Qualitative research methods allow us to better understand the experiences of patients and carers; they allow us to explore how decisions are made and provide us with a detailed insight into how interventions may alter care. To develop such insights, qualitative research requires data which are holistic, rich and nuanced, allowing themes and findings to emerge through careful analysis. This article provides an overview of the core approaches to data collection in qualitative research, exploring their strengths, weaknesses and challenges.

**Interviews**

Collecting data through interviews with participants is a characteristic of many qualitative studies. Interviews give the most direct and straightforward approach to gathering detailed and rich data regarding a particular phenomenon. The type of interview used to collect data can be tailored to the research question, the characteristics of participants and the preferred approach of the researcher. Interviews are most often carried out face-to-face, though the use of telephone interviews to overcome geographical barriers to participant recruitment is becoming more prevalent.

The key variation between interview types relates to the degree of structure. An open or unstructured interview will often be based on a single question, with the interviewer and interviewee then shaping the conversation in real time, rather than following a prewritten schedule. This can be particularly suited to methods in which participants are being encouraged to tell a story of their life or experiences, such as narrative enquiry. An example of the type of study in which these open, conversational interviews are well suited was an exploration of the impact of time on the work of Registered Nurses.

A common approach in qualitative research is the semistructured interview, where core elements of the phenomenon being studied are explicitly asked about by the interviewer. A well-designed semistructured interview should ensure data are captured in key areas while still allowing flexibility for participants to bring their own personality and perspective to the discussion. Finally, interviews can be much more rigidly structured to provide greater control for the researcher, essentially becoming more prevalent.

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array of information—such as verbal and non-verbal communication, actions (eg, techniques of providing care) and environmental factors—within a care setting. Another advantage of observation is that the researcher gains a first-hand picture of what actually happens in clinical practice.8 If the researcher is adopting a qualitative approach to observation they will normally record field notes. Field notes can take many forms, such as a chronological log of what is happening in the setting, a description of what has been observed, a record of conversations with participants or an expanded account of impressions from the fieldwork.9 10

As with other qualitative data collection techniques, observation provides an enormous amount of data to be captured and analysed—one approach to helping with collection and analysis is to digitally record observations to allow for repeated viewing.11 Observation also provides the researcher with some unique methodological and ethical challenges. Methodologically, the act of being observed may change the behaviour of the participant (often referred to as the ‘Hawthorne effect’), impacting on the value of findings. However, most researchers report a process of habituation taking place where, after a relatively short period of time, those being observed revert to their normal behaviour. Ethically, the researcher will need to consider when and how they should intervene if they view poor practice that could put patients at risk.

Box 1 Example of an interview schedule

What do you think is the most effective way of assessing a child’s pain?
Have you come across any issues that make it difficult to assess a child’s pain?
What pain-relieving interventions do you find most useful and why?
When managing pain in children what is your overall aim?
Whose responsibility is pain management?
What involvement do you think parents should have in their child’s pain management?
What involvement do children have in their pain management?
Is there anything that currently stops you managing pain as well as you would like?
What would help you manage pain better?

References