

## Qualitative study

A study that uses non-numerical data (such as interviews or observations) to gain an understanding of social phenomena or individual experiences.

Qualitative research can take many forms such as:

Focus groups

In-depth interviews

Semi-structured interviews

Observation

Qualitative research, unlike all the types of research referred to previously does not try to quantify anything or use statistical methods. Rather, it seeks to understand other people's perspectives and motivations. Typically qualitative research focuses on words and their meanings, and does not seek to count things. Consequently, qualitative researchers often use small sample sizes as they are not seeking to statistically generalise their findings.

It is common practice in qualitative research for researchers to be less specific about sample sizes, as one of the standard approaches to this type of work is to carry on with the fieldwork until it yields no new insights. This makes it difficult to precisely predict sample sizes in advance; qualitative researchers may have to estimate the number of interviews or focus groups they expect to carry out but may need to alter this.

Similarly, unlike a structured questionnaire where all the questions and variables are defined upfront, qualitative research is open to participants determining what the important issues are. Researchers may think they know what is important to patients and service users, but sometimes it is not until discussions are held with them, that the real issues emerge. This means that qualitative researchers will work with topic guides which outline the issues to be discussed and allow some freedom around those topics, as opposed to a tightly defined questionnaire. The process of allowing topics to emerge from the research process itself is referred to as 'grounded theory'.

Qualitative research is often be combined with other methods to give further insight.

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Thirty patients were selected using the convenience sampling method and interviewed. Patients were presented with hypothetical scenarios including a scenario in which the surgery was offered to them routinely and a scenario in which the surgery was in a clinical trial.

The results of the study suggest that about two thirds of the patients offered the surgery on a routine basis would be interested, and half of the patients would agree to the surgery as part of a clinical trial. Several overarching themes emerged, some of which include: patients expressed ethical concerns about offering financial incentives or compensation to the patients or surgeons involved in the study; patients were concerned about appropriate communication and full disclosure about the procedures involved, the legalities of tumor ownership and the use of the tumor post-surgery; patients may feel alone or vulnerable when they are approached about the surgery; patients and their families expressed immense trust in their surgeon and indicated that this trust is a major determinant of their

agreeing to surgery.

The overall positive response to re-sampling surgery suggests that this procedure, if designed with all the ethical concerns attended to, would be welcomed by most patients. This approach of asking patients beforehand if a treatment innovation is acceptable would appear to be more practical and ethically desirable than previous practice <sup>1)</sup>

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A [qualitative study](#) designed to examine [neurosurgeons'](#) and neuro-oncologists' perceptions of [resampling surgery](#) for [glioblastoma multiforme](#) electively, post-therapy or at asymptomatic relapse.

Twenty-six neurosurgeons, three radiation oncologists and one neuro-oncologist were selected using convenience sampling and interviewed. Participants were presented with hypothetical scenarios in which resampling surgery was offered within a clinical trial and another in which the surgery was offered on a routine basis.

Over half of the participants were interested in doing this within a [clinical trial](#). About a quarter of the participants would be willing to consider routine resampling surgery if:

(1) a resection were done rather than a simple [biopsy](#).

(2) they could wait until the patient becomes symptomatic

(3) there was a preliminary in vitro study with existing tumour samples to be able to offer patients some trial drugs.

The remaining quarter of participants was entirely against the trial. Participants also expressed concerns about resource allocation, financial barriers, possibilities of patient coercion and the fear of patients' inability to offer true [informed consent](#).

Overall, if surgeons are convinced of the benefits of the trial from their information from scientists, and they feel that patients are providing truly informed consent, then the majority would be willing to consider performing the surgery. Many surgeons would still feel uncomfortable with the [procedure](#) unless they are able to offer the patient some benefit from the procedure such that the [risk](#) to benefit ratio is balanced <sup>2)</sup>.

<sup>1)</sup>

Mir T, Dirks P, Mason WP, Bernstein M. Are patients open to elective re-sampling of their glioblastoma? A new way of assessing treatment innovations. *Acta Neurochir (Wien)*. 2014 Oct;156(10):1855-62; discussion 1862-3. doi: 10.1007/s00701-014-2189-3. Epub 2014 Aug 2. PubMed PMID: 25085543; PubMed Central PMCID: PMC4167439.

<sup>2)</sup>

Mir T, Bernstein M. Are neurosurgeons prepared to electively resample glioblastoma in patients without symptomatic relapse? A qualitative study. *Br J Neurosurg*. 2016 Jan 13:1-5. [Epub ahead of print] PubMed PMID: 26760112.

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