As pediatricians we pride ourselves on having great patient relationships by getting on our patient’s level. We are the physicians who perform magic tricks, look for animals and cartoon characters in our patients’ ears, and crouch down on the floor to meet our patients where they are. Not only do we meet patients where they are, but we often celebrate it, decorating our offices with patients’ crayon drawings and other artwork.

As a new developmental pediatrics fellow, I wanted to understand the perspective of parents who didn’t always bring their children in for their appointments or who failed to schedule them at all. I thought that the only way to help people get “better” care was to ask them what they thought the problems were with the care they were currently receiving. I was surprised as I was trying to start this project that the same people who would be perfectly willing to sit on the floor to look for Big Bird in the ears of the child who prefers to avoid the examination table were so against this idea.

I was given a number of reasons as to why this project was a bad idea. Some said it would just take too long, and that I wanted a neat project that could be conveniently finished during my fellowship. Some noted that these people were just too hard to study. How could I even study them if they didn’t show up? Others insisted they already knew why patients didn’t come and so we didn’t need to study it. Still others felt that the parents didn’t know what they needed and that I as the physician should figure this out for them.

I was lucky enough to find a few champions for this project and to have mentors who were willing to let me try this out. The truth is that some of my critics were right, it is messy, and people who don’t come to their appointments are, in fact, difficult to track down. On the other hand, the insights from the parents I have managed to interview are profound. No one had ever asked them to tell their side of the story. In some ways, the interview even seemed therapeutic (for the parents and for me). Sure I heard about things I expected, like how hard it is to get an appointment in our clinic and how getting here is terrible if you don’t have your own transportation. But I was surprised that parents told me they didn’t really understand their child’s diagnosis and were too intimidated to ask, or that they didn’t tell the doctor that they were afraid to give their child the prescribed medication and just never returned. Another parent told me that despite their frustrations with their child’s lack of improvement, they were more frustrated that their child’s doctor just seemed to write prescriptions and didn’t seem to show empathy or really care about their child.
In modern medicine where everything is measured, timed, or counted, some of the things that really matter to our patients can't always be so easily quantified. As I continue to interview these caregivers, I am beginning to see a logic to some of these missed appointments that has little to do with things that I can easily count or measure. We know in our hearts that the art of medicine and the relationships we build matter to our patients, but now I have the voices of the patients themselves stating that this is a critical component of care that cannot be ignored. If I had not put my assumptions aside and asked in an open-ended way, I would never have known how much these intangibles really matter to our patients and their families. We can still work on the transportation and the telephone system, but we would have missed the bigger picture. Yes, qualitative research might be a little messy. But there is no other way to find out what we didn't think we needed to know. I didn't even have to crawl on the floor. I just sat across the table and listened.
The Power of Qualitative Research
Elizabeth A. Diekroger

*Pediatrics* 2014;134;e933; originally published online September 1, 2014;
DOI: 10.1542/peds.2014-0549

Updated Information & Services
including high resolution figures, can be found at:
/content/134/4/e933.full.html

Citations
This article has been cited by 1 HighWire-hosted articles:
/content/134/4/e933.full.html#related-urls

Subspecialty Collections
This article, along with others on similar topics, appears in the following collection(s):
Medical Education
/cgi/collection/medical_education_sub
Research Methods & Statistics
/cgi/collection/research_methods--statistics_sub
Developmental/Behavioral Pediatrics
/cgi/collection/development-behavioral_issues_sub
Attention-Deficit/Hyperactivity Disorder (ADHD)
/cgi/collection/attention-deficit/hyperactivity_disorder_adhd_sub

Permissions & Licensing
Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
/site/misc/Permissions.xhtml

Reprints
Information about ordering reprints can be found online:
/site/misc/reprints.xhtml

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2014 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.
The Power of Qualitative Research
Elizabeth A. Diekroger

Pediatrics 2014;134;e933; originally published online September 1, 2014;
DOI: 10.1542/peds.2014-0549

The online version of this article, along with updated information and services, is located on the World Wide Web at:
/content/134/4/e933.full.html