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EDITORIAL:

Six of the best: how excellent qualitative research can contribute to practice

Dermatology is undergoing a paradigm shift towards an understanding of the value of qualitative research, with the BJD in the vanguard. Autumn 2017 sees a first for the journal – a special section in our September edition that builds on our mission to support the development of high quality qualitative research in dermatology[1-3]. A BJD call for qualitative research showcasing methodological excellence was made in autumn 2016. Manuscripts providing significant insight into the perspectives or experiences of patients, carers or clinicians and clearly demonstrating added value to dermatology were welcomed. The call attracted a wide range of submissions. Over a third did not make it to initial review stage because authors failed to comply with the journal's standards for qualitative papers[4]. The lower quality submissions often shared a common factor: failure to include qualitative expertise in the authorship team (although having an expert on board was by no means a guarantee of success).

Our qualitative reviewers are stringent and rightly so. We aim to publish only the best qualitative work in the BJD – and six papers (Table 1) have been selected for the special section. The studies offer insights into some of the intriguing 'why?' and 'how?' questions in our field. For example: why do patients delay help-seeking for skin issues, what motivates people to talk about skin-related health risks, and how might a skin-focused intervention work to promote behaviour change? The studies are methodologically diverse, spanning the research continuum from literature synthesis to intervention testing/evaluation. In some cases 'mixed methods' are used in which statistics provide breadth and detailed qualitative methods provide depth. The studies hail from a range of theoretical perspectives and importantly, comprise interdisciplinary authorship teams that see dermatology colleagues working jointly with experts from applied health services, nursing, public health, primary care, psychology, medical education, philosophy, epidemiology, medical sociology, bioethics and

health economics. These studies are testament to the value of researchers operating across methodological and professional boundaries, demonstrating that interdisciplinary working can produce excellent qualitative skin-focused research. This body of work also challenges inaccurate stereotypes regarding qualitative research, such as the belief that it lacks rigour or cannot produce implications for practice.

Bath-Hextall and colleagues' *meta-synthesis* of the needs and experiences of patients with both keratinocyte carcinoma and melanoma is an excellent example of a qualitative systematic review[5], an approach which is supported by the Cochrane Collaboration (http://methods.cochrane.org/qi/welcome). This method, which can be compared to the quantitative meta-analysis approach, enables summarisation and synthesis of existing qualitative research findings to generate new knowledge with enhanced transferability. Fourteen studies were subject to rigorous appraisal[6] prior to synthesis of findings using a pragmatic meta-aggregative approach[7] to establish that both patient groups experience many similar psychosocial issues, which can guide practice and future research.

In-depth semi-structured interviews with *framework analysis* were used by Simpson and colleagues to examine the reasons why people with psoriasis often delay in seeking help. Using this systematic but flexible five-step analysis method[8] the researchers were able to identify a range of negative patient beliefs that were associated with delay in presentation. Notably, these factors are modifiable if targeted early enough so that people with psoriasis can be enabled to obtain timely, effective treatment and achieve their full life potential. Framework analysis is particularly suited to applied health research where researchers have specific, pre-existing questions, a limited time frame and an interdisciplinary study team[9].

Qualitative analysis of the content of online forums is a novel means of gaining access to people's expressed experience, perspectives and peer interactions in a 'naturalistic' setting[10]. Santer et al.'s study of advice-seeking by people with acne for oral antibiotics applies this methodology to skin disease. Acne is a singularly appropriate topic for this approach: it is a common, recurring condition especially prevalent in a younger demographic who will have higher levels of familiarity and comfort with an online forum context. Using a *thematic analysis* approach[11] the authors were able to highlight the diversity of views among affected people and the potential for misinformation and misunderstanding to arise from online interactions.

Corr and colleagues used a broadly *phenomenological approach*[12] with structured *template analysis* [13] to examine both through audio-diaries and interviews, medical students' simulated experiences of living with a melanoma for 24 hours. This study pushes qualitative methods in a novel direction by using them to evaluate experiential learning in a medical education context. Wearing a melanoma tattoo, the students experienced a range of reactions similar to those of newly-diagnosed patients. The phenomenological approach was able to elicit nuanced emotional responses and encourage students to reflect critically upon them, suggesting that this experiential learning approach could help support doctors' empathetic development in relation to dermatology care.

Smit et al.'s *mixed methods* study among the general public of the effects of receiving personalised melanoma-related genomic risk information showed that tailored information could prompt conversations about skin examination/sun protection with family and health professionals. The sequential combination of quantitative and qualitative techniques enabled questionnaires firstly to investigate 'what?' conversations were triggered, followed by qualitative interviews to examine 'why?' (or 'why not?'). The *thematic analysis*[11] of interview data highlighted key factors determining whether people talked about prevention, suggesting that provision of personalised risk information might be a useful strategy to encourage healthy behaviour change within families. A key feature of the study is the responsiveness of the qualitative data collection instrument to the context of the work[14]. By informing the development of the interview schedule with findings from the preceding surveys the researchers were able to ask more focused questions of direct relevance to the public that might inform future prevention strategies.

Qualitative methods are well placed to answer questions about the feasibility and acceptability of new interventions and ways of evaluating them in clinical settings: can the study be done, is the intervention acceptable to users and how might the intervention work/not work? Nelson and colleagues' *mixed methods feasibility study* of theory-driven[15] patient support materials to broaden understanding of psoriasis and promote self-management is a neat example of intervention development, testing and evaluation. The study uses combined quantitative and qualitative methods in line with the MRC framework for complex interventions to address intervention feasibility prior to a full RCT[16]. Quantitative measures showed the materials could improve patients' understanding of their disease and encourage better self-management. The qualitative element used focused interviews with *framework analysis* to highlight patients' impressions of the materials and insights about aspects of the materials they perceived had promoted changes in thoughts and behaviour. This approach could be used more widely in dermatology to evaluate the acceptability of a range of

treatments or interventions and is well-suited to use with larger samples than might be feasible with more in-depth discursive or phenomenological qualitative methods.

Despite the growing recognition of the value of qualitative research in dermatology, some scepticism persists. Doubt is of course a necessary (though not sufficient) condition for research to evolve, and we hope that this special edition enables the next step – engagement with examples of excellent qualitative research that contribute new knowledge to our field. These six articles illuminate knowledge about attitudes, perspectives and insights in participants' own words, that would otherwise remain untapped and that can guide dermatology policy and practice. They also challenge some of the remaining misunderstandings among dermatology colleagues about qualitative research, showing that when conducted well, these methods: 1) complement existing research designs to add direct clinical benefit; 2) are methodologically sound and theoretically diverse drawing on a long history of systematic but flexible approaches; 3)can involve not only patients or carers as research participants, but a range of health professionals too; 4) do not belong to a single professional grouping and are best done in dermatology through interdisciplinary collaboration.

We hope you enjoy these contributions and that they encourage consideration (where appropriate) of how high quality qualitative designs might fit in your next dermatology study.

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Table 1. Six qualitative papers: key methodological attributes

Authors	Topic	Methodological approach	Key attributes
Bath-Hextall et al.	Needs and experiences of skin cancer patients	**Qualitative systematic review with meta-synthesis**	Critical appraisal of 14 existing qualitative studies using an established assessment review instrument Synthesis of findings for greater transferability
Simpson et al.	Health-seeking behaviour in people with psoriasis	**Semi-structured interviews with framework analysis**	Data collection includes pre-existing and 'emergent' questions relevant to participants Clear 5-step data analysis process with data 'charting' for transparency
Santer et al.	Patient views of oral-antibiotics and advice-seeking for acne	**Thematic analysis of online discussion forums**	Pre-existing discussion data in 'naturalistic form' Synthesised inductively (from the ground up) into meaningful thematic categories
Corr et al.	Medical students' simulated experiences of melanoma	**Audio diaries and in-depth interviews (phenomenological perspective with template analysis)**	In-depth data gathered on 'embodied' experiences Analysed by developing structured 'template' of key concepts
Smit et al	Understanding conversations about personalised melanoma genomic risk information	**Sequential mixed-methods: quantitative survey followed by qualitative interviews with thematic analysis**	Quantitative survey establishes 'what' Qualitative thematic categories answer 'why/how'
Nelson et al.	Intervention to change patients' understanding of psoriasis and encourage self-management behaviours	**Mixed-methods feasibility study: quantitative measures of illness perceptions and anxiety followed by semi-structured interviews with framework analysis**	Quantitative measures assess intervention outcomes Qualitative data collection includes pre-existing and 'emergent' questions Clear coding steps produce framework of key issues on intervention acceptability and perceived 'active ingredients'