

Improving qualitative research in the *Journal*

TUBERCULOSIS is a social disease driven by the complex interaction of its biological components with people in diverse social and political contexts. Although those suffering with the condition and those dealing with it are often referred to in the pages of this *Journal* as ‘cases’ and ‘providers’, all those who struggle with tuberculosis are simply people. In short, their humanity unites them and divides them in ways that need to be explored if we hope to reach our Stop TB targets.¹

Because we are dealing with behaviour, and the social and political organisation of people, groups and organisations, qualitative research is essential to improving TB prevention, access to services, diagnosis and adherence. We need to understand the processes and practices, how and why people relate to programmes and interventions in the ways that they do, the meanings it generates, and the effects this has on our attempts to treat and intervene.

As such, a component of the knowledge we generate about the disease has to delve into the greater depth of understanding that context-embedded detailed research can bring. For example, qualitative research on patient support in TB treatment provided a breadth and depth of understanding through thicker description of local realities, greater interpretive space to understand the subjective experiences of those suffering with the disease, and the meaning that they give to this and their treatments.² Qualitative research in many cases may be the only way to find answers to certain questions around disease control.

The IJTLD acknowledges the importance of qualitative research, and is committed to increasing the quality of the publications in this domain. New guidelines and tips for the preparing of manuscripts are now available on line (<http://www.theunion.org/index.php/en/journals/the-journal/information-for-authors->). In addition, its newly launched sister journal, *Public Health Action*, also encourages the submission of qualitative operational research in line with its aims of publishing research to assist in the improvement of ‘access, equity, quality and efficiency of health systems and services’ (<http://www.theunion.org/index.php/en/journals/pha>).

Our experience as Associate Editors points to a number of repeated problems and issues with current submissions, which we hope can be addressed. We outline the main ones here, while full details are available on line in the above-mentioned guidelines.

First, the reasons for doing qualitative research are often not put forward well. Historically, the audience of the IJTLD can be described as being sceptical of

qualitative methods, and it is therefore important to offer a compelling explanation of why qualitative methods are not only the most appropriate methods for the question, but are also likely to yield the most fascinating and useful results. It is often appropriate to adopt a more critical stance towards the research and data that already exist and highlight both the strengths and any gaps or methodological limitations of previous research (whether qualitative or quantitative) and, where appropriate, how this has informed the study design.

Second, regardless of the qualitative methods deployed (for example interviews, focus groups, ethnography and participant observation, textual analysis—each suited to particular types of research interests), it is important to critically discuss the social positioning and role of the researcher/research team in the research process and to scrutinise how this may influence the data gathered. For example, researchers need to consider the effects of relationships, and the power differentials inherent in these, through cultural, racial, educational, class or gender disparities. Reflections may lead to a refinement of the research question or method in the course of the project. In quantitative work, there is a tendency to strenuously defend one’s method due to the inability to make mid-course corrections. In qualitative research, however, it is more important to describe what was done, and take a more reflexive, iterative and creative approach to method. This methodological strength is often mistaken for an acceptance of data collection that is driven by convenience or whimsy, as opposed to theoretical imperatives. In this sense, to understand and acknowledge its strengths and limitations requires time and skills, as does doing good epidemiological or basic science research.

Third, qualitative findings are generally considered to be more context-driven and relational than quantitative research. A concise description of the setting(s) where the research took place is essential. A common weakness in qualitative manuscripts submitted to the IJTLD is a tendency to offer only a national or regional overview and focus only on the epidemiological context while offering nothing on the social, cultural, gender, economic or political context in which the work was conducted. Good qualitative articles will weave in social, gender, cultural, economic or political interpretations of the findings in relation to where the research was undertaken.

Fourth, there is a need for transparency in presenting the conceptual framework(s) and particular theoretical perspectives applied. The point of departure

of most quantitative research is cosmopolitan biomedicine. In qualitative research, the assumptions of cosmopolitan biomedicine may be treated as one of several interpretive frames that may be operating in a particular setting. It is not that these frames are wrong, far from it, but they can lead to early judgments, misunderstanding and misinterpretation of the experiences and meanings of those involved in diverse contexts where tuberculosis and its control manifest.

By highlighting these issues we wish to encourage more submissions of quality qualitative research that address the unfolding challenges faced in tuberculosis and lung health in different contexts. We hope that the issue of the new guidelines will help authors in this rewarding process and we look forward to seeing their research in print.

IAN HARPER
ELLEN MITCHELL
SALLY THEOBALD
*Associate Editors, Qualitative research
International Journal of Tuberculosis
and Lung Disease
Paris, France
e-mail: ian.harper@ed.ac.uk*

References

- 1 World Health Organization. The Stop TB Strategy. WHO/HTM/TB/2006.368. Geneva, Switzerland: WHO, 2006.
- 2 Noye J, Popay J. Directly observed therapy and tuberculosis: how can a systematic review of qualitative research contribute to improving services? A qualitative meta-synthesis. *J Adv Nurs* 2007; 57: 227–243.