Qualitative research in age and ageing: enhancing understanding of ageing, health and illness

The value of qualitative research in policymaking, service development and practice in medicine, in the study of health service organisation and delivery, and in enhancing understanding of health, illness and ageing is increasingly recognised. There is a large body of qualitative research informed by social science perspectives which has enriched our understanding of the meaning and process of living with chronic illness and life-threatening conditions from the pioneering contributions of Strauss and colleagues [1, 2] in North America and Bury and Williams in the UK [3, 4]. Such research has informed the evidence base for service development and practice in supportive and palliative care, and in developing interventions to support self-management of chronic conditions. Age and Ageing has published a small number of articles in these areas with older people in community and nursing home settings [5–9], although surprisingly not in acute or intermediate care contexts.

In myriad ways, the application of qualitative methods has generated different ways of posing research problems. By focusing attention on understanding and representing different perspectives that have been ignored or obscured, qualitative research has placed the spotlight on making sense of behaviour and action in the context in which it occurs. Thus, there is a growing body of research on how dementia is experienced in real life, on its meaning and consequences for the person with dementia and relationships with close others; and the forms of communication, including with professionals in health and social care that diminish as well as reinforce a positive sense of self [10–12]. Further, published qualitative articles in Age and Ageing provide insight into the beliefs, values and tacit, ‘taken-for-granted’ knowledge that professionals working with older people apply [13–15], which can aid the development of professional knowledge and more reflective consideration of values in practice.

As health service organisation has become increasingly complex and differentiated across service locations, agencies and sectors, the question of ‘what works’ has expanded to include ‘how it works’ and for whom and the organisational, cultural and professional factors that are necessary to implement and sustain change in routine delivery. Given the current emphasis on theory-driven approaches to evaluation and the potential contribution that qualitative research can make to evaluative studies [16], we would welcome more submissions on the content of interventions as implemented [17], the theories underpinning them and process evaluations alongside trials to help interpret the results.

The expansion in the number of journals devoted to qualitative research has spawned methodological advances in qualitative methodology. This includes wide-ranging debates on strategies for ensuring rigor which are in turn shaped by the diversity of philosophical and theoretical approaches that inform qualitative research. This very diversity means, as Patton reminds us, that ‘issues of quality and credibility intersect with audience and intended research purposes’ [18]; such that assessment of the quality of qualitative research cannot simply be reduced to ticking a box on a generic checklist. Further diversity embraces skills development and practice use of an expanding repertoire of research approaches (case study, qualitative syntheses, narrative inquiry) and data collection methods (audio–visual, methods of life course research). In ageing research for example, methods drawn from anthropology such as use of photographs and walking interviews have informed understanding of older people’s attachment to and use of their physical environment. We would be interested in seeing more of this diversity of approach and methods in our journal [19].

Surveying the landscape of general medical and health services research journals poses a conundrum. Despite the apparent legitimation of qualitative research as a valued mode of enquiry, there continues to be a paucity of studies drawing on qualitative methods within general medical and health services research journals [20], a pattern that is mirrored in Age and Ageing. A simple count of qualitative research articles, including qualitative syntheses, published in our journal between 2000 and 2014 found a total of 26, fewer than 2 a year, although there is no consistent pattern over time.

With regard to Age and Ageing, we are keen to attract qualitative papers that contribute to understanding of ageing and health and are of practical importance for professionals performing health and care work. We recognise that the form of qualitative research writing fits uneasily with modes of presentation geared to the experimental style of reporting in health science journals. It is not impossible, however, to convey the complexity, multi-dimensionality and nuance of a qualitative study in words and visual displays in a parsimonious manner, as the published papers attest. Even so, we have increased the word limit for qualitative articles and have expanded our pool of reviewers with qualitative expertise. However, a high proportion of the submissions we receive are rejected. This is not because the criteria we apply to such submissions are more stringent. Common reasons for rejecting qualitative papers can be subsumed under three broad areas: relevance for our readership, contribution to knowledge and methodology. Specific issues within these areas are the following:
• Research question: the purpose of the study and the research questions which flow from it are not qualitatively driven.
• The study adds little new understanding to the topic. This could be because the research question posed is insufficiently developed or contextualised, or is not located within the relevant conceptual and empirical literature.
• The methodology is not appropriate and/or well executed for the claims made. This applies to all aspects of the design: sampling strategy, methods of data collection or analysis or indeed to the appropriateness of the design in relation to the question posed. A common problem is that the sampling strategy pursued is not primarily geared to securing richness of information, as for example with ad hoc sampling, insufficient sample size to address the research problem and simplistic assertion of ‘saturation’ to justify sample size [21, 22]. Others include lack of clarity or inconsistency in the approach to analysis (for example, the methods section refers to use of a grounded theory approach, but the findings are couched in terms of themes); or the findings are devoid of depth and nuance suggesting either under-analysis or thin data.
• The writing lacks clarity, intelligibility and relevance for our audience.

Key points
• Qualitative research focuses attention on understanding and representing different perspectives that have been ignored or obscured; it places the spotlight on making sense of behaviour and action in the context in which it occurs.
• Qualitative research has an important role in enhancing understanding of health, illness and ageing, and informing policymaking, service development and clinical practice in medicine.
• Age and Ageing is keen to attract qualitative papers which contribute to understanding of ageing and health and are of practical importance for professionals performing health and care work.

References
20. Gagliardi AR, Dobrow MJ. Paucity of qualitative research in general medical and health services and policy research journals: analysis of publication rates. BMC Health Serv Res 2011; 11: 268.