


Enriching Clinical Encounters Through Qualitative Research

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Abstract

Although many medical and dental journals publish qualitative research this does not mean they are being read by those who could directly benefit from their scholarly contributions. From clinician to the patient. This perspective on qualitative research for medical and dental education was written with the intention of introducing qualitative research to those who may be unaware of its possibilities and utility for clinical education. Its task is to inform others about life conditions they may not have experienced themselves other than in a biomedical context. As researchers, clinicians, and especially for students who read academic, medical, and clinical research papers which are appropriately discipline- and methodology-specific. We may find ourselves encultured to privileging one type of research methodology over others. For example, exclusively considering quantitative research methodologies as being more rigorous and trustworthy. This brief commentary may offer the opportunity for interested healthcare providers and researchers to expand their understanding of the purpose of qualitative research, its role and application in enhancing patient engagement, clinical practices, and person-centered research.

Keywords

qualitative research, medical education, clinical engagement, hermeneutics

The Why, Who, and How of Qualitative Research From Theory Into Practice

Why

We conduct qualitative research to explore the lived experiences of research participants who share an experience of living with a health condition, chronic or otherwise that is of interest to a specific group of researchers or clinicians (1). The purpose of this kind of research approach is to explore the rich and insightful narrative-stories about these experiences lived by people who can help us understand their life situation. This may be to gain an understanding of these experiences to help reform healthcare programming, gain clarity about their educational needs, redefine or refine expectations about this group as patient research consultants, or simply to learn about this condition to enhance future clinical encounters. Learning about a patient's wholeperson experience which has not been our own can profoundly help in the healthcare practitioner and patient interaction. Reading qualitative research about a patient experience or perspective means not to enter into clinical encounters exclusively prepared with a primarily medicalized understanding of the patient's and family's situation (2).

For clinicians, this means to understand their patient's experiences not only within, but also outside healthcare,

such as how it exists within their home and community. While producing qualitative research is not novel per se, reading qualitative research offers the potential to improve clinical skills and enhancing person-centered care. Clinicians' limited time with patients can use quantitative research to enrich both quantitative and qualitative perspectives about the experiences of unique patient population. Therefore, integrating more qualitative research into medical education (initial or continuing) would in fact bring novel benefits to various patient communities (3,4). Indeed, for younger dental and medical students, qualitative research offers insight into the lived experiences of others with specific and complex health conditions such as cancer or chronic pain, of which they may only have a theoretical or biomedical understanding. Reading qualitative research would help in both their approach to offering medical

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treatments and overall holistic treatment of the person. Qualitative research as well provides an enhanced understanding of how to communicate in a more humanistic and tacit manner when engaging with their patients (5). This can easily be extended to help understand a cultural sensitivity which was previously unknown or unfamiliar. The stranger becomes less of an outsider.

Who

While working with a clinician in family medicine, we conducted a qualitative research project exploring their personal engagements with their patients in a clinical practice spanning over 40 years. Once we completed the research, I asked if they read qualitative research, and they answered that they did not. This response provoked the question, who should read qualitative research? I thought it should be everyone who interacts directly with patients they are treating, both acutely and chronically? Existing literature finds that qualitative research articles only make up 0% to 0.6% of publications in general medical and policy research journals and are less cited in research articles than quantitative research papers (6–8). This leaves a wealth of knowledge on how to treat patients more effectively absent from clinical practice (9). For people living with a specific health condition, qualitative research may help to reduce anxiety and uncertainty knowing that they are not alone and share many similarities with others in how they have learned to cope. Caregivers, friends, and family can also benefit as they can learn from those with a similar experience of the challenges that they may as well be encountering. Creating awareness and helpful preparation before they are forced to confront *jeir* patients can help reduce potential stress and anxiety.

How

How we read qualitative research will depend on the type of research methodology used, meaning how narrative-story data was collected (using open-ended questions or specific questions which limit the response of the participants), the type of approach which can range from the pragmatic to the philosophical, as well as the experience of the researchers who endeavor to bring these experiences into their words and worlds (10). One type of reading is a surface approach to find out information in a hurried way to get a sense of what an experience was like for those research participants. Another is more akin to having a conversation with the text, where we engage with the text as though the person was with us in person. When reading the interpretations or analysis from the researchers within the publication, we should begin to re-interpret and perhaps personalize that narrative-story into our own thoughts, ideas, and applications of what we have learned from these research participants. In other words, I recommend reading qualitative research as if you are in an actual conversation with a close friend who is sharing their experiences with you; as a person who cares.

Qualitatively Speaking

During the review of this article, I reached out to 2 of my previous students. Gaining their permission, the first student Capt. Jessica Italia, DMD, M.Sc. went into dentistry upon completion of her master's degree and is a recent graduate from that DMD program and the other Rachel Szwimer, BSc, M.Sc. is a current medical student at McGill University. I asked them how having a background in qualitative research may have influenced, or not, their experience in medical education. In response, Dr. Italia wrote back, "The experience I gained conducting qualitative research during my master's program has allowed me to become a better dental student and now a more well-rounded dentist. Having had the opportunity as a student to take the time to understand patients' lived experiences with chronic orofacial pain, I was and still am more cognizant of the needs of my patients, both as a dental student and now practicing clinician. Specifically, as a military dentist, where a large portion of my patients struggle with mental health issues due to past trauma, I have learned, through qualitative interviews, truly how imperative it is to understand the patient as a whole when diagnosing, treating, and offering guidance." Dr. Italia clearly describes the enrichment qualitative research offered to her future experiences both as a DMD student and as a practitioner in her unique position in the military.

In response to the same question, Ms. Rachel Szwimer wrote: "My experience conducting qualitative research prior to beginning medical school has been instrumental in my ability to connect with my patients. During my M.Sc. research, I was able to focus entirely on trying to understand how people experience living with a chronic illness and the impact that these conditions have on their life. There were no time restraints to our interviews and no interruptions, and I could see how important it was for people to feel that their narratives were being heard. In medical school, I have now been able to combine these interpersonal skills that I improved during my master's with the diagnostic and management skills that I am developing in medical school. While the interviews are sometimes cut a bit shorter than they were in a research setting, I continue to recognize how important it is to prioritize both the medical and human aspects of patient care." Fully acknowledging that clinical encounters are time sensitive, the opportunity for reading of qualitative research offers the opportunity to prepare beyond the actual clinical encounter.

Learning From the Other

When participants tell their personal experience out loud—into the world—it joins with the experiences of others. The shared collective of unique experiences interpretively leads to an understanding that is respectful of both the singularity of people and their experiences of an event, as well as what is commonly understood when interpreted among many others who have shared a similar experience. Accounts of

human experiences are always interpreted from the participant's socio-cultural and historical perspectives. The individual narrative becomes part of the common history of the participant/patient group by showing how one narrative account is an instance of something that can be more commonly understood. It can be stressed, however, that research findings and current understandings are always only provisional to further interpretations. The consequence is that, as narrative texts are read and re-read, they open other possible interpretations and new understandings (11).

Qualitative Research: Reading Beyond our Encultured Discipline Expectations

Each qualitative research approach has its own series of processes, practices, and expectations to meet excellent standards of rigor in method and practice, much of which is found within the commitment of the researchers to become deeply engaged with its methodology, that is, data collection, transcription of narrative-story data, analysis, interpretation, and publication. However, this is only the beginning as it is through careful and mindful reading of these research findings (narrative-stories) that we may discover new and unique understandings that may potentially influence our thinking about something we previously thought we knew well previously (8). We open ourselves up to understanding a person's lived experience of illness guided by humility and hospitality more completely, deeply, and humanly. Here, we can reunite the art and science of patient care through a wholistic approach to clinical education and practice (5,9,10).

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