

Editorial

This editorial focuses on qualitative research, often mistakenly considered less scientific than quantitative research, in that it is “research without statistics”.

The qualitative research aims to understand the phenomena from the subject’s point of view (emic approach), to identify the uniqueness of the cases (ideographic method), and enhance the interaction between researchers and participants (dialogic and transformative approach). The approach to the person is holistic and global, and the reference paradigm is perceptive and inductive, typical of critical theories and constructionism. Qualitative research allows us to detect: 1) the subjective meanings that individuals attribute to their activities and life contexts; 2) the belief systems shared by the members of a culture; 3) the way in which people act in a social reality and build it through language and conversation. In all cases the analysis makes use of verbal codes transformed in written texts. Therefore, the qualitative research consists of a corpus of dialogic or observed material that is subjected to rigorous, long and costly data analysis procedures. It requires a great interpretative effort, in which the influence of the interviewer is quite high. The privileged instruments are the *qualitative interview*, the *patient’s agenda*, the *focus groups* and the *observation*.

The *qualitative interview* offers completeness in the provided answers, flexibility in data collection and a setting suitable for the survey. The interviewers can request answers, ask for clarifications, remove misunderstandings and obtain a high response rate.

The interview can be: 1) *structured*, in which the questions, the order and their sequence are predefined and placed in the same way; 2) *semi-structured*, in which the questions are predefined on the basis

of a guide, even if the order of presentation and the formulation of the questions may vary; 3) *flexible structure*, in which, if a specific topic of interest is predefined, the questions may also arise in the course of the interview, even starting from interventions by the interviewee. Therefore, the predefined fields are only a topic guide, to be used flexibly. In particular, in this issue, we will specifically examine the **narrative interview**, of which examples of application will be provided. It is often used to “understand” the patient’s illness experience, placing it in its overall history. Therefore, the narrative interview makes the participant the expert and the protagonist of the interview.

Another qualitative instrument is the *patient’s agenda*, a “personal agenda” that the patient brings with him. It concerns the ways in which the patient experiences his illness and allows accommodating the needs of the patient when he meets the professional. The agenda: is based on communication; it is born in the relationship and indicates the experiential, cognitive and emotional baggage that the patient carries with him. It is divided into four functional areas: 1) *feelings* (e.g. fear, anxiety, guilt), which concern previous events and the subjective expression of how the person suffers; 2) *ideas and beliefs*: the personal interpretations of the disease are articulated to generate a more complex construction of beliefs or frames; 3) *expectations and desires*, which concern the requests for help, more or less explicit, and the ways in which to implement it; 4) *context*, which concerns the way in which the patient lives and interacts with his family, and in the social, work-related and cultural environment. The meeting between the patient’s agenda and the professional’s agenda (which includes the knowledge inherent to

pathologies, diagnosis, prognosis, and therapies) allows building an advantageous relationship in the care pathways, in which the trust and the “therapeutic alliance” are built.

Focus groups are very popular in socio-health research. They are based on the group discussion and focused on a specific topic that the researcher wants to investigate in depth. It foresees the presence of a conductor and an observer, has a duration of about 1 and a half hour to 2 hours, and involves about 8-12 participants. It is divided into: 1) *self-managed* focus (lower structuring level): the moderator proposes the topic of discussion and some interaction rules and leaves the interaction free; 2) *semi-structured* focus: the moderator uses an interview guide or grid (list of topics to be discussed) to trigger a group discussion; 3) *structured* focus: use of standardized techniques to collect additional data or encourage discussion (e.g. questionnaires, brainstorming, role-playing). Focus groups help people to explore and clarify their opinions on an area of interest in a simple and in-depth manner in a permissive and non-threatening environment. They are characterized by the interaction that is created between the participants and is oriented to understand the process of co-construction of the meanings and the rules that underlie the assessments produced by the group. They not only collect opinions, but also the ways in

which opinions are formed, something which make them useful in the preliminary or exploratory phases of research, or as a qualitative study at the end of a quantitative research.

Finally, **observation** consists in the description as broad and faithful as possible of the characteristics of an event, behavior or situation, and the conditions in which it occurs. The observation adopts an intentional, focused, active and selective look. It is a planned method of collecting data that defines precisely who, when, how and where to observe, based on precise and circumscribed objectives. Observation tends to focus on what the researcher considers most relevant and diversifies according to the way in which the observer behaves and acts. The observation may be: *participant*, when the observer participates directly in the observed phenomenon becoming part of the situation; *detached*, when the observer occupies an external position, adopting a silent and discreet approach; *invoked*, if the observer does not intervene directly on the phenomenon; *provoked*, if the object of observation is the result of some manipulation of reality carried out by the observer; *indirect* and conducted under controlled conditions; *direct* or naturalistic, if it provides for the study of the phenomena that occur in real life situations.

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