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Judging quality in qualitative dermatology research: the ‘art’ and the ‘science’

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A recent BJD editorial on the application of qualitative research methods to dermatology argued that we must push methodological boundaries, not only establishing qualitative methods as core to dermatology research, but encouraging bolder qualitative designs¹. Such designs might for example use longitudinal data rather than more typical ‘one-off’ interviews and/or have greater service user involvement² to give insight into the functional and psychological ‘disease trajectories’ of long-term, relapsing skin conditions. In short we want dermatology research not only to *employ* qualitative methods but to help *develop* them so that they might shine a light on nuanced aspects of both dermatological conditions and care. Such a call for methodological creativity is all well and good, but some readers may have concerns about its effect on the scientific rigour of qualitative research. Consequently, in this editorial we turn our attention to the question of quality control and set out a position to ensure that only the most rigorous qualitative studies are published in this journal.

Simply transferring to qualitative research the quality procedures that are appropriate to quantitative designs inevitably leads to the rejection of good, and the acceptance of poor, quality qualitative work^{3,4}. This is because qualitative research in health and medicine focuses primarily on uncovering people’s beliefs, emotions and behaviours about complex health-related issues and interactions, such as what it is like to live with a long-term skin disease, how it affects the person and their family, why people may not adhere to treatment or how they adjust to their skin condition and manage it⁵. Thus, interpretation, rather than quantification of data is typically at the heart of qualitative research. Additionally, qualitative approaches often focus on the individual and the specific social context of data collection. As such, applying concepts of quality control such as representativeness and generalisability may not always be appropriate. Clearly quality criteria must reflect the aims and framework in which a particular study has been conducted or there is no quality at all.

One of the strengths of qualitative research is its flexibility, for example enabling the re-focusing of a research question to examine the distinct concerns of participants themselves (and averting researchers from missing the point!). Additionally, qualitative research is ‘big tent’⁶, encompassing a wide range of methods (e.g. in-depth interviews, observational research, documentary analysis), as well as diverse methodological perspectives (e.g. grounded theory, content analysis, narrative or

discourse analysis). The characteristics of *flexibility* and *diversity* make the application of a unified set of quality criteria across the differing traditions of qualitative research problematic and long debated in the field – unsurprising, as researchers would not seek to apply the same quality criteria for RCTs to other types of quantitative research^{4,7,8}.

The BJD values the unique contribution that qualitative research brings to dermatology^{1,9} and is calling for qualitative manuscripts that provide significant insight into the perspectives and/or experiences of patients, carers or clinicians in relation to the context and process of dermatology or dermatology care. While the debate about unified standards for quality in qualitative research will undoubtedly continue, there is general agreement on the need for the *reporting* of qualitative research to be clear. For this reason, BJD has formulated new **author instructions and** now requires potential authors to be guided by the Standards for Reporting Qualitative Research (SRQR) recommendations¹⁰ in the preparation of manuscripts reporting qualitative work⁹. These standards, which are broad enough to accommodate the flexibility and diversity that characterise different qualitative approaches, are available from the EQUATOR Network, a body which aims to enhance the quality and transparency of health-related research (<http://www.equator-network.org/reporting-guidelines/srqr/>). Appropriate use of the guidelines will enable potential authors to clearly present their qualitative research question and perspective, the context of the research, methodological approach, evidence and conclusions.

Comment [P1]: Link to instructions URL

A key tenet of the new author instructions is that the SRQR is intended to be used as a *formative guide* only, rather than as a rigid checklist. The tool comprises 21 items in relation to: Title & Abstract; Introduction (problem formulation, purpose of the research); Methods (qualitative approach and research perspective, researcher characteristics/reflexivity, context of the research, sampling strategy, ethical issues, data collection methods and instruments, units of study, data processing and analysis, techniques to enhance trustworthiness); Results/Findings (data synthesis and interpretation, links to empirical data); Discussion (integration with prior work, implications, transferability, contribution to the field, limitations); and Other (conflicts of interest, funding). The BJD acknowledges the diversity and range of qualitative research methods and perspectives as well as the flexibility that is core to these approaches. Not all items in the SRQR will be applicable to all studies. For example, the theoretical perspective of a study will change its appraisal criteria (Dixon-Woods et al., 2004), so that a ‘grounded theory’ study aiming to generate a model or theory would be expected to use techniques that ensure the ‘saturation’ of concepts, while this will be less of a concern in a more pragmatic ‘thematic analysis’ study. As the guidelines are not to be viewed as

'prescribing a rigid format or standardised content'¹⁰ (p. 1250), authors will consequently not be required to submit a completed checklist against the 21 items in the tool. They will however, be expected to have considered and addressed *where appropriate* the items in the recommendations that apply to the particular study they are reporting.

Reviewers and editors for the BJD will also draw on the standards to facilitate judgements about the quality of manuscripts that make it through to review. Some medical journals still lack understanding of how qualitative research can be used, with non-qualitative researchers reviewing qualitative papers without the requisite knowledge and expertise to do it well³. Some facets of qualitative research, particularly those concerned with the 'quality of insight and interpretation'⁷ (p. 223) are very difficult to judge objectively and rely on expert subjective judgement. To this end the BJD will seek to use reviewers who are experienced qualitative researchers with a broad enough understanding of the field to use their expertise in conjunction with the reporting guidelines to appraise manuscripts appropriately¹¹. This entails judging the research *contribution* (what the value and relevance of the qualitative work is to policy, practice, theory or methodology), its *credibility* (how robust are the claims made) and its *rigour* (how appropriate is the conduct of the research)⁴.

Authors are encouraged to submit well-executed, well-reported qualitative studies to the BJD. These may focus on psychological wellbeing, social functioning, quality of life (including the development of new patient reported outcome measures), self-management/coping, patient-professional communication, treatment decision-making, clinician training and studies of service content, organisation and delivery including intervention studies where qualitative components may inform the intervention, its implementation or serve to evaluate outcomes and process issues. Research conducted from a range of methodological perspectives is welcome. Authors will be required to state what was known before, what their qualitative approach adds and what the clinical implications of their work are¹².

The BJD wishes to publish qualitative research in dermatology that is challenging and which 'surprises, delights and tickles something within us'⁶ (p. 845). The rigid application of quality checklists privileges technical procedure over critical interpretation and can lead to a situation where the 'tail (the checklist) is wagging the dog (the qualitative research)'¹³ (p. 1115) thereby stifling creativity⁸. We therefore encourage authors, reviewers and editors to use the SRQR tool as a guiding framework to enhance the quality, scope and creativity of future qualitative research published in the BJD.

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