

mental health, and health economics, also have key contributions to make. Secondly, health professionals should join the social and environmental critics of macroeconomic policy to ensure that the health costs and benefits of macroeconomic policies are examined in policymaking. Thirdly, more health professionals can contribute locally to healthy cities projects and other intersectoral activities. The health sector can also promote wider understanding of the many positive implications for public health of environmentally sustainable development.⁷

Do these suggestions take the health sector beyond reasonable limits? The battles for public health in the 19th century offer some help. Doctors themselves did not build sewers or provide clean drinking water, but they had a crucial role in seeing that the health costs of not providing these expensive services were widely understood. Though it did not sail under the flag of intersectoral policy, that was a period of hard fought and highly effective intersectoral activity with profound economic implications. Many of the battles were about

the allegation that communities simply could not afford to build sewers and safeguard water supplies. Environmentally sustainable development is costly in some respects but not too costly.

PETER DRAPER
Chair, Steering committee
HUGO CROMBIE
Researcher

Project on Sustainable Development and Health,
Public Health Trust, Birmingham,
Birmingham B5 6DR

- 1 World Health Organisation. *Intersectoral action for health: the role of intersectoral collaboration in national strategies for health for all*. Geneva: WHO, 1986.
- 2 Transport and Health Study Group. *Health on the move*. Birmingham: Public Health Alliance, 1991.
- 3 Anderson V, Draper P. Economics and hostile environments. In: Draper P, ed. *Health through public policy: the greening of public health*. London: Green Print, 1991:169-80.
- 4 Black D. *A doctor looks at health economics*. London: Office of Health Economics, 1994.
- 5 Ekins P, Hillman M, Hutchison R. *Wealth beyond measure: an atlas of new economics*. London: Gaia Books, 1992.
- 6 World Commission on Environment and Development. *Our common future*. Oxford: Oxford University Press, 1987.
- 7 Thompson E. The woman on the kerb: health and environment are inextricably linked. *BMJ* 1994;309:141-2.

Why do qualitative research?

It should begin to close the gap between the sciences of discovery and implementation

See p42

When Eliot asked "Where is the understanding we have lost in knowledge? Where is the knowledge we have lost in information?"¹ he anticipated by half a century the important role of qualitative methodologies in health services research. In this week's journal Catherine Pope and Nick Mays introduce a series of articles on qualitative research that will describe the characteristics, scope, and applications of qualitative methodologies and, while distinguishing between qualitative and quantitative techniques, will emphasise that the two approaches should be regarded as complementary rather than competitive (p 42).²

Qualitative research takes an interpretive, naturalistic approach to its subject matter; qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings that people bring to them.³ Qualitative research begins by accepting that there is a range of different ways of making sense of the world and is concerned with discovering the meanings seen by those who are being researched and with understanding their view of the world rather than that of the researchers.

While qualitative and quantitative research may well investigate similar topics, each will address a different type of question. For example, in relation to adherence to drug treatment, a quantitative study will be used to determine the proportion and demographic characteristics of patients taking a certain percentage of prescribed drugs over a given period. To answer questions about the reasons for variations in adherence and the meaning of drug treatment in the lives of patients requires a qualitative approach.⁴

Traditional quantitative methods such as randomised controlled trials are the appropriate means of testing the effect of an intervention or treatment, but a qualitative exploration of beliefs and understandings is likely to be needed to find out why the results of research are often not implemented in clinical practice.⁵ The establishment of an evidence based medical culture clearly depends on contributions from both research traditions and from a number of disciplines that complement clinical medicine, including sociology, anthropology, psychology, and educational theory.⁶

Qualitative research has struggled to find its present position in health services research. One reason may be that clinical scientists have had difficulty in accepting the research methodologies of the social sciences, in which the generation of hypotheses often replaces the testing of hypotheses, explanation replaces measurement, and understanding replaces generalisability. Publication and dissemination of the results of qualitative research have often been difficult, partly because different formats are required. A narrative, as opposed to numerate, account of an investigation may not fit into a typical biomedical journal or into a 10 minute presentation at a scientific meeting. The assessment of proposals for qualitative research and of papers submitted for publication is likely to have been hampered by a lack of agreement on criteria for assessment, although providing clear guidance to reviewers on this point is possible.⁴

Incorporating qualitative research methodologies into research thinking, which means incorporating expert qualitative researchers into research teams, will enrich research in the NHS. As well as ensuring that the right methodology is brought to bear on the right question, a creative dialogue between the two traditions is likely to be of considerable mutual benefit. As well as strengthening capacity in research, a comprehensive approach to health services research should begin to close the gap between the sciences of discovery and the sciences of implementation.

ROGER JONES
Wolfson professor of general practice

Department of General Practice,
UMDS (Guy's and St Thomas's),
London SE11 6SP

- 1 Eliot TS. Choruses from "The Rock" (1934). In: *Collected poems 1909-1962*. London: Faber and Faber, 1962:161.
- 2 Pope C, Mays N. Reaching the parts other methods cannot reach: an introduction to qualitative methods in health and health services research. *BMJ* 1995;311:42-5.
- 3 Denzin NK, Lincoln YS, eds. *Handbook of qualitative research*. London: Sage Publications, 1994.
- 4 Britten N, Jones R, Murphy E, Stacy R. Qualitative research methods in general practice and primary care. *Fam Pract* 1995;12:104-14.
- 5 Haines A, Jones R. Implementing findings of research. *BMJ* 1994;308:1488-92.
- 6 Kinmonth A-L. Understanding and meaning in research and practice. *Fam Pract* 1995;12:1-2.