6.


\textsuperscript{7} BioMed Central. Qualitative research review guidelines – RATS http://www.biomedcentral.com/ifora/rats (accessed on 3 May 2012).


\textsuperscript{9} EQUATOR Network (Enhancing the QUAlity and Transparency Of health Research) http://www.equator-network.org/ (accessed 4 May 2012).
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18 Barbour RS. Checklists for improving rigour in qualitative research; a case of the tail wagging the dog? BMJ 2001; 322:1115–7.

Editor’s Note: Family Practice directs prospective authors to EQUATOR® for guidance on reporting qualitative research. A number of other valuable resources for authors and peer reviewers are provided in the above editorial by Dunt and McKenzie article. See also our instructions for authors (http://www.oxfordjournals.org/our_journals/famprj/for_authors/index.html).