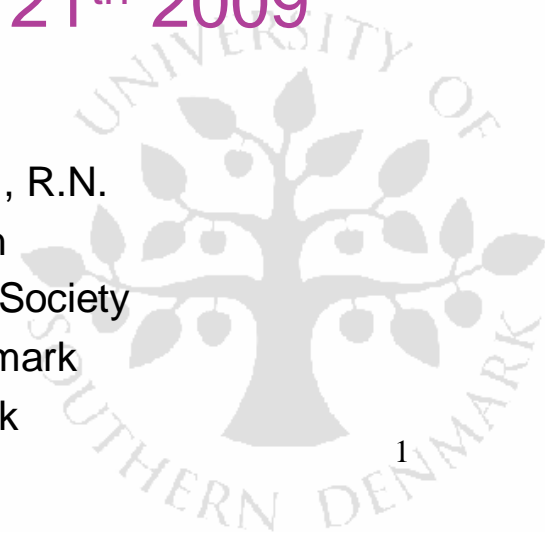


Qualitative Research Methods 'The Patient' and HTA

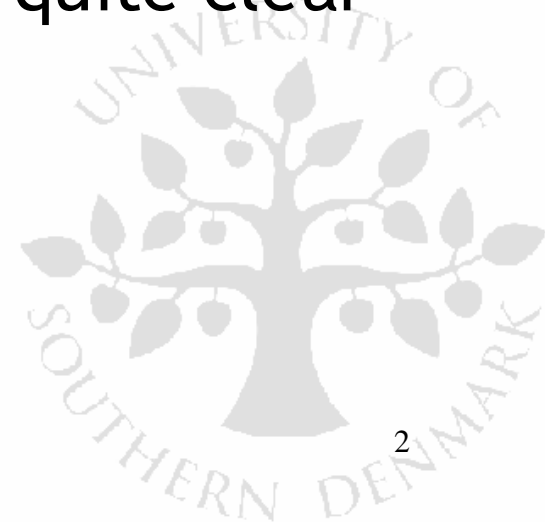
HTAi – Singapore, June 21th 2009

Helle Ploug Hansen
Professor, Ph.D., Mag.Scient., R.N.
Institute of Public Health
Research Unit: Health, Man & Society
University of Southern Denmark
hphansen@health.sdu.dk



Background

- Internationally there is a growing interest in addressing ‘the patient’ in HTA’s. This interest stands quite clear in Danish HTA reports.



The aim

- The aim is to present and discuss some of the methodological challenges working with ‘the patient’ as a research subject/object in HTAs’



The patient

- *The patient* of today can be understood as an active agent in his/her own life.
- *The patient* is always positioned for instance as a *citizen, customer, user, husband, wife, individual etc.*

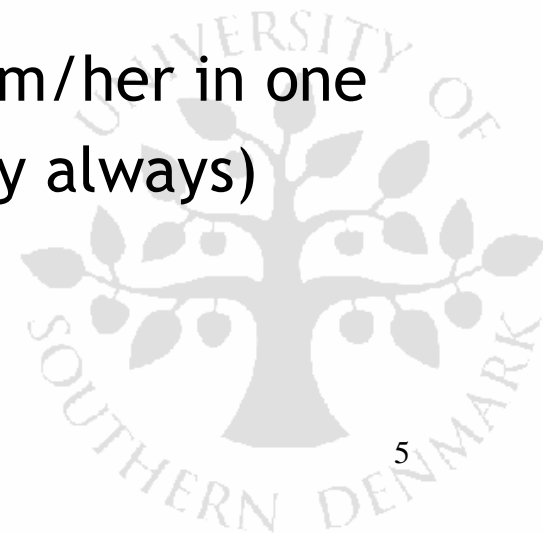


When to explore??

‘The patient’ need to be explored when:

- the technology
- the organisation of the technology
- economic aspects

concern (affect and influence) him/her in one way or another (this means nearly always)



One challenge

has to do with how to generate robust, scientific knowledge about the patient's:

- experiences
- preferences
- perspectives
- acceptance of a given technology
- criteria's' of success



Technology is nothing in itself

- **Health technology** always mediates risks, knowledge, kinship, life and death, power and autonomy
- **Health technology** embodies current societal values, norms and intentions which are basically relational



Secondary and primary research

- It is important that the initiation of primary research about *the patient* only is considered relevant if the knowledge that can be gained from a prior review of the literature (secondary research) proves inadequate



Important

in relation to literature reviews of qualitative studies it is important to:

- reflect on the range and validity of the results based on qualitative methods
- decide who can/should assess the results based on qualitative methods



Synthezing qualitative research

Syntheses can be used to

- assess whether there is a need for primary research
- gain new insight into relevant patient views
- make generalisations from qualitative studies
- contribute to the decision-makers having the best possible evidence

It requires in-depth insight into synthesis methods



Primary research methods

The need for new primary research can arise from a variety of reasons:

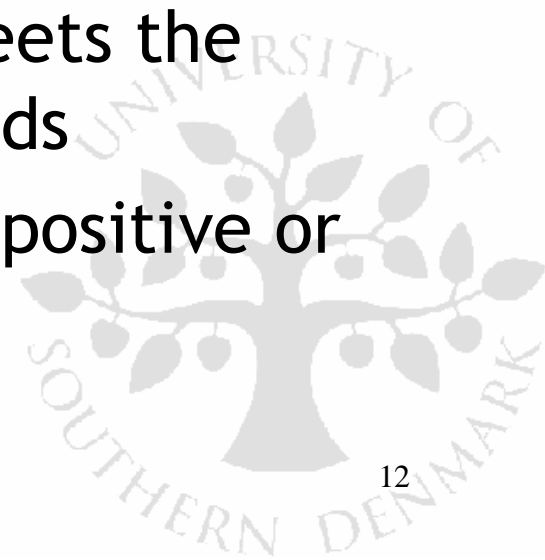
- lack of secondary and primary studies
- evidence not transferable to the context considered in the HTA
- low quality of the studies



Qualitative studies

can provide extensive data on

- ways in which a health technology affects people's daily lives
- whether the technology meets the patients' needs and demands
- whether it has unintended positive or negative consequences.



Qualitative studies

Qualitative methods are most relevant when the goal is to get in-depth knowledge about:

- the meanings of a specific technology in the life of patients
- how customs, attitudes and traditions influence patients' preferences
- patients' visions and requirements concerning the technology, economic and organisational aspects



Qualitative studies

are especially useful in order to address some non-medical variables such as:

- knowledge
- values
- emotions
- ethics
- beliefs
- social interactions
- cultural practices
- effect from the patient's point of view



The main qualitative methods for generating data

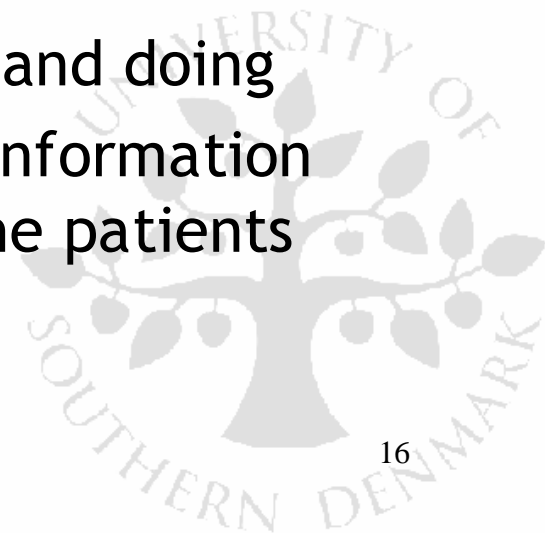
- In-depth individual interviews
- Focus group discussions and interviews
- Participant observation
- Fieldwork



Fieldwork design

comprising in-depth interviews and participant-observation can

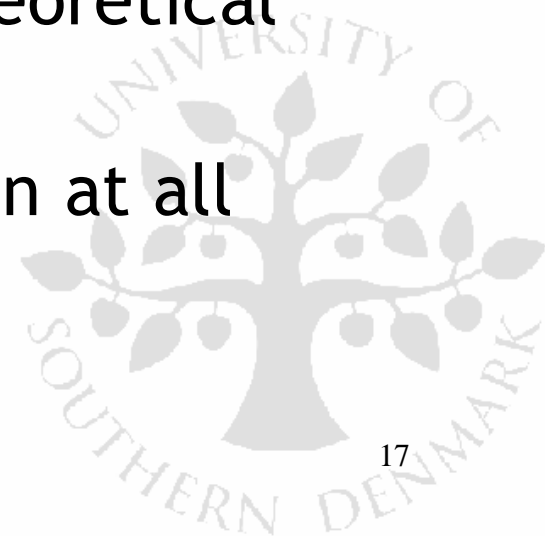
- give insight into what patients say they do and what they actually do
- contradictions between saying and doing
- serve as a complement to the information generated from interviewing the patients



The arising of knowledge

Exploring patient views in an HTA
requires the researcher to recognise

- that knowledge always arises from certain methodological, theoretical and analytical positions
- open questions are not open at all

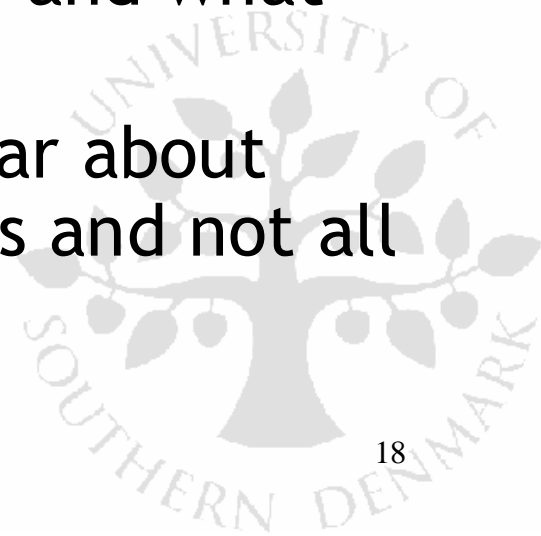


Even if a researcher

begins by asking,

”Will you tell me something about your experiences with...”

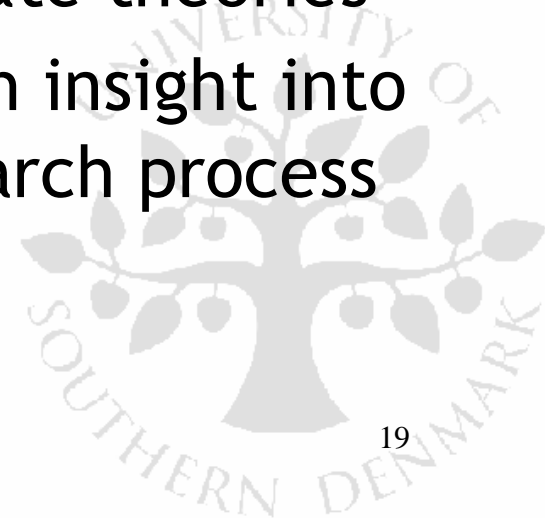
- a choice of what to include and what to omit is made
- the researcher wants to hear about certain specific experiences and not all possible experiences



Analysis and interpretation

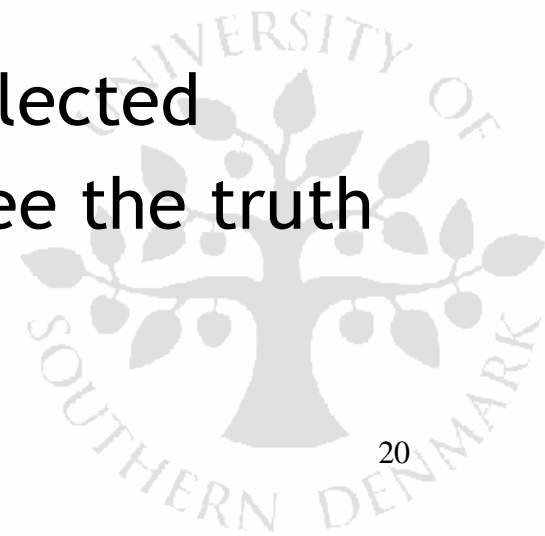
It is important that:

- data generated through qualitative methods become analysed and interpreted using appropriate theories
- the researcher has in-depth insight into the whole qualitative research process



Important

- Knowledge can never be free from interpretation and contexts
- It is not possible to establish facts without values
- Data are generated not collected
- Science can never guarantee the truth of its conclusions



SO

- No Facts without value
- No reason without emotion
- No knowledge without experience



Conclusion

- It is important that qualitative research strategies become more integrated in future Health Technology Assessments
- There is a need for developing joint studies for instance with anthropologists and sociologists about *The patient*





Thank you
for listening



Discussion

1. What are your experiences using qualitative research strategies?
1. Have you any advice to give to researchers investigation *the patient*?

