



Shaw, R. L., Bishop, F. L., Horwood, J., Chilcot, J., & Arden, M. A. (2019). Enhancing the quality and transparency of qualitative research methods in health psychology. *British Journal of Health Psychology*, 24(4), 739-745. <https://doi.org/10.1111/bjhp.12393>

Peer reviewed version

Link to published version (if available):  
[10.1111/bjhp.12393](https://doi.org/10.1111/bjhp.12393)

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## Enhancing the quality and transparency of qualitative research methods in health psychology

Rachel L. Shaw Felicity L. Bishop Jeremy Horwood Joseph Chilcot Madelynne A. Arden

### History and background

Since its launch in 1996, the British Journal of Health Psychology (BJHP) has been proud to publish high-quality research that has employed a variety of methodological and analytical approaches, including *qualitative*, *quantitative*, and *mixed-methods* research (for a glossary of terms, see Table 1). In 2018, approximately 1 in 3 published papers were qualitative or mixed-methods research. Over the past 8 years, the number of qualitative research papers received by the journal has steadily grown and we have published a large number of papers of high quality that have made a significant contribution to the field and the journal's reputation. For example, in 2017 our most cited paper was a qualitative evaluation of perceptions of human papillomavirus (HPV) and HPV vaccination in men who have sex with men (Nadarzynski *et al.*, [2017](#)). We want to continue to publish qualitative research of the highest quality, and to be sure that the editorial judgements that we are making about qualitative research are fair and transparent.

**Table 1.** Glossary

| Term                   | Definition  |
|------------------------|---|
| Qualitative research   | Research that involves text as data. In this definition, 'text' can mean words, sounds, or images   |
| Quantitative research  | Research that usually collects numbers as data or transforms other kinds of data into numerical form for statistical analysis   |
| Mixed-methods research | Research using both quantitative and qualitative approaches in a single project or larger programme of work   |
| Pluralism              | An approach to research which uses a combination of methods, including more than one qualitative method   |
| Methods                | Techniques or tools used to collect or analyse data, for example, interviews, questionnaires, and thematic analysis   |
| Methodology            | The approach taken to carrying out a research project   |
| Epistemology           | The philosophical stance taken in research. This is usually linked to a paradigm, for example, positivism, interpretivism, and social constructionism   |
| Positivism             | An epistemology which assumes an objective reality and a fixed relationship between people and the world. This means there is assumed to be one objective reality that can be generalized across the population |
| Paradigm               | A set of assumptions dictating the nature of reality and the nature of knowledge  |

'Qualitative research' has an interesting history. It developed in UK psychology at a time when experiments were the dominant *method* and *positivism* was the dominant *epistemology*. The positivist approach was inappropriate for researchers who wanted to answer exploratory research questions, because it was not always possible to make predictions or hypotheses to test, which is the *modus operandi* in positivist research. As a consequence, many early qualitative methods textbooks in psychology took a critical stance (Burr, 1998; Gough, McFadden & McDonald, 2013; Stainton Rogers, Stenner, Gleeson, & Stainton Rogers, 1995), opening with their reasons for rejecting positivism (Bannister, Burman, Parker, Taylor, & Tindall, 1994; Potter & Wetherell, 1987; Smith, Harré, & Van Langenhove, 1995). It was not just the rejection of positivism and hypothesis testing but also the rejection of statistical methods of analysis. Statistics were conceived as reductionist because they were unable to deal with the complexities and idiosyncrasies of the human realm and the social world. For researchers who wanted to focus on making sense of human experience, how people communicate with each other, and how they operate within a social system, a different approach was needed.

The development of qualitative research in psychology largely came from critical social psychology and often proposed a postmodern or social constructionist *epistemology*. Since then, qualitative research in psychology has grown and a number of different epistemological positions or *paradigms* are adopted by qualitative researchers, for example, interpretivism, phenomenology, and pragmatism. This *pluralism* (Frost *et al.*, 2010) has also increased the range of *methods* now in common use, including but not restricted to: discourse analysis, interpretative phenomenological analysis, conversation analysis, narrative analysis, and thematic analysis. As well as expanding the methods in usage, the maturity of qualitative research in psychology has also meant pluralism in epistemologies (Frost & Shaw, 2015; Shaw, Hiles, West, Holland, & Gwyther, 2018). This means one qualitative project may look very different from another in terms of its epistemology and its methods; the only common element may be that they both use text as data (rather than numbers). Indeed, it may be that a qualitative project shares its epistemological stance with another project using quantitative methods (Shaw *et al.*, 2018). It also means that previously conceived epistemological barriers to *mixed-methods* research can be overcome; researchers using different methods can carry out high quality mixed-methods studies using fully worked through qualitative and quantitative elements (Frost & Shaw, 2015; Yardley & Bishop, 2008). All of this means we require quality criteria that are flexible and applicable across a wide range of paradigmatic assumptions, methods of data collection, types of data, and methods of analysis.

## Objectives and remit of the group

The Editors of BJHP, Prof Madelynne Arden and Dr Joe Chilcot, set up a working group from its existing Associate Editors to include health psychologists with expertise in qualitative research. The working group have a substantial number of peer-reviewed publications reporting qualitative research in health psychology; and many years' experience as primary and secondary researchers, as teachers and supervisors, and as contributors to writing benchmarking guidance for organizations including the British Psychological Society (BPS), the Economic and Social Research Council (ESRC), and the Quality Assurance Agency for Higher Education (QAA). The remit of the group was to establish appropriate guidance for assessing the quality of reporting of qualitative research in BJHP. Our aim in identifying appropriate standards of reporting was fourfold:

1. First, to increase the transparency of reporting in qualitative research to enable authors to properly demonstrate the quality and rigour of their work, one of the important criteria for acceptance.
2. Second, to encourage high-quality submissions to BJHP and ensure that authors know what we are expecting and what criteria their manuscripts will be judged against.
3. Third, to help reviewers to understand the expectations that we have of qualitative research to ensure that reviews are informed and fair.
4. Finally, to 'level the playing field', given that we already have specific guidance for quantitative research, so that there are appropriate standards and guidance for research of all kinds: quantitative, qualitative, or mixed methods.

## Existing guidance

Once we had identified the need for guidance on the quality of qualitative research, and established the flexibility that we require from those standards, we reviewed the literature, focusing on some of the most-used criteria 'checklists', including COREC, CASP, and the American Psychological Association's, (APA) Journal Article Reporting Standards (JARS) which had recently developed standards for qualitative research, following the formation of the Society for Qualitative Inquiry in Psychology (SQIP). SQIP is the APA's equivalent of the BPS's Qualitative Methods in Psychology Section (QMIP). Both SQIP and QMIP represent the interests of qualitative research and qualitative researchers within their respective national professional bodies for psychology.

Providing guidance for standards of reporting qualitative research has some potential pitfalls that we wished to avoid. These pitfalls relate to the role of reporting standards in both the demonstration of quality in research reports and the original production of quality research (Reynolds *et al.*, 2011). In relation to the former, the use of quality appraisal checklists can be seen to automatize the processes of writing and reviewing qualitative research, reducing space for creativity and increasing the homogenization of qualitative

reporting. While we agree that certain key elements are important to report, we do not want to prescribe how this is done as what works for one study may not work for another. In relation to the latter, quality appraisal checklists that focus on technical procedures may drive the practice of qualitative research itself, risking a superficial tickbox approach to the complexities of ensuring credible qualitative research (Barbour, 2001). This means that implementing standards of reporting could have the paradoxical effect of actually reducing the quality of qualitative research.

Some checklists specify particular techniques that should be used to enhance the validity of qualitative research. But as we have outlined above, qualitative research is not a unified tradition (Cohen & Crabtree, 2008) and qualitative studies can be grounded in various different epistemologies (Dixon-Woods, Shaw, Agarwal, & Smith, 2004): One particular technique may not be appropriate for all qualitative research. For example, participant checks (a technique specified on the COREQ; Tong, Sainsbury & Craig, 2007) may be an entirely appropriate technique to use in a thematic analysis grounded in a critical realist epistemology but may be more problematic in a discourse analysis grounded in a social constructionist epistemology. Some checklists are designed for particular methods such as interviews and focus groups (e.g., COREQ; Tong *et al.*, 2007) or have been developed within the context of specific disciplines (e.g., CASP); these can be very helpful for improving the reporting and review of relevant studies. However, for a journal to adopt a single checklist, with a narrow focus on a particular qualitative method, would risk stifling innovation and discouraging other forms of creative or pluralistic qualitative research (see Chamberlain, Cain, Sheridan & Dupuis, 2011). This would clearly be counter to our aim to publish excellent and innovative health psychology research from diverse methodological traditions.

One subject that can be a contested issue by reviewers without a formal background in qualitative methodology is sample size (Malterud, Siersma & Guassora, 2016; O'Reilly & Parker, 2013). While in quantitative studies, formal power calculations determine the sample size required to demonstrate the effects of a certain magnitude from an intervention, there is no single way to determine sample size in qualitative research because of diversity in epistemological origins (Yardley, 2000). It is worth noting, however, that theoretical saturation, sometimes known as data saturation, follows the epistemology of traditional Glaser-style grounded theory (Glaser & Strauss, 1967), which aims to generalize findings after a process of theoretical sampling. It is not a one-size-fits-all validation technique and does not always fit the epistemology or methodology used, as is suggested in some checklists (e.g., COREQ). Sample sizes in qualitative research should be large enough to obtain enough data to describe the phenomenon of interest to be able to meet the study objectives. What is needed for reviewers to critically reflect on the quality of a qualitative study is for the authors to provide information that justifies the nature and size of the

sample. To improve transparency in reporting sample size, the APA-JARS guidance provides information for authors to ‘describe the process via which the number of participants was determined in relation to the study design’ and ‘describe the rationale for decision to halt data collection’, for example, by theoretical saturation.

Table 2 summarizes key features of the three commonly used criteria ‘checklists’ that the working group discussed.

**Table 2.** Summary of key features of selected checklists for qualitative research

| Key features                             | COREC  | CASP   | JARS – qualitative   |
|--|--|--|--|
| Number of items                          | 32   | 10   | 63   |
| Summary                                  | Lists items grouped into 3 domains, provides questions to guide/prompt users<br>Research team and reflexivity: personal characteristics; relationship with participants<br>Study design: theoretical framework; participant selection; setting; data collection methods.<br>Data analysis and reporting: techniques and procedures; transparency, coherence, and clarity | Lists items grouped into 3 domains: items rated as yes/no/can’t tell with space for comments.<br>Validity: transparent aims, appropriate methods and design<br>Data collection: recruitment strategy, methods, relationship with participants<br>Data analysis: ethics, rigour, transparency, impact | Structured around conventional manuscript elements (Title page, Introduction, Method, Findings/results, Discussion). Items describe information needed to judge ‘methodological integrity’ defined as involving two central processes, ‘fidelity to the subject matter and utility in achieving research goals’ (Levitt <i>et al.</i> , 2018, p. 33) |
| Approach to sampling                     | Expectation that data saturation will be discussed   | Expectation that data saturation will be discussed   | Requires detailed description and rationale for ceasing data collection. Gives saturation as an example only   |
| Applicability across qualitative methods | Designed for focus groups and interviews. Not readily applicable to other methods, for example, participant observation  | Designed for clinicians to use. Can be applied to diverse qualitative methods as items focus on fundamental issues common to many methods  | Designed to be broadly applicable across diverse qualitative methods, and this is reflected well throughout the items  |
| Accessibility to novice researchers      | Items are expanded on in the text that accompanies the checklist, with some explanation  | Provides helpful ‘hints’ as part of the checklist; requires a level of methodological knowledge to make informed judgements on items   | Provides clear explanatory guidance for (1) authors and (2) reviewers on the checklist   |

## The outcome of the working group

The decision of the working group was that BJHP should adopt the APA Journal Article Reporting Standards for qualitative research (JARS-Qual; <https://apastyle.apa.org/jars/qualitative>, American Psychological Association 2019b), and mixed-methods research (JARS-Mixed; <https://apastyle.apa.org/jars/mixed-methods>, American Psychological Association 2019a). The SQIP team describe the APA-JARS standards they have developed for qualitative research in an accessible and well-balanced account of what is required to assess the quality of qualitative research (Levitt *et al.*, 2018). It explains how qualitative research may differ from quantitative research in a way that is comprehensible to a novice researcher or a researcher who is a novice in qualitative methods. It also explains how varied qualitative methods are and so does not prioritize one kind of data or method over another. The criteria developed are therefore widely applicable and offer a non-judgemental and robust way of assessing the quality of qualitative research, whatever epistemological stance it may take and whatever methods are used, successfully meeting our requirements. The standards provide clear guidance to authors to help them to improve the quality of their submissions, and for reviewers and editors so that we can ensure that consistent transparent decisions are being made about the rigour of the work, so that we accept for publication only those papers that demonstrate high quality.

The rigour and quality of reporting is just one of the criteria for acceptance into the British Journal of Health Psychology. The other key criterion, for submissions across all types of research methods, is that the work makes a substantial contribution to health psychology knowledge and theory or practice. This might be that the work adds to theory, critiques current theory, has implications for implementation and practice, or develops methodology relevant for the field. However, we are not looking to publish articles that describe aspects of health and illness without considering the psychological implications. For example, we would not publish an article on the lived experience of illness unless that paper also explored the psychological implications of that experience and what it might mean for our broader psychological understanding of health.

## Summary and conclusion

The British Journal of Health Psychology has adopted the APA Journal Standards of reporting for qualitative and mixed-methods research. These standards are widely applicable and offer a non-judgemental and robust way of assessing the quality of qualitative research with a range of epistemological stances. We hope that these will guide authors to write papers of high quality that will continue to make a significant contribution to the field of health psychology and will enable reviewers and editors to make fair and transparent decisions about the quality of submissions. We look forward to receiving your submissions.

## Acknowledgement

The authors would like to thank Professor Paul Flowers for helpful feedback on a previous version of this editorial.

## Authors' contribution

Rachel Shaw: Conceptualization, Writing – original draft; Felicity Bishop, Conceptualization, Writing – original draft; Jeremy Horwood, Conceptualization, Writing – original draft; Joseph Chilcot, Conceptualization, Writing – original draft; Madelynne Arden, Conceptualization, Writing – original draft.