1. Introduction

Originally developed in the social sciences, qualitative research approaches are now gaining in prominence in the field of medicine. This has led to a range of medical scholarly literature, presenting qualitative research as a special kind of “in depth” human research which seeks a “deeper truth” by using interviews and observation. Moreover, in this literature qualitative research is also understood as opposing what is known as quantitative research: a distinction often directly drawn from the work of prominent educational scholars, Yvonna Lincoln and Denzin. This distinction has led proponents to claim that appraising qualitative research is different to appraising quantitative research, and critics to claim that qualitative research is only exploratory.

Using philosophical analysis, I assess the credibility of this distinction, along with claims concerning the appraisal of qualitative research and its apparent epistemological nature. I draw on Lincoln’s work with Irving Horowitz, and sociological texts like Howard Becker et al’s Boys in White (1963) which described the experience of US students training to be doctors in the late 1950s and 1960s. With the term qualitative research, Denzin and Lincoln aim to capture study designs like randomised control trials (RCTs) (1979, 2000), and complex statistical techniques (1977). To account for this, Denzin and Lincoln advance an epistemic criteria, outlined in Table 1, to establish a principled distinction between qualitative and quantitative research (1977, 1982). Such an account provides an epistemic distinction because it differentiates the research approaches by those features relating to the nature of knowledge. However, as shown in Table 2, Denzin and Lincoln’s account is unsuccessful.

2. Lincoln and Denzin’s Account

With the term qualitative research, Denzin and Lincoln aim to capture the work of observational ethnographers like Margaret Mead, and sociological texts like Howard Becker et al’s Boys in White which described the experience of US students training to be doctors in the late 1950s and 1960s. With the term qualitative research, Denzin and Lincoln aim to capture study designs like randomised control trials (RCTs) (1979, 2000), and complex statistical techniques (1977). To account for this, Denzin and Lincoln advance an epistemic criteria, outlined in Table 1, to establish a principled distinction between qualitative and quantitative research (1977, 1982). Such an account provides an epistemic distinction because it differentiates the research approaches by those features relating to the nature of knowledge. However, as shown in Table 2, Denzin and Lincoln’s account is unsuccessful.

3. A Possible Methodological Distinction

Since Denzin and Lincoln state that “qualitative methods [do not] have a distinct set of methods”, they would not accept a distinction on methodological grounds. Nevertheless, such a position is not shared by some health researchers. For such a strategy, all methodological techniques would need to be categorised as either being qualitative or quantitative. However, due to the vast range of scientific methods, we must also give some rationale for emphasising particular criteria to justify why we have grouped the methods in the way we have: we must provide a criteria. Not only does this return us to our original problem, but given the diversity of methods across the sciences, producing such a criteria would be challenging if not impossible.

4. The Cultural Distinction

However, this does not mean these terms are empty, or meaningless. In addition to philosophical investigation, the qualitative-quantitative divide may also be explored from a historical or social perspective. This enables us to recognise that these terms also refer to different cultural networks of linked ideas, practices, thinkers and institutions. Consequently, the qualitative-quantitative divide can be seen as a result of cultural factors rather than epistemic ones, drawing the conclusion that what these terms pick out are not fundamentally different scientific enterprises, but different intellectual traditions.

Summary

Much critical attention has been paid to the use of qualitative research in the medical sciences, with proponents advancing discussions of what it is and how it may be appraised, and critics arguing that it is of exploratory use only. Using philosophical analysis, I argue that such discussions are flawed insofar as they endorse the idea that qualitative and quantitative research are epistemically distinct categories involving different types of knowledge. Rather, I claim that such approaches are actually culturally distinct involving different intellectual histories. Thus highlighting that qualitative research may not necessarily be exploratory, and that the qualitative-quantitative divide could be closed through the development of innovative social strategies. This makes possible not only shared standard setting practices, but also novel techniques which could optimise medical research to improve health care and save lives.

Acknowledgements

I would like to thank my supervisors, Prof. Jackie Cassell and Prof. Kathleen Stock, along with Jo Middleton and Neil Pollock.