

**Issues of Methodology in Qualitative Inquiry.
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Reviewed by: JOHN D. RICHARDS

This special issue consists of six feature articles focusing on methodological issues in qualitative health care. Each will be briefly reviewed in the following paragraphs.

Yvonna Lincoln in "Sympathetic connections between qualitative methods and health research", argues for a paradigm shift. The shift needs to be from a tightly controlled experimental paradigm to a "naturalistic" or "constructivist" approach. While the traditional experimental approach with double-blind technique is extremely effective in drug trials, human behavior needs "to be investigated using inquiry models that allow for the display and consideration of complex interactions."

Madeleine Leinger in "Current issues, problems, and trends to advance research methods for the future", discusses the problems in the use or rather misuse of qualitative research techniques. There is also a lack of researchers trained to use the nearly 20 different kinds of qualitative research methods. "While the future for qualitative studies looks most promising, much leadership work lies ahead to increase public awareness, to obtain financial support, to educate people in the proper use of qualitative methods, and to apply appropriate criteria to examine the studies."

Jeanne Daly and Ian McDonald in "Covering your back: Strategies for qualitative research in clinical settings" focus on the critical issue of qualitative research being viewed "as 'subjective,' hence prone to bias." The study examined the social impact of an echocardiogram when used to diagnosis patients as normal. Highly structured methods of qualitative data analysis were used to reassure the attending physicians that results were valid and researcher bias was not an issue.

Charles Hughes in "Ethnography": What's in a word—Process? Product? Promise?," rejects the forced-choice question and answers yes to all three choices. The reason for the wide-spread adoption of ethnography is that its approach is so similar to that of a case

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study in studying human behavior. In the author's words it is a "powerful learning modality that more vividly and sustainedly engages human empathy and, through that, better imprints knowledge than does an abstractly enunciated generalization."

Paul Atkinson in "The ethnography of a medical setting: Reading, writing, and rhetoric", expands on the previous Hughes article. The analysis techniques used on ethnographic data from a medical setting are divided into two groups. The first breaks data down into the more traditional categories and instances while the second focuses on the narrative flow and order. The author feels the second better "illuminates the poetics of medical work" in a medical setting.

"Learning to nurse: Plans, accounts, and action" by Marie Campbell and Nancy S. Jackson presents the results of study examining the relation between learning and work in nursing. The major finding is that a gap exists "between achievement of accountably adequate instruction and the requirements of appropriate action in the nursing situation." The role of models in developing this gap is discussed.

Overall, the major articles discussed above provide interesting thoughts and possibly some new techniques for evaluators. I would recommend this volume for health care evaluators primarily but the ideas presented have value outside the health care community. This journal should be included in the library of all health care evaluators.