An open letter to The BMJ editors on qualitative research

Seventy six senior academics from 11 countries invite The BMJ’s editors to reconsider their policy of rejecting qualitative research on the grounds of low priority. They challenge the journal to develop a proactive, scholarly, and pluralist approach to research that aligns with its stated mission.

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We are concerned that The BMJ seems to have developed a policy of rejecting qualitative research on the grounds that such studies are “low priority,” “unlikely to be highly cited,” “lacking practical value,” or “not of interest to our readers” (box). Here, we argue that The BMJ should develop and publish a formal policy on qualitative and mixed method research and that this should include appropriate and explicit criteria for judging the relevance of submissions. We acknowledge that (as with all methods) some qualitative research is poor quality, badly written, inaccessible, or irrelevant to the journal’s readership. We also acknowledge that many of The BMJ’s readers (not to mention its reviewers and editors) may not have been formally trained to read, conduct, or evaluate qualitative studies. We see these caveats as opportunities not threats.

The BMJ’s mission is method agnostic

The BMJ says its mission is to lead the debate on health and to engage, inform, and stimulate all doctors, researchers, and other health professionals in ways that enable them to make better decisions and improve outcomes for patients. Some clinical and policy questions are best answered by the results of randomised controlled trials or other quantitative approaches, but other decisions and outcomes are more usefully informed by qualitative studies. Qualitative studies help us understand why promising clinical interventions do not always work in the real world, how patients experience care, and how practitioners think. They also explore and explain the complex relations between the healthcare system and the outside world, such as the sociopolitical context in which healthcare is regulated, funded, and provided, and the ways in which clinicians and regulators interact with industry.

Some of The BMJ’s top papers have been qualitative

The BMJ recently celebrated 20 years of online presence by asking experts to name the most influential paper published in that period. The 20 nominated papers included 11 commentaries or editorials (highlighting the journal’s important role in publishing papers that contextualise and interpret research), three randomised controlled trials, three qualitative studies, two surveys, and one methodological paper. The three qualitative papers explored how primary care clinicians develop and use collective “mindlines” instead of written guidelines; what worries parents when their preschool children are acutely ill; and the nature of collusion in the doctor-patient relationship when death is imminent. They have been cited by 572, 197, and 114 subsequent papers respectively (Google Scholar data). In contrast, the three nominated randomised trials have been cited by 321, 78, and 38 subsequent papers.

We are not claiming that citation rates for these nominated papers are statistically representative. But they do show that good qualitative research with a clear and important clinical message can be highly cited, is popular with readers, and enriches The BMJ’s overall contribution to the knowledge base.

Different study designs provide complementary perspectives

Few research topics in clinical decision making and patient care can be sufficiently understood through quantitative research alone. Take patient safety, for example, in which quantitative studies have examined the effect size of interventions to improve safety and qualitative ones have examined equally important...
New challenges

The inclusion of qualitative research as a mainstream theme will undoubtedly raise new methodological, philosophical, and ethical questions. For example, the laudable principle of data archiving and sharing is supported by some but not all qualitative funding bodies (see, for example, the QualiData archive, part of the UK Data Service https://discover.ukdataservice.ac.uk/?q=qualidata). A requirement to share data may generate tricky challenges in the trade-off between transparency and informant confidentiality, especially in the digital age when anonymisation of interview data may not be possible.

We offer no simple solutions to such complex issues, but suggest that (as with comparable questions in quantitative research) *The BMJ* could provide a forum for methodological commentaries or online discussion.

### Conclusion

As pointed out by its editors in response to an earlier draft of this letter, *The BMJ* is by no means an outlier in its current policy on qualitative research. Many leading US journals (including *JAMA* and the *New England Journal of Medicine*) also consider such research low priority. We believe all such journals would benefit from revisiting their policies.

*The BMJ*, with its history of supporting qualitative research, is in a unique position to lead the field by ensuring that all types of research relevant to its mission are considered for publication; we believe its reputation as an international academic journal will be strengthened if it does so. Some qualitative papers will be highly cited and contribute directly to the journal’s impact factor. With others, the reputational benefit will be indirect and result from introducing the new ways of thinking that are essential to scientific progress.

Both the International Cochrane Collaboration and the UK Health Technology Assessment Programme, though initially predominantly focused on the quantitative, were persuaded to include qualitative and mixed methods research where appropriate. *The Health Technology Assessment Programme’s* monograph on qualitative methods subsequently became the most downloaded of its more than 700 online publications by a considerable margin. These organisations have

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**Excerpt from rejection letter tweeted by McGill Qualitative Health Research Group (@MQHRG), 30 September 2015**

Thank you for sending us your paper. We read it with interest but I am sorry to say that qualitative studies are an extremely low priority for *The BMJ*. Our research shows that they are not as widely accessed, downloaded, or cited as other research.

We receive over 8000 submissions a year and accept less than 4%. We do therefore have to make hard decisions on just how interesting an article will be to our general clinical readers, how much it adds, and how much practical value it will be.

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**The BMJ has a long tradition of educating its readers about less familiar research methods**

Statistics is a closed book to many jobbing clinicians. “Bite sized” methodological commentaries, often linked to exemplar papers published in the research section of *The BMJ*, have enabled its readers to grasp important concepts such as why continuous variables should not be dichotomised or why some apparent improvements are explained by regression to the mean. Through the journal’s Statistics Notes and Economics Notes series (of which over 100 have been published in the past 20 years), the quantitative research literacy of its clinician readership has significantly improved.

*The BMJ* has not yet introduced a comparable ongoing educational approach for qualitative research. It is 20 years since Pope and Mays edited the original *BMJ* Education and Debate series on qualitative methods, which covered interviews, focus groups, ethnography, case study, and criteria for assessing quality and establishing rigour. Their 2000 paper on how to analyse qualitative data remains *The BMJ*’s 12th most highly cited paper ever (Web of Science data). In 2008, *The BMJ* published a further series updating and extending the range of qualitative research methodologies and emphasising the importance of theory in interpreting evidence.

An opportunity exists to supplement these popular series on qualitative theory and method with an occasional series of “qualitative notes” accompanying exemplars of empirical studies in qualitative research. Through such a series, the journal’s readership would gain in qualitative research literacy.
decided that “quantitative versus qualitative” is yesterday’s war. We encourage The BMJ to join them.

Contributors and sources: TG wrote the first draft of the letter, which was modified by ST, AK, and LLingard and then circulated to all other authors, many of whom suggested further amendments. All authors have seen and approved the final manuscript.

Competing interests: We have read and understood BMJ policy on declaration of interests and declare that two of us have received consultancy income from qualitative research and some of us have received royalties for books or book chapters on qualitative research. Our only other conflict of interest is that we value the contribution of qualitative research to medicine.

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