

## Book Review

### **Qualitative Research in Practice. Examples for Discussion and Analysis**

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Qualitative research (QR) consists of a family of approaches to understanding human social activity. The family is actually quite varied with intellectual roots in a variety of academic disciplines, including: anthropology, sociology, psychology, linguistics, and education. While there is general agreement that qualitative research methods deal with understanding the human condition and with how people make meaning, there is tension around disciplinary boundaries, what counts as evidence, the degree to which the researcher can or should advocate for his or her subjects, the units of description and the rules of analysis. These tensions go largely unexplored in this volume.

In medicine, and particularly in nursing research, QR has been used extensively to examine the lived experience of providing or receiving care, the nature of empathy, the personhood of the nursing professional, etc. A growing number of qualitative studies of physician-patient communication have contributed to a literature that has moved beyond simply describing language exchange to the relationship between communication and outcomes of care. Additionally, studies in areas such as bad news delivery, interruption, informed decision making and the effect of exam room computing on communication have increased the horizons of the field. In medical education, descriptive qualitative studies of the informal or “hidden” curriculum, professionalism, and the experience of “studenthood” have added to the literature.

QR is growing in popularity in the health-related fields. Most major medical journals accept and publish qualitative research on a regular basis. Several journals such as *JAMA*, *British Medical Journal*, *Family Medicine*, and *Education for Health* have published article series focusing QR. One journal, *Qualitative Health Research*, is as the name implies, devoted exclusively to qualitative health research. Another, the *Journal of General Internal Medicine*, explicitly recognizes in its editorial process that QR is more difficult to fit into a traditional article length manuscript of 2,500–3,000 words. As a result, *JGIM* will accept QR manuscripts up to 4,000 words. There is even a qualitative research text, now in its second edition (Crabtree & Miller, 1999), which is specific to QR in primary care medicine.

Given the rapid increase in interest in QR how does *Qualitative Research in Practice: Examples for Discussion and Analysis* fit into health-related research? The answer is, that if one is new to QR and is looking for accessible examples of how QR is done in a range of traditions, this is a good resource. In addition, if

one is contemplating a study that involves education in some form, there might be highly relevant descriptions of studies in this domain that could inform one's own research. Finally, if one wanted to get some insight into the experience of doing research based on the reflections of the researcher this is an excellent and somewhat unusual source.

The book is divided into two sections. Section 1 has 2 chapters. Chapter 1 is a brief overview of the range of qualitative methods. Chapter 2 is an overview of the techniques qualitative researchers use to ensure the quality of their results. This too is helpful although some qualitative researchers would quibble with the use of descriptors such as "reliability" and "validity" preferring "trustworthiness" and "credibility" to describe qualitative studies instead. Chapter 2 has a nice discussion of research ethics which is an important and valuable addition. In health-related fields new HIPAA (Health Information Portability and Accountability Act) regulations make the use of QR more complex and raise additional ethical issues which are not discussed.

Part 2, which contains the bulk of the book, is devoted to a series of case studies which are used to illustrate QR approaches including: basic interpretive QR, phenomenology, grounded theory, case study, ethnography, narrative analysis, critical research and postmodern research. Each approach is represented by two case studies and reflections by the authors on their experience of doing the research. It is very helpful to have multiple examples of work in each domain so that the neophyte qualitative researcher can see the range of work styles and approaches in each.

As a qualitative researcher myself I was intrigued by the section on narrative, in part, because I am actively working with a team that is analyzing a large data set of about 700 third-year medical student narratives about their experiences of professionalism. Rather than review all of the areas in the book, I will report my experience with this section as a qualitative investigation of the utility of the section for the problem I am working on.

The section on narrative consists of two chapters: one by Leslie Rebecca Bloom, entitled, "Stories of One's Own: Nonunitary Subjectivity in Narrative Representation"; the other by Juanita Johnson-Bailey, entitled "Cathy: The Wrong Side of the Tank". Both chapters deal with narrative analysis of single cases; the first chapter dealing with the telling and re-telling of a story with several months intervening; the second is the narrative of a 39-year-old African American woman which focuses on her growing awareness of the differences between white Americans and African Americans. Both chapters focus on women, Bloom's chapter using feminist theory to guide the analysis; Johnson Baily's using an editing style of analysis to divide and interpret a life narrative. With 700 narratives facing me, it quickly became apparent that neither of these chapters would easily translate into a clinical context and an attempt to get at the lived experience of a large number of persons of both genders.

Another problem I encountered was language. The description of Bloom's chapter in the Table of Contents reads, in part, "This article examines the

interrelated concepts of self-representation in personal narratives and the production of nonunitary subjectivity as a site of interpretation in qualitative research. A nonunitary self-representation subverts humanist and patriarchal modes of discourse, and at the same time, the act of narrating a nonunitary self allows for greater self-knowledge to be gained by respondents". While the goals of this chapter are admirable, I found myself puzzling about what a neophyte clinical researcher would make of this description. I concluded that the language is opaque and not easily understood. What exactly is a nonunitary subjectivity as a site of interpretation, I wondered? Reading the article several times did not help my understanding much. Perhaps, because I am a male I failed to comprehend what is obvious about this perspective. It is also possible that the language used by the author is going to be a problem for men and women, especially if they are new to qualitative research. To me, this chapter would not pass the "grandmother test" for clarity. That is, if you can't explain a concept to your grandmother so that she understands it, it's a concept that's probably worth simplifying and making more accessible.

Overall, I believe this is a good general resource for neophyte researchers wanting to learn more about how this type of research is done. As the authors point out, it is not intended to be a text book *per se*, but rather a case book. As such it fills an important niche because it is difficult to find a compilation of cases that illustrate the various traditions of qualitative research. For health care researchers this book may have more limited appeal as its subject matter largely falls outside of health care and the cases do not necessarily lend themselves to clinical application.

## Reference

CRABTREE, B.F. & MILLER, W.L. (Eds) (1999). *Doing qualitative research*, 2nd edition. Thousand Oaks, CA: Sage Publications.

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