



# EDITORIALS

## Qualitative research and *The BMJ*

A response to Greenhalgh and colleagues' appeal for more

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*The BMJ*

Trish Greenhalgh and colleagues argue persuasively that qualitative research is important.<sup>1</sup> Why, they ask, has *The BMJ*, once a champion of qualitative research, seemingly turned away from it? They appeal to the journal to publish one qualitative research paper a month and in other ways confirm a commitment to qualitative research. In the past, qualitative research was a higher priority for *The BMJ* than it is now, so we understand why the community of qualitative researchers does not like our change in emphasis. And yet, despite the extensive discussion within and outside *The BMJ* that this letter has provoked, we are not persuaded that we should make the major changes requested.

*The BMJ* does not have quotas for specific types of research and we do not intend to establish them. We believe it is reasonable to consider study design, research questions, and limitations when deciding which articles to publish. Like many journals, *The BMJ* aims to have a clear scope (albeit a broad one). As editors, we owe it to readers and authors to make that scope explicit, and this includes identifying priorities for the research we want to publish. *The BMJ's* research goals and objectives have changed over the past few years. In general, our aim is to publish studies with more definitive—not exploratory—research questions that are relevant to an international audience and that are most likely to change clinical practice and help doctors make better decisions.

There are many sorts of research that, although worthy and valuable, do not fall within *The BMJ's* chosen scope. This includes case reports, case series, cost of illness studies, economic evaluations of single clinical trials, surveys of self reported practice, simple open loop audits, and even placebo controlled trials of drugs or devices when alternative therapies are available (rather than those that compare new interventions head to head against current best practices).<sup>2,3</sup> As with qualitative research, there is no blanket ban on these types of studies. We keep the door ajar, but we publish very few of them. For example, we occasionally publish case reports or series, especially during the early days of an infectious disease outbreak.<sup>4</sup>

Medical journals play different roles and address the needs of distinct audiences. We can only publish a small fraction of the

thousands of research papers that we receive each year, many of which are important and well done. We recognise the merits of qualitative research as described in Greenhalgh and colleagues' article, which include helping us understand “why promising clinical interventions do not always work in the real world, how patients experience care, and how practitioners think.” But we do not prioritise qualitative research because, as mentioned in our information for authors, qualitative studies are usually exploratory by their very nature and do not provide generalisable answers.<sup>2,3</sup> Our policy on qualitative research is posted on our website and is also communicated in rejection letters. Including these details is evidence of our desire to make the process fair and transparent.

Some may say that if *The BMJ* were truly interested in the patient perspective we would publish more qualitative papers that include the patient's voice. There is some value to that argument, but there are many different ways to bring the views of patients into research. We have chosen to focus our efforts on quantitative research that reports outcomes that are important to patients, doctors, and policy makers. As part of our patient partnership initiative we ask authors of research papers to explain how they involved patients in study design, and we include patients in the peer review process.<sup>5</sup>

Although most qualitative studies will not be in line with *The BMJ's* objectives, we agree they can be valuable, and recognise that some research questions can only be answered by using qualitative methods. Several other publications in the BMJ family, especially *BMJ Open*,<sup>6</sup> have a stronger focus on qualitative research and welcome the submission of qualitative studies. Arguably, though, the ideal place for publication of many qualitative papers will be journals that are targeted at the specialist audience for whom the findings are especially pertinent. Important qualitative research of a highly specialist nature may actually be overlooked if published in a general medical journal.

Competing interests: We have read and understood BMJ policy on declaration of interests. TG declares that she is editor-in-chief of and receives salary from *BMJ Open*, a journal that welcomes qualitative

research. EL declares that she is currently participating as a researcher in a qualitative study.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Greenhalgh T, Annandale E, Ashcroft R, et al. An open letter to The BMJ editors on qualitative research. *BMJ* 2016;352:i563.
- 2 Merino JG. Publishing your research study in the BMJ. *BMJ* 2013;346:f2433. doi:10.1136/bmj.f2433. 23596228.
- 3 Is The BMJ the right journal for my research article? [www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/bmj-right-journal-my-research-article](http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/bmj-right-journal-my-research-article).

- 4 Fang CF, Ma MJ, Zhan BD, et al. Nosocomial transmission of avian influenza A (H7N9) virus in China: epidemiological investigation. *BMJ* 2015;351:h5765. doi:10.1136/bmj.h5765. 26586515.
- 5 Richards T, Godlee F. The BMJ's own patient journey. *BMJ* 2014;348:g3726. doi:10.1136/bmj.g3726. 24916815.
- 6 Duane S, Domegan C, Callan A, et al. Using qualitative insights to change practice: exploring the culture of antibiotic prescribing and consumption for urinary tract infections. *BMJ Open* 2016;6:e008894. doi:10.1136/bmjopen-2015-008894..

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