

Asking important questions: exploring ongoing psychosocial healthcare needs using qualitative methods.

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Asking important questions: exploring ongoing psychosocial healthcare needs using qualitative methods

There is increasing understanding that living with any health condition can require psychological adjustment and that patients may have ongoing psychosocial needs as well as medical needs¹. While the vast majority of medical research focuses on treating the physiological aspects of health conditions, which is unquestionably important, adopting a biopsychosocial approach to health remains essential. In dermatology, it has been established that skin conditions can adversely impact many areas of life, including work, leisure, socialising, relationships and activities of daily living². Furthermore, patients' psychological distress may bear little relationship with the objective clinical severity of their skin condition³. It is therefore important to understand patients' psychosocial healthcare needs. In this issue of the *BJD*, Kamminga et al.⁴ highlight currently unmet healthcare needs in people treated for metastatic melanoma. As Kamminga et al.⁴ show, even when treatment is successful, the psychological impact of a health condition can be significant, and it should not be assumed that medical treatment alone will resolve the difficulties associated with the condition. Understanding the wider impact that health conditions can have on people is a crucial step towards alleviating the associated psychological distress.

To truly understand the healthcare needs of patients, we must ensure that we ask the right questions. Qualitative and quantitative research methods address different types of research questions, both of which are valuable. Quantitative research questions tend to focus on associations or outcomes, for example, 'what are the risk factors for X' or 'which is the best treatment for X'. In contrast, qualitative research questions tend to focus on processes or *why* things are the way they are, for example 'what is it like to receive a diagnosis of X'. Although quantitative self-report measures could be used for such questions, the data generated would necessarily be limited by prior assumptions (i.e., the range of possible answers has already been decided by the authors of the scale). Qualitative research methods (e.g., interviews or focus groups) offer the opportunity to gain in-depth insights into people's experiences in ways that are less restricted by prior assumptions. Far from being an easy option, qualitative research presents challenges that may be unfamiliar to quantitative researchers, such as considering one's philosophical position as a researcher and being transparent about preconceptions of the subject matter. There are a variety of processes that qualitative researchers can use to ensure that their research is trustworthy⁵, although which processes are most appropriate depends upon the nature of the study⁶. Thankfully, there is an increasing amount of guidance and examples available to help researchers design, conduct, and report high-quality qualitative health research^{7,8}.

Despite its challenges, qualitative research undoubtedly adds value to the existing knowledge base of the psychosocial impact of health conditions, allowing effective interventions to be developed. As such, *BJD* has recognised the contribution of qualitative research to clinical practice⁹ and continues to publish a wide range of research that will benefit dermatology patients going forwards.

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