Health issues in the field of medicine are increasingly complex both from a technological and an organizational standpoint and from a psychological and social standpoint. There are many issues that quantitative research simply cannot answer to our satisfaction. Examples include compliance with treatment for high blood pressure and the health care challenges facing patients with fibromyalgia, chronic fatigue, and HIV. The field of medicine itself is also changing; more and more women are choosing a career in medicine and young doctors want to balance their practice with other priorities. To fully understand these issues requires a different kind of thought process and studies that involve qualitative research.

Many authors, McWhinney among them, have written that those working in the field of medicine must increase their understanding of qualitative methods and their application in research. Because these methods are designed to provide a better understanding of complex phenomena in their natural environment, often from the standpoint of those experiencing these phenomena, the questions asked are different from those asked in quantitative research. One of the hallmarks of family medicine is its holistic approach, which takes into account the patient's clinical presentation as well as his living environment, his beliefs, and the beliefs of his family. In this regard, family medicine provides fertile ground for the development of qualitative research. And yet, information gleaned from Quebec's French-language family medicine programs suggests that few if any clinician teachers use this approach and they almost never teach it. Indeed, training activities that involve critical appraisal of the literature rarely make use of qualitative research articles. Why is family medicine so reluctant to embrace this type of research?

There are many possible reasons. First, the approach used in qualitative research is not clearly understood. Admittedly, it is complex and multipurpose. Few of us have the training in qualitative research that would enable us to develop a research project of this nature. Many people think of qualitative research merely as the application of data collection techniques such as the interview or the focus group. And yet, the selection of data collection methods is but one aspect of the scientific process.

Some characteristics of traditional medical culture stand in the way of the development of the qualitative paradigm. Older physicians will recall the negative response to the teaching of the doctor-patient relationship in the late seventies: Relationship skills are hard to quantify, so how are we supposed to teach them? And yet, the doctor-patient relationship is now a widely recognized criterion of quality of health care. It has even become one of the principles of family medicine. In the field of medicine, linear thinking, as opposed to circular or systemic thinking, still dominates. In linear thinking, one variable influences another variable. In circular thinking, many interrelated variables influence one another all at once. In linear thinking, there is an emphasis on identifying the objective causes of phenomena or that which is measurable. Evidence-based medicine focuses mainly on the results of quantitative research (randomised clinical trials, causal studies, diagnostic tests, meta-analyses). The results of qualitative research are not given much consideration, despite the light that they can shed on professional practice. For example, a physician might know the treatment indicated for high blood pressure, but he must also understand why a particular patient refuses to comply. Qualitative research makes it possible to identify the reasons why patients comply, or fail to comply, with their physician’s recommendations, and can be used for subsequent research either qualitative or quantitative.

Medicine has evolved from, and has been taught using, the counterfactual paradigm. Because of this, it naturally gravitates toward quantitative research. The inductive paradigm, used more extensively in the social sciences and the humanities, has led to the development of the qualitative approach. The state of our knowledge and the nature of the research question will dictate our choice of research design. It may be qualitative or quantitative or both. If the questions are what and how much, the quantitative design is more appropriate; if
the questions how and why, the qualitative design is more appropriate. These two approaches are different and often complementary.4

Both quantitative and qualitative research are essential to the advancement of medical theory and care.5 Medical practice cannot evolve without a meaningful process of exploration and reflection. All too often in medicine, the need to act quickly takes over, and other thought process are put on hold. Physicians are under increasing pressure both professionally and socially, with the result that medical care and research are performed increasingly quickly. Because of this, some researchers may find it more appealing—more expedient—to only undertake studies that can be designed, conducted, and published over a short period of time. The temptation to use a quantitative design is even greater because it has more credibility with funding agency selection committees. All too often, selection committee members simply do not understand the inductive approach. The widely held belief that qualitative research is not science, but merely a collection of opinions and anecdotes, has impeded its development. And yet, there are many rigorous standards for the qualitative approach in the literature.6

Given the nature of the problems encountered in medicine and the possibilities that the qualitative approach offers, family medicine cannot afford to overlook qualitative research. How, then, should it distance itself from the dominant medical culture and help family physicians to use the tools it has to offer? We believe that there is an onus on departments of family medicine to make this approach known and develop it. We are not suggesting that clinicians, residents, and teachers should focus exclusively on qualitative methods. Rather, we are suggesting a three-pronged approach to the development of qualitative research: information, training, and cooperation.

Information
There is a need for articles like this editorial, published primarily in medical journals like Canadian Family Physician. Qualitative research should be promoted to family medicine departments and programs. The national forum of family medicine teachers, the Journée québécoise de la recherche, and other meetings where family medicine teachers gather offer excellent opportunities to promote qualitative research.

Training
There is also a need for critical appraisal of articles on qualitative research, for example, through the journal clubs in which family medicine residents participate during their residency. Residents and teachers should be made aware of the qualitative approach through a series of workshops familiarising them with its features and enabling them to identify its applications to family medicine. Lastly, teachers and residents should be encouraged to engage in qualitative research projects.

Cooperation
There is a need for departments of family medicine across Canada to cooperate in the production of qualitative research. They could form a family medicine qualitative research network for dialogue, discussion, support, and the development of research projects. They could embark on joint ventures with other disciplines (the social sciences and the humanities) that would enrich the expertise and experience of all concerned.

The reasons given above clearly indicate that we must adapt our methods to the realities of the setting. Bringing residents and teachers together for activities such as critical appraisal of articles on qualitative research is essential; teachers who are keen will entrain peers and residents alike. Moreover, since the proper use of an evaluation grid requires mastery of a body of knowledge, here at Université Laval, we will also be recommending that other training activities be introduced prior to, or in conjunction with, critical appraisal activities next year. We have begun setting up a resource centre, and will use the documents catalogued by the centre to plan training activities.

To conclude, a major investment in qualitative research in family medicine is inevitable. This will enable us to explore pressing and complex issues; promote a rapprochement between family medicine and the social sciences; and enrich our thinking on the issues we encounter in our practice.

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