

Doing Qualitative Research

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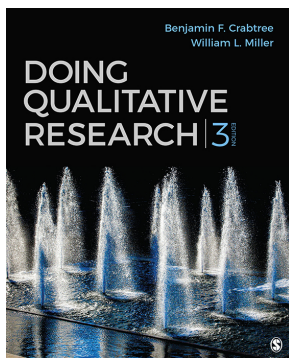
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Authors: Benjamin F. Crabtree, William L. Miller

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To advance understanding and action in family medicine, stories are at least as important as statistics. More than 3 decades ago, the first edition of *Doing Qualitative Research*¹ brought qualitative methods based on narratives as well as numbers into the mainstream of clinical research. The ensuing decades, and a second edition,² normalized the role of qualitative methods in family medicine research and advanced the trustworthiness of qualitative and integrated quantitative and qualitative methods.

The third edition of *Doing Qualitative Research* takes clinical qualitative and mixed methods research to a new level. For the first two editions, Crabtree and Miller served as editors. The third edition is written entirely in their own voices, based on their decades of combined experience in research, teaching, and clinical practice. They are masters, and this book is a master class that cuts through jargon, provides a clear organizing framework for anyone trying to generate new (qualitative or quantitative) knowledge, and shows how to get things done in ways that are grounded in the wisdom of family medicine. The book is threaded with real-world examples based on the authors' rich experience with qualitative and mixed-methods family medicine and primary care research.

The 20 chapters are organized into five sections. Part I, an overview of qualitative research, orients the reader with a helpful ecological system map of primary care and of different ways of knowing, and then provides the most helpful overview I've ever seen for framing the generation of new knowledge. The reader's sense of being led by a Dumbledore level of wisdom is furthered by the opening chapters on creating collaborative space and teams, reflexivity, and design that starts with stories.

Part II, on data collection strategies, and Part III, on analysis and interpretation strategies, provide clear steps for conducting trustworthy qualitative research. Having emerged from multiple fields, qualitative research can be mired in jargon, but Crabtree and Miller's clear typology of phases of qualitative research—describing, organizing, connecting, corroborating/legitimizing, and representing the account—have set the standard for the field.

Part IV, on special applications, includes a chapter on case studies with rich examples and chapters that show how to use qualitative methods in intervention studies and in participatory health care research. Part V provides helpful chapters on “Doing Good Qualitative Research” and the practical concerns of “Getting Funded & Getting Published,” and then closes with an examination of “The Future of Qualitative Methods in a Mixed-Methods World.”

My only quibble would be that while the chapter on computers and data management (Chapter 14) provides a summary of five of the most common software programs, it does not provide any specific examples, or the same level of pragmatic advice found in other chapters. But the field of qualitative data analysis software is rapidly evolving. (The company that developed NVivo recently announced its acquisition of ATLAS.ti, and artificial intelligence is rapidly entering the field of qualitative data analysis software.) Those wanting the latest on software will need to check online sources. But online sources need contextual framing. This book provides that framing, well-grounded in numerous

real-world examples and the wise experience of its authors.

The book is written to be read cover-to-cover like a textbook; and while I often refer to specific chapters to learn how to do particular steps in the qualitative research process, having read prior chapters provides context. For example, teams and reflexivity come up throughout the book, so if the reader just goes directly to chapters on in-depth interviews or observations without having read the earlier chapters, they might miss some key points.

In the year since the third edition was published, I have given away a dozen copies to students, community partners, and faculty members of all levels of experience. They have been able to use the clear guidance to conduct projects, apply for funding, and clearly present findings. I am an experienced mixed-methods researcher (and contributor to the second edition), and yet reading and applying the content of this third edition has made me much more effective in preparing a clear grant application, writing up qualitative findings, and teaching learners at all levels.

I recommend the third edition of *Doing Qualitative Research* to investigators and educators at any level who want to understand how new knowledge for family medicine, health care, and health can be generated, communicated, and used to advance health and equity.

REFERENCES

1. Crabtree BF, Miller WL, eds. *Doing Qualitative Research*. Sage Publications; 1992.
2. Crabtree BF, Miller WL, eds. *Doing Qualitative Research*. Sage Publications; 1999.