Qualitative research involves systematically collecting, organising, and interpreting textual or other non-numeric data to better understand experiences and context, convey different perspectives on a complex issue, explore new concepts, and understand attitudes and perceptions of phenomena of interest. Qualitative research is also used to identify ‘intangible’ factors, such as social norms, gender roles, ethnicity, religion, and religiosity/spirituality. Unlike quantitative methods that ask the questions ‘how many’ or ‘how much’, qualitative methods focus on the ‘what’, ‘how’ or ‘why’ of a phenomenon. Resident doctors across disciplines can use qualitative research methods but often lack the skills and training to use these methods in their research work.

Qualitative and quantitative methods can complement each other through mixed methods approaches. This mixed methods approach to research may be useful across medical and surgical disciplines when one data source is insufficient, thus a second data source can enhance or complement the first. Combining multiple data sources allows researchers to triangulate the information they obtain. Qualitative research most often entails conducting interviews (in-depth interviews, key informant interviews), focus group discussions or observations (participant, non-participant). Tools used to obtain qualitative data include in-depth interview or focus group discussion guides; case studies and vignettes may be introduced into such data collection endeavours. Qualitative data in the form of transcripts and field notes is obtained by using these tools. Observation checklists and diaries (e.g. time use, food diaries) may also be used to collect qualitative data.

Qualitative data analysis is often thematic, done either manually or using Computer Assisted Qualitative Data Analysis Software. In reporting the findings of qualitative research, illustrative quotes are usually employed. Qualitative research can be subjective and full of nuance, thus the need to assess its quality using criteria such as credibility, member checking and reflexivity. Ethical considerations, especially confidentiality is primarily important because of the relatively small sample sizes and the need to ensure participants’ responses are not traceable to them.