Beyond Exploratory: A Tailored Framework for Assessing Rigor in Qualitative Health Services Research

Katharine A. Rendle  
*University of Pennsylvania*, katharine.rendle@uphs.upenn.edu

Corey M. Abramson

Sarah B. Garrett

Meghan C. Halley

Daniel Dohan

Follow this and additional works at: [http://repository.upenn.edu/fmch_papers](http://repository.upenn.edu/fmch_papers)

Part of the [Medicine and Health Sciences Commons](http://repository.upenn.edu/fmch_papers)

Recommended Citation

[http://repository.upenn.edu/fmch_papers/2](http://repository.upenn.edu/fmch_papers/2)

This paper is posted at ScholarlyCommons. [http://repository.upenn.edu/fmch_papers/2](http://repository.upenn.edu/fmch_papers/2)

For more information, please contact repository@pobox.upenn.edu.
Beyond Exploratory: A Tailored Framework for Assessing Rigor in Qualitative Health Services Research

Abstract

Objective: To propose a framework for assessing the rigor of qualitative research that identifies and distinguishes between the diverse objectives of qualitative studies currently used in patient-centered outcomes and health services research (PCOR and HSR).

Study Design: Narrative review of published literature discussing qualitative guidelines and standards in peer-reviewed journals and national funding organizations that support PCOR and HSR.

Principal Findings: We identify and distinguish three objectives of current qualitative studies in PCOR and HSR: exploratory, descriptive, and comparative. For each objective, we propose methodological standards that can be used to assess and improve rigor across all study phases—from design to reporting. Similar to quantitative studies, we argue that standards for qualitative rigor differ, appropriately, for studies with different objectives and should be evaluated as such.

Conclusions: Distinguishing between different objectives of qualitative HSR improves the ability to appreciate variation in qualitative studies as well as appropriately evaluate the rigor and success of studies in meeting their own objectives. Researchers, funders, and journal editors should consider how adopting the criteria for assessing qualitative rigor outlined here may advance the rigor and potential impact of qualitative research in patient-centered outcomes and health services research.

Keywords

Qualitative research, health services research, research methodology, patient-centered outcomes

Disciplines

Medicine and Health Sciences
Title: Beyond Exploratory: A Tailored Framework for Assessing Rigor in Qualitative Health Services Research

Running Title: Tailored Framework for Assessing Qualitative Rigor

Authors and affiliations:
Katharine A. Rendle¹², Corey M. Abramson³, Sarah B. Garrett⁴, Meghan C. Halley², Daniel Dohan⁴
¹Department of Family Medicine and Community Health, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania
²Palo Alto Medical Foundation Research Institute, Palo Alto, California
³School of Sociology, University of Arizona, Tucson, Arizona
⁴Philip R. Lee Institute for Health Policy Studies, University of California San Francisco, San Francisco, California

Corresponding author information
Katharine A. Rendle, PhD, MSW, MPH
Department of Family Medicine & Community Health
University of Pennsylvania, Perelman School of Medicine
Email: katharine.rendle@uphs.upenn.edu
Phone: 215-662-9147

Word Count: 2,366

Number of Text Pages: 15

Number of Tables & Figures: 2

Number of References: 37

Acknowledgements: Research reported in this article was partially funded through a Patient-Centered Outcomes Research Institute (PCORI) Award (ME-1409-22996). The views presented in this article are solely the responsibility of the author(s) and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute (PCORI), its Board of Governors or Methodology Committee. Portions of this work were presented at the 2016 Academy Health Annual Research Meeting and 2017 Society of Behavioral Medicine Annual Meeting. The authors thank Katherine Gillespie and members of our Stakeholder Advisory Board for their invaluable contributions to the project.

Conflicts of Interest: All authors have no conflicts to report.
ABSTRACT

Objective: To propose a framework for assessing the rigor of qualitative research that identifies and distinguishes between the diverse objectives of qualitative studies currently used in patient-centered outcomes and health services research (PCOR and HSR).

Study Design: Narrative review of published literature discussing qualitative guidelines and standards in peer-reviewed journals and national funding organizations that support PCOR and HSR.

Principal Findings: We identify and distinguish three objectives of current qualitative studies in PCOR and HSR: exploratory, descriptive, and comparative. For each objective, we propose methodological standards that can be used to assess and improve rigor across all study phases—from design to reporting. Similar to quantitative studies, we argue that standards for qualitative rigor differ, appropriately, for studies with different objectives and should be evaluated as such.

Conclusions: Distinguishing between different objectives of qualitative HSR improves the ability to appreciate variation in qualitative studies as well as appropriately evaluate the rigor and success of studies in meeting their own objectives. Researchers, funders, and journal editors should consider how adopting the criteria for assessing qualitative rigor outlined here may advance the rigor and potential impact of qualitative research in patient-centered outcomes and health services research.

Key Words: Qualitative research; health services research; research methodology; patient-centered outcomes
INTRODUCTION

In recent decades, the role of qualitative research in health services research (HSR) has maintained steady, yet unsettled, interest and value. Evidence of steady interest includes publication of qualitative HSR reviews and guidelines by leading journals including *Health Services Research* (1,2), *Medical Care Research and Review* (3–5), and *BMJ* (6,7), and by funders including the Robert Wood Johnson Foundation (RWJF) (8), National Institutes of Health (NIH) (9,10), and National Science Foundation (NSF) (11,12). In fields such as patient-centered outcomes research (PCOR) and implementation science, qualitative research has been embraced with particular enthusiasm for its ability to capture, advance, and address questions meaningful to patients, clinicians, and other healthcare system stakeholders (2,13). For example, more than 4 of 5 PCORI pilot grants (41/50) incorporate qualitative methods (13).

Yet, despite this sustained interest, the status of qualitative research in HSR remains unsettled, as illustrated by *BMJ*’s changing engagement with the method. After championing qualitative methods in 2008 (7,14–17), *BMJ* editors in 2016 noted that they tended to assign low priority to qualitative studies because such studies are "usually exploratory by their very nature" (18). This statement came in response to an open letter from scholars arguing that *BMJ* should adopt formal policies and training for editorial staff on what distinguishes “good from poor qualitative research” rather than de-emphasizing the method *in toto* (19). In sum, despite sustained effort from the broader research community, the value of qualitative HSR remains contested. This status reflects debate over the purpose of qualitative HSR—*is it a valuable tool to advance the field or a low-priority exercise in exploration?* —and a remaining need to develop tools that can be used by journal editors and others to distinguish high- from poor-quality qualitative HSR.
Distinguishing rigor and quality in qualitative research is challenging because qualitative methods are epistemologically diverse (Barbour 2001; Creswell 2007; Author YEAR.). Qualitative methods appear in an expansive and variegated collection of PCOR and HSR studies ranging from humanistic exploration to randomized trials. This diversity is a strength because it allows for the theoretical and methodological flexibility necessary to engage with a novel topic (16). However, it also means that investigators do not necessarily approach qualitative research using a unified set of evidentiary rules. Thus, scholars may measure the rigor and quality of studies using different or incompatible yardsticks.

The challenge of diverse epistemologies has become more acute as qualitative HSR has expanded beyond its historical roots in phenomenological or grounded theory studies. Contemporary researchers have begun to use qualitative data and methods to improve the descriptive accuracy of health-related phenomena that have already been characterized by exploratory work or are difficult to capture using other approaches (23). Researchers have also used larger-scale, comparative qualitative studies in ways that resemble quantitative efforts to identify explanatory pathways (24). Therefore, assessing the rigor of a specific qualitative study cannot be done without first identifying the analytic goals and objectives of the study—i.e. identifying which yardstick investigators themselves have adopted—and then using this yardstick to examine how the study measures up.

In this article, we seek to help address these challenges by proposing a tailored framework for advancing and assessing the rigor of different types of qualitative HSR. The framework recognizes that qualitative investigators have different objectives and yardsticks in mind when undertaking studies and rigor should be assessed accordingly. We distinguish three central types of qualitative studies common in patient-centered outcomes and health services research:
exploratory, descriptive, and comparative. For each type of study, we propose methodological standards and considerations to help improve rigor across all study phases—from design to reporting. As is the case for quantitative studies, we argue that standards for qualitative rigor differ, appropriately, for different kinds of studies and should be evaluated as such. By providing a tailored framework, our intent is to help editors, funders, and researchers move beyond a "one-size-fits-all" approach for conducting and assessing the variety of rigorous approaches comprising qualitative research. The proposed framework offers a finer set of tools by which to distinguish good from poor qualitative research, supports efforts to shift debates over the value of qualitative research in HSR to discussions on how we can promote rigor across different types of valuable qualitative HSR, and ultimately seeks to facilitate a resolution to the debate over qualitative methods’ role in PCOR and HSR studies.

DESIGNING A TAILORED FRAMEWORK: METHODS AND RESULTS

Our framework is based on a narrative review of 14 published guidelines and standards discussing the scientific conduct of qualitative health research (Table 1). We drew primarily from peer-reviewed articles and reports published by journals widely read by the HSR community, and by major funders or sponsors of qualitative health research. In contrast to previous studies (25), we did not seek to synthesize these guidelines but rather drew upon them to develop a broad framework for promoting rigor in qualitative HSR. We also examined a secondary set of guidelines and standards published in specialty qualitative health research journals (Qualitative Health Research), in social science journals from disciplines outside of HSR (Ethnography, American Journal of Sociology, Anthropological Theory, American Sociological Review, Medical Anthropology Quarterly, Sociological Methodology) and in books
that include qualitative methodologies (21,26,27). Information gleaned from the review of this secondary set of sources did not substantially alter the conclusions drawn from the primary sources.

<INSERT TABLE 1>

Range of Approaches in Qualitative Research

Qualitative research incorporates a range of methods including in-depth interviews, focus groups, participant-observation, ethnography and many others (26). Even within a single method such as ethnography or interviewing, accepted approaches, as well as standards for rigor, vary depending on the disciplinary and theoretical orientations of the researchers and project. Correspondingly, qualitative research cannot be defined by a single theoretical or epistemological approach. Rather many, often debated, approaches exist with distinct implications for appropriate standards for data collection, analysis, and interpretation.

On one end of the spectrum, qualitative researchers guided by the principles of realism subscribe to the assumption that rigorous scientific research can provide an accurate and objective representation of reality, and that objectivity should be a primary goal of all scientific inquiries, including qualitative research (28). These qualitative researchers generally consider standards such as validity, reliability, reproducibility, and generalizability as similarly legitimate yardsticks for qualitative research as they are in quantitative research (29). On the other end of the spectrum, anti-realist and "relativist" approaches to qualitative research typically argue that all research, even the most rigorous scientific research, is inherently subjective and/or political (30), and the most dedicated relativists criticize the scientific approach specifically because it claims to be objective (31,32).
Much of qualitative HSR falls somewhere between the two ends of the spectrum. For example, Mays & Pope (2000) consider themselves “subtle realists.” They acknowledge that all research involves subjectivity and includes political dimensions, but they also contend that qualitative research should, nevertheless, be assessed by a similar set of quality criteria as quantitative studies. At a different position on the spectrum, grounded theorists emphasize inductivism in research, and their assessments of quality and rigor thus underscore whether investigators use inductive tools and techniques while avoiding unwarranted deductivism. As these examples illustrate, assessing the rigor of qualitative health research requires a sensitivity to the theoretical and epistemological standpoints of individual investigators, and an ability to assess the sometimes subtle and diverse ways these shape the approaches of specific studies (20,33).

Tailored Framework for Assessing Rigor in Qualitative HSR

Given the diversity of qualitative approaches in HSR, a foundational step to improving the assessment of rigor in qualitative research is to abandon the attempt to develop a single standard for best practices. Instead, standards must begin with an assessment of study objectives, an approach that is similar to standards for quantitative PCOR research (34) and mixed-methods research (27). In this vein, we identified and categorized three general types of qualitative studies used in current qualitative HSR. These three types reflect differences in primary study objectives as well as the state-of-knowledge within a topic area. All three study types can employ the same research method, for example in-depth interviews, but they will use these methods to achieve different ends depending on the study's objectives and researchers' epistemological orientations. The three general types are:
• **Exploratory studies**, which aim to generate new knowledge by exploring areas where little or no data exist regarding a patient population, clinical condition, intervention, or healthcare setting.

• **Descriptive studies**, which aim to expand upon existing knowledge by describing how previously identified phenomena occur or vary in novel or underexplored patient populations, clinical conditions, interventions, or healthcare settings.

• **Comparative studies**, which aim to collect representative qualitative data by comparing how well-defined phenomena occur or vary across different patient populations, clinical conditions, interventions, or healthcare settings.

In Table 2, we distinguish how exploratory, descriptive, and comparative studies compare across a range of standards and guidelines that have been proposed for qualitative research (See Table 1). These include approaches for each component of study design and execution including a) research aims and hypotheses; b) sampling strategy; c) data collection; d) data analysis; e) researcher reflexivity; f) researcher training; g) reporting of results; h) stakeholder engagement; and, i) study interpretation. We recommend that regardless of study type researchers report study details in clear, comprehensive ways, using standardized reporting guidelines whenever possible (35,36). We have also compiled an accompanying list of checklist questions that can be used by researchers, funders, editors, or others to design, conduct, report, and evaluate qualitative HSR (Supplementary Digital Content 1).

> <INSERT TABLE 2>

Compared to descriptive or comparative studies, exploratory studies approach the topic of study primarily in an inductive fashion in order to investigate areas of potential research interest
that remain mostly or wholly unexamined by the scientific community. Investigators undertaking exploratory studies typically have few expectations for what they might find, and their research design and approach may shift dramatically as they learn more about the phenomena of interest. At the opposite end of this spectrum, investigators conducting comparative studies aim to use a deductive approach designed to compare and document how well-defined qualitative phenomena are represented in different settings or populations. The qualitative methods employed in a comparative study will typically be defined in advance, sampling should be expansive and structured by groups, and investigators will enter the field with hypothesized ideas of what findings they may uncover and how to interpret those findings in light of previous research. Descriptive studies occupy a middle position. Such studies build on previously-conducted exploratory work so researchers will be able to proceed with more focused inquiry. This should include well-defined procedures including sampling protocols and analytic plans, and investigators should articulate expected findings prior to beginning the study. However, as researchers investigate phenomena in new settings or patient populations, it is reasonable to expect descriptive studies to generate surprises. Thus, descriptive studies also feature inductive elements to detect unexpected findings, and must be flexible enough in design to accommodate shifts in research focus and methods.

DISCUSSION

Our review identified a number of qualitative standards and guidelines that have been issued by HSR stakeholders. The framework we present here builds on those extant guidelines through the recognition that qualitative HSR includes studies of diverse theoretical and epistemological
orientations, each of which has distinct understandings of scientific quality and rigor. Given this intellectual diversity, it is inappropriate to use a single yardstick for all qualitative HSR. Rather, assessments of qualitative rigor or quality must begin with an assessment of a study's theoretical orientations and research objectives to ensure that rigor is assessed on a study's own terms. This paper builds on previous discussions of qualitative rigor by describing how their dimensions of rigor can be fruitfully expanded to include the assessment of studies that adopt exploratory, descriptive, or comparative objectives.

Existing standards for conducting PCOR and other principles for grading evidence, such as GRADE (37), do not capture the diversity of qualitative studies—often designating all qualitative studies as weak—further highlighting the need for developing and incorporating tailored qualitative standards. PCORI's own methodological standards are largely silent regarding qualitative methods (34), leaving applicants without clear direction on how to conduct rigorous qualitative research. Incorporation of tailored qualitative standards into PCORI’s standards could help to clarify and improve the rigor of proposal design, review, and contracting. Such standards could also guide journal editors, such as those at BMJ, in developing transparent standards for deciding on priority for publication.

In addition to these immediate applications, these standards have the potential to address broader challenges facing qualitative health research. These include: a) the need to educate broader audiences of the many goals of qualitative research, including but not limited to exploration; b) the need to create rigorous standards for conducting and reporting various types of qualitative studies to help audiences, editors, and grant reviewers evaluate studies on their own merits, rather than misconceived notions of what qualitative research is or is not; and c) the challenges of publishing qualitative research in high-impact journals that will reach a wide range
of practitioners, researchers, and lay audiences. We contend that these challenges can be
reframed as opportunities to advance not only the science of qualitative research, but also its
potential for improving outcomes for patients, providers, and communities.

In this article, we presented a tailored framework for conducting qualitative health research
that takes into account the objectives of the study—whether it be exploratory, descriptive, or
comparative—and argued that studies should be evaluated based on their self-declared intent
rather on the global basis of being “qualitative”. This framework mirrors the structure of other
standards proposed by PCORI, NIH, and others for evaluating rigor in quantitative research. We
have also proposed a checklist of key questions that can help researchers to decide a priori the
most appropriate methods for a specific qualitative study. Although there is still work that needs
to be done to translate these guidelines into specific publication or review criteria, this
framework may be useful to editors, funders, and other audiences that seek to advance the state
of qualitative health research. Instead of reifying disciplinary differences, frameworks—such as
the one presented here—can help advance the rigor, acceptance, and value of qualitative health
research in HSR, PCOR, and across diverse audiences.
REFERENCES


22. AUTHOR, YEAR


SUPPLEMENTAL DIGITAL CONTENT

Supplemental Digital Content 1.docx
<table>
<thead>
<tr>
<th>Table 1. Primary Sources Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TABLE 2. TAILORED FRAMEWORK FOR ASSESSING RIGOR IN QUALITATIVE HSR</strong></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>PRIMARY STUDY OBJECTIVE</strong></td>
</tr>
<tr>
<td>Provide new knowledge about a novel patient population, clinical condition, intervention, or healthcare setting.</td>
</tr>
<tr>
<td><strong>STATE OF EVIDENCE</strong></td>
</tr>
<tr>
<td><strong>RESEARCH AIMS</strong></td>
</tr>
<tr>
<td>Hypotheses</td>
</tr>
<tr>
<td><strong>SAMPLING STRATEGY</strong></td>
</tr>
<tr>
<td>Subgroups</td>
</tr>
<tr>
<td>Approach</td>
</tr>
<tr>
<td><strong>Reporting</strong></td>
</tr>
<tr>
<td><strong>DATA COLLECTION</strong></td>
</tr>
<tr>
<td><strong>Focus areas &amp; approach</strong></td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td><strong>Instrument development</strong></td>
</tr>
<tr>
<td><strong>Data capture</strong></td>
</tr>
<tr>
<td><strong>Missing data</strong></td>
</tr>
<tr>
<td><strong>DATA ANALYSIS</strong></td>
</tr>
<tr>
<td><strong>Coding scheme</strong></td>
</tr>
<tr>
<td><strong>Codebook</strong></td>
</tr>
<tr>
<td><strong>Coding techniques</strong></td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td><strong>RESEARCHER REFLEXIVITY</strong></td>
</tr>
<tr>
<td><strong>RESEARCHER TRAINING</strong></td>
</tr>
<tr>
<td><strong>REPORTING RESULTS</strong></td>
</tr>
<tr>
<td><strong>STAKEHOLDER ENGAGEMENT (PCOR STUDIES)</strong></td>
</tr>
<tr>
<td><strong>STUDY INTERPRETATION &amp; IMPACT</strong></td>
</tr>
</tbody>
</table>
APPENDIX A. DESIGNING, REPORTING AND EVALUATING QUALITATIVE HSR: A GUIDING CHECKLIST

1. What is the primary area of study (including specific population, clinical condition, intervention, or healthcare setting), and what patient-centered or other outcomes are to be explored or measured?

2. What is the current state of the clinical, social, and epidemiological evidence in the primary area of study?

3. What qualitative data are available with regard to the primary area of study?

4. What specific gap (with regard to the area of study) will the study fill and why are qualitative methods most appropriate for filling this gap?

5. Which of the following types of study best matches the primary study purpose and state of evidence?
   - Exploratory studies aim to generate new knowledge by exploring areas where little or no data exist regarding a patient population, clinical condition, intervention, or healthcare setting.
   - Descriptive studies aim to expand upon existing knowledge by describing how previously identified phenomena present or vary in novel or underexplored patient populations, clinical conditions, interventions, or healthcare settings.
   - Comparative studies aim to collect representative qualitative data by comparing how well-defined phenomena present or vary across different patient populations, clinical conditions, interventions, or healthcare settings. What are the explicit or implicit theoretical assumptions guiding the research design and analysis?

6. How will the data be collected and how does this method align with the research aim?
   - How will the study identify and recruit participants? Include sampling strategy used and attrition procedures.
   - Are members of the research team appropriately trained to collect data?
   - What potential personal biases exist in the research team with regard to the study topic, including financial or personal interests, or the patient population(s)?
   - Will a semi-structured or structured interview guide be developed a priori?
   - Is prolonged engagement with the study population required to conduct the research?
   - Will observation or participant observation be a component of the study?
   - Where will data collection occur? Including detailed description of setting and steps for achieving entree.
   - What are the characteristics of the participants, and what are the inclusion/exclusion criteria?
   - How will data be recorded? Describe use of audio-recording, observational notes, or other methods.
   - How long will the data collection phase last?
   - How will ethical issues regarding confidentiality, consent, and human subjects be addressed?

7. How will the data be analyzed and how does it align with research aims?
   - Are members of the research team appropriately trained to analyze the data?
   - Will any triangulation, negative cases, or other methods be used to improve trustworthiness of study findings?
   - How will the data be coded? Include type of software used, number of coders, development of coding scheme, and consensus reaching methods across coders.
   - How will the research team determine if/when data saturation is reached?
   - How will data themes be identified and presented?
   - What empirical data (e.g. quotes, field notes) will be presented to support findings?

8. What are the plans for sharing findings with relevant scientific and community stakeholders including patients, providers, and others?

9. What standardized reporting approach (e.g. SPQR or COREQ) will the team use to ensure all relevant details of the study are reported?