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Psychiatric training and research in Ireland

Dear Editor – Nkire et al[1] in their editorial mention 'not being able to obtain a large enough sample' as an obstacle faced by basic specialist trainees when undertaking research during their years on training schemes. This may indeed represent an obstacle when trainees restrict themselves to the quantitative research paradigm. But what of the qualitative paradigm? As Brown et al[2] note, the split between quantitative and qualitative research is pronounced in health sciences. This has been encouraged in part by the hierarchy of research methods set out by the evidenced-based medicine paradigm,[3] but also it would seem, by a failure of postgraduate training schemes to consider the qualitative paradigm worthy of mention in their curricula.[4] This is a pity, for in psychiatry probably more so than in any other field of medicine, quantitative research is often insufficient to fully explain the phenomenon under investigation. For example, can 'recovery' from a depressive illness be neatly defined as a 10-point improvement on a Hamilton Rating Scale? Such a complex phenomenon (and there are many more encountered in 'routine' clinical practice by the trainee) is perhaps best investigated through a combination of both quantitative and qualitative research methods. Sampling in qualitative research is purposive, as subjects can be chosen deliberately in order to test a particular theoretical premise. The purpose of sampling in qualitative research is to identify cases that possess relevant characteristics for the question being considered. Therefore one or two in-depth interviews or focus groups may be sufficient for a trainee to derive a wealth of data inaccessible through quantitative research methods. This may hold particular relevance for the trainee wishing to undertake a research project over the course of a six month hospital rotation, overcoming the 'obstacle' mentioned by the authors. In such a context qualitative research should not be seen as a 'quick alternative' to quantitative research but rather a means of producing a detailed sample to enable a coherent explanation of the phenomenon under study. Good qualitative research is time intensive.

Lest we forget, and as noted by Brown et al[2] in their excellent summary of qualitative research methods, some of the most seminal work in the field of psychiatry has its roots in qualitative research. Freud developed the 'science of psychodynamics', using an iterative process with constant feedback between theory and observation which he meticulously recorded.[5] Phenomenology, which Jaspers defined as "the systematic study of subjective experience" used methods that would today be included under qualitative research.[6]

I would argue that the goal of qualitative clinical research is that which is most relevant to a new trainee: to paint a complete picture of the problem under investigation. Which areas - biological, social, psychological and economic - are important in understanding the impact on the individual of the problem under study? The paradigm of qualitative research is entirely consistent with the biopsychosocial perspective at the heart of modern training in psychiatry, an issue those involved in the development of a new postgraduate curriculum for the College of Psychiatry of Ireland should be mindful of.

The authors state that the drive towards the evidenced-based medicine has recently made the focus upon research even more acute.[1] I would view their definition of evidenced-based medicine (that which seeks to integrate best research evidence with clinic experience and patient values in order to ensure the best outcome for patients) as being by its nature dependent upon both quantitative AND qualitative research initiatives.

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Reply to Dr O'Loughlin's letter

Dear Editor – We would like to thank Dr O'Loughlin for his comment on our editorial. In referencing Fogel[1] on his mention of 'not being able to obtain enough a large enough sample' as a factor contributory to basic psychiatric trainees' (BSTs) difficulty with research, we viewed this factor as one of a myriad of problems facing BSTs rather than a primary cause of the difficulty.

We believe that the primary purpose of psychiatric research should be to answer relevant questions in the field of psychiatry. Whether it is evaluative or driven by hypothesis is a moot point. However it must adopt the methodology suitable for the question it seeks to answer. As such the debate that Dr O'Loughlin alludes to regarding quantitative and qualitative research, although relevant, should not be an impediment to new research by psychiatric trainees. What should matter is: Are the relevant questions being asked by psychiatric researchers? Are students being taught and empowered to ask the right questions? If they are, are they adopting the right methodology in seeking answers to these questions?

We believe that qualitative and quantitative research methodologies are both very relevant in psychiatry, and act in tandem to facilitate greater understanding of mental illness. However, they must each be applied appropriately in the quest for answers to questions. There should not be a drive to denigrate quantitative and/or qualitative research, or to shoe-horn appropriate questions into inappropriate methods. Hopefully, as fledgling psychiatric researchers/trainees explore their potentials they will gain more confidence and insight into asking deeper questions. This will in turn help them to adapt qualitative methods in deriving more hypotheses for further research, to the benefit of psychiatry.

We would echo that where there has been less of an emphasis by postgraduate training schemes to teach qualitative research methods, this should be redressed.

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