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Qualitative research thrives in primary care with the support of research training and mentoring

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Qualitative research thrives in primary care with the support of research training and mentoring

Primary care faces many challenges with increasing complexities, multi-morbid aging patient populations and diminishing resources for health care. Qualitative research increases our understanding of real world issues, including how practitioners think and how our patients experience care. Recently 70 senior academics from 11 countries wrote an open letter to the BMJ challenging the journal to broaden their view on the value of qualitative health research by publishing a formal policy and criteria for judging qualitative and mixed method research [1]. Interestingly, they argued their stance by citing one of the most influential papers published in BMJ was an ethnographic study that explored how primary care clinicians make individual and collective healthcare decisions [2].

In this issue of Scandinavian Journal of Primary Health Care (SJPHC), an ethnographic field study conducted by Ole Olsen draws on this research by exploring how 50 Danish GP's 'think and act' when presented with new evidence that planned home birth for low risk women is as safe as a planned hospital birth with fewer intervention and complications [3]. The importance of this contribution is that it provides rich insights into variations amongst clinician's readiness to change information practice.

Also in this issue of SJPHC three professors of general practice from Denmark, Norway and Sweden highlight the important role and use of qualitative methods in PhD theses in Scandinavia [4]. They propose that whilst general practice is taking the lead in qualitative research, institutions are offering very little formal teaching or training in qualitative research methodologies, particularly for multimethod PhD theses. The authors offer a series of recommendations, including developing standard evaluation criteria that consists of transparently documenting the qualitative analysis processes, including the researcher's reflexivity and honest accounts of methodological challenges that are inherent in the *doing* of qualitative research.

This opinion paper also opens the discourse on the importance of growing knowledgeable supervisors with qualitative methodological skills and experience from a healthcare background. This is supported by a recent Australian qualitative study of GPs who have a PhD qualification [5]. The study found that in order to overcome the isolation and lack of critical mass in general practice research, it is necessary to improve research training,

build professional networks, facilitate mentoring, and improve the way we market general practice research to the wider community.

So, what are the best ways to train supervisors for qualitative health research? In Finland, since 2007 a one-year research course has encouraged primary care PhDs and also taught qualitative methods [6]. As a next step, the University of Helsinki has created formal training for supervisors of PhDs in primary care that focuses on research methods, funding and building networks.

We need to create 'communities of practice' whereby groups of supervisors regularly interact and engage in the practice of sharing resources, tools and experiences in qualitative research [7]. In Perth, Australia, a Medical Humanities network has been formed to enhance teaching, research and cross collaboration between medicine, health, arts and social science disciplines. The strength of this type of network lies in the enhanced visibility of qualitative research that focuses on 'meaning over measurement' [8] and honours the complexity of human lives and the socio-cultural conditions in which they live.

Disclosure statement

No potential conflict of interest was reported by the authors.

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