BOOK REVIEWS

The Compleat Observer? A Field Research Guide to Observation Jack Sanger. (Pp 152; £13.95.) 1996. London: The Falmer Press. ISBN 0-7507-0551-5.

In recent years there has been an increase in the number of academic disciplines bringing their particular research methods to bear on health service issues. The traditional medical sciences have been joined by relative newcomers such as sociology, anthropology, psychology, and geography. One consequence of these developments has been to stimulate debate about the merits and applications of different approaches to research. Although the randomised controlled trial remains the gold standard of medical science, it is clear that it will not be enough, by itself, to provide the basis for an effective and efficient health service. We also need to understand lay perceptions of health and treatment, and the social processes of organisational reform. These questions require flexible and creative study designs. It is no longer enough to put the subjective aspects of health care, such as patients' expectations, hopes, and the meanings that they attach to health and illness, or the process elements of health care and organisational culture with the intangible and non-measurable particulars of healthcare research. Qualitative research methods can reach those parts that quantitative methods cannot reach, and healthcare researchers need to learn to be methodologically pluralist. Sanger's witty, entertaining, and informative book provides a short introduction to ethnography, the most common form of qualitative social research. The book is both a practical guide to ethnography and a thorough consideration of its application. The author draws extensively on his long experience as an educational researcher to illustrate the techniques and pitfalls of ethnography, although the insights provided are equally relevant to health service research.

A major impediment to the advancement of qualitative research has been an entrenched debate over whether qualitative research should be characterised by its techniques or by its epistemology. The first position is a pragmatic one. It holds that qualitative researchers use idiosyncratic, flexible methods to produce mainly textual data, based on a commitment to describing events, actions, and beliefs from the point of view of those being studied, through extended interaction with them. The pragmatic view takes an epistemological stance that rejects the application of the scientific method to the study of the social world. Qualitative research is regarded as a non-scientific, antipositivist research paradigm that rejects the idea of objectivity and embraces epistemological relativism. However, positivism has long since been displaced by realism as the pre-eminent philosophy of science, and this debate has become anachronistic and sterile. Although Sanger draws attention to these epistemological distinctions and indicates their shortcomings, his experience shows that we can do credible qualitative research within a pragmatic view.

Throughout the book Sanger draws attention to a more fundamental problem with

empiricism that has to be considered by all researchers whether they use qualitative or quantitative methods: how to show that their empirical methods produce findings that are accurate, credible, and trustworthy. Scientific orthodoxy on the hierarchy of validity of research evidence has favoured replicability as a central criterion. However, replication is problematic in qualitative studies based on flexible methods and unique social processes. It is a theme to which Sanger constantly returns, how can qualitative researchers vouchsafe credibility when the methods they use are idiosyncratic and interpretative, and when the objective is to present an account of reality that incorporates the experiences and beliefs of the subjects. His favoured version of validity is grounded in consensus, an aphorism from Eagleton captures the essence of his view: "an interpretation upon which everyone is likely to agree may be regarded as a fact". The importance of achieving consensus in establishing validity for both qualitative and quantitative research may provide a unifying epistemological concept that can take us beyond the sterile dichotomies of positivism and naturalism. It must be said that Sanger's book is not always an easy read. He demands a willingness to consider epistemological issues, and his use of examples drawn from educational research could put off the health professional. However, the book repays careful reading. It eschews methodological dogma and provides a reasoned consideration of qualitative research that could help to foster methodological pluralism.

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The Practice of Quality. By Donald Irvine, Sally Irvine. (Pp 200; £ 16.50.) 1996. Oxford: Radcliffe Medical Press. ISBN 185775 073 X.

General practitioners do not come more influential than Donald Irvine—formerly chairman of the Council of the Royal College of General Practitioners (RCGP) and regional adviser in the north east, recently knighted and now the first general practitioner to be elected President of the General Medical Council. Sally Irvine, for years general administrator of the RCGP and now chairperson of Newcastle City Health NHS Trust, has done much to develop the role of management in primary care. Together they played an important part in shaping the quality initiative of the RCGP in the 1980s, which in turn had a significant influence on the enormous and continuing changes imposed on the NHS through the 1990 GP contract and the wider reforms. Their book is thus of interest both as a systematic account of the application of quality assurance in primary care and as an insight into the perspective on progress in primary care from a viewpoint broadly in favour of the policy changes of recent years.

We get a tour of the theory and practice of quality assurance, the role of guidelines, the role of planning and management in handling change, and a discussion of the various methods of external review of practice activities currently available. The narrative is peppered with the thoughts of the various quality gurus (not always easily comprehensible in abbreviated form) and spiced generously with real

life case studies. The case studies add greatly to the value and readability of the book, appropriately dealing with failures as well as successes in the quest for organisational improvement.

The authors seem coy in their attitude to the possible advent of mandatory regular reaccreditation of practices and practitioners. The implication is of an unstated approval for this development concealed beneath hints at its inevitability. The lack of a frank discussion of this issue, although politically understandable, is a pity. Some of the external review processes described in the final chapter, although clearly valuable for the (usually trail blazing) participants, seem ponderous, expensive, and unlikely to be repeated—just like one's first enthusiastic audit project! There are crucial questions about mandatory reaccreditation which need discussion. How could it be feasibly introduced? What would it cost and who would pay? What evidence is there that the cost would be worthwhile, or how might such evidence be sought? The authors' thoughts on these points would have made a challenging last chapter!

The other big unanswered question—not a fair one for these authors, but nevertheless important—is how the brave new world of continuous quality improvement, fundholding, and a National Health Service led by primary care has been accompanied by a collapse in the popularity of general practice as a career choice for young doctors, a crisis in the morale of established GPs, and the widespread abandonment on their part of a meaningful 24 hour commitment to patient care.

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Health Outcome Measures in Primary and Out-patient Care. A Hutchinson, E McColl, M Christie, C Riccalton, eds. (Pp 216; £37) Amsterdam: Harwood Academic Publishers, 1996. ISBN 3-7186-5899-2.

Health outcome measures in primary and out-patient care consists of a volume of edited chapters from academics and health professionals across the world and from a wide range of disciplines. They were members of the European Research Group on Health Outcomes (ERGHO) and formed the participants in two earlier workshops on health outcomes. The chapters are practical and include the assessment of health outcomes in chronic diseases in general, and in particular age groups, and focus on ambulatory care. Some chapters are discipline specific—for example, economics, nursing—others more broadly concentrate on definitions of outcomes, quality of life, and the criteria for selection of a scale. The book is intended to be read by policy makers, researchers, clinicians, and patients' representatives.

A refreshingly original, patient based approach to measuring health outcomes is described by Andrew Garratt and Danny Ruta. They point out that with most scales for health status and health related quality of life the choice of dimensions and their values are imposed on respondents. However, not only will the different dimensions have different meanings for them, but the values they place on changes in the dimensions will also vary. In response to these criticisms, they developed their patient generated index