Hindawi
Health & Social Care in the Community
Volume 2024, Article ID 6000619, 10 pages
https://doi.org/10.1155/2024/6000619

Research Article

Opportunities and Challenges of Qualitative Research in Academic Health Sciences in Ethiopia

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Received 29 August 2023; Revised 15 March 2024; Accepted 23 March 2024; Published 9 April 2024

Academic Editor: Kumari Shweta Kalyani

Background. The goal of qualitative research is to learn more about the opinions and experiences of the subjects being studied in relation to a particular question. There is a paucity of information on opportunities and challenges encountered to conduct qualitative research among the academic staffs in the health sciences. The purpose of this study was to examine the opportunities and challenges of conducting qualitative research among academic staff of health sciences in Ethiopia. *Methods*. A descriptive qualitative study design was conducted among health sciences academic staffs of selected public universities in Ethiopia. The study was conducted at three universities' health sciences colleges, namely, Addis Ababa University, Dilla University, and Wolaita Sodo University. Data were collected using focus group discussions, in-depth interviews, and key informant interviews. MAXQDA 2020 software was used for coding and data management. A thematic analysis approach was followed to present the results. Both inductive and deductive coding approaches were used. *Results*. Three main themes have been identified as follows: general research practice, opportunities for qualitative research, and challenges to conduct qualitative research. Participants indicated that the availability of research opportunities will have a good impact on qualitative research engagement. Availability of grants, funding, and other incentives and demand for qualitative research in healthcare were described as opportunities for qualitative research practice. Despite the available opportunities, study participants uncovered different challenges that encountered by health academic staffs in conducting qualitative research. Resource limitations, lack of knowledge, negative attitudes or beliefs, publication, and language issues were raised as main challenges. *Conclusion*. Qualitative research practices were found to be low among health sciences academics. Lack of resources, training, and expertise, problems associated with publication, a lack of funding, and a shortage of experts were the main challenges in conducting qualitative research in health sciences academic settings in Ethiopia.

1. Introduction

Textual data are collected, arranged, and interpreted in a systematic manner using qualitative research. In qualitative research, researchers are interested in understanding the meaning people have constructed, that is, how people make sense of their world and the experiences they have in the world. From a somewhat dubious beginning, qualitative research has developed into a widely accepted method [1–3]. In order to explore the meanings of social phenomena as experienced by people in their natural context from the perspective of those experiencing them, this method of

inquiry aims to identify the thoughts and experiences of individuals being studied in relation to a specific query [4].

In the academic setting, qualitative researches are becoming more widely accepted. Researchers are able to respond to queries that quantitative approaches might find challenging to address through the use of qualitative research in higher education [5]. Researcher often chooses quantitative or qualitative research approach based on criteria such as their research objectives or research questions, the researcher's epistemological stance, capabilities, knowledge, skills, training, and the resources available for the research project [6]. The introduction of a new method in an academic environment requires the researcher's knowledge, attitude, and understanding of its theoretical underpinnings, methodology, and evaluation techniques [2, 7].

Qualitative research is used in the healthcare industry to determine what matters most to patients and how to make their experience better. Improving comprehension of health-related phenomena is a result of qualitative research methodologies [8]. The qualitative research method is important for understanding human experiences, and it also enables health professionals who place a strong emphasis on compassion, interaction, and communication with patients [9]. The use of qualitative research in health sciences colleges will enable to understand the drivers of particular behaviors and identify barriers to practice change [4, 10].

In recent years, there has been an increasing trend in the number of published qualitative research papers in the medical and nursing literature. This indicates that the qualitative research approach has become more widely used in healthcare [6]. There are different qualitative studies that are conducted in healthcare which reflect various methodological viewpoints and spectrum of patient, healthcare provider, and policy outcomes. The importance of qualitative research in understanding social processes that take place in a social context as well as subjective human experience is also becoming more widely acknowledged in healthcare [11].

A researcher who prefers to conduct qualitative research will face a variety of challenges. Some of the first difficulties that researchers face when conducting qualitative research include determining the research problem and developing the research question. It can be difficult for researchers and students to realize that adopting a qualitative approach is only the first step in choosing the best research methodology [12].

In this study, the qualitative research method is followed as this approach is important in providing rich descriptions of complex phenomena, illuminating the experiences, uncovering meanings, and giving voice to those whose views are rarely heard. It is important to use a qualitative research approach to better understand the current practices, opportunities, and perceived barriers to conducting qualitative research in Health Sciences academics. In Ethiopia, there is no literature that documents both the general and specific challenges that researchers in the field of health sciences encounter when conducting a qualitative study. Therefore, this study aimed to explore the opportunities and challenges of qualitative research in academic health sciences in Ethiopia.

2. Methods and Materials

2.1. Study Setting. The study was conducted at three selected public universities in Ethiopia (Addis Ababa University, Dilla University, and Wolaita Sodo University). The College of Health Sciences at Addis Ababa University is comprised of four separate schools, namely, the School of Medicine, School of Pharmacy, School of Public Health, and School of Nursing and Midwifery, and one teaching hospital (Tikur Anbessa Specialized Hospital) [13]. The College of Health Sciences and Medicine at Wolaita Sodo University is located in Wolaita Sodo Town, which has seven schools each offering undergraduate and postgraduate programs embedded with Wolaita Sodo Hospital [14]. The College of Health and Medical Sciences at Dilla University, located in Dilla town, comprises the School of Medicine, the Departments of Psychiatry Nurse, Anesthesiology, Midwifery, and Public Health, and a teaching hospital called Dilla Hospital [15].

2.2. Study Design. A descriptive qualitative design was used, which is a type of naturalistic inquiry that makes no theoretical assumptions about the data and is typically used when small numbers of cases are being explored. Its goal is to provide data in the language of participants, rather than attempting to interpret it theoretically [16].

2.3. Inclusion and Exclusion Criteria. Being an academic health faculty involved in teaching and research activities at the three government universities were included in the focus group discussions and in-depth interviews. On the other hand, the head of research and grant offices, and experts in qualitative research were included in key informant interviews. Non-health sciences academic and administrative staffs at the three universities were excluded from the study.

2.4. Sample Size and Sampling Technique. For the focus group discussion, three focus group discussions comprising seven participants per session from the three universities were conducted. Expert judgment for data sufficiency was used to determine the sample size for the focus group discussions and key informant interviews. Expert judgment involves seeking the opinions of experts in the field to determine whether the data collected is sufficient to answer the research questions. For the in-depth interviews, theoretical data saturation was reached after interviewing seven participants, and two additional interviews were conducted to ensure no new information was obtained. A purposive sampling procedure was employed on key informants and in-depth interviews from the three universities. Opportunistic and convenience sampling techniques were used to select participants for the focus group discussions. Convenience sampling in qualitative studies is an opportunistic and pragmatic approach to sampling in studies where there are few potential participants who will agree to be

interviewed. The research team made on-the-spot sampling decisions to collect data from new opportunities that were raised during the process of data collection.

2.5. Data Collection and Management. A semistructured interview guide with probing questions was developed and used for qualitative exploration from the focus group discussions, key informant interviews, and in-depth interviews. The research team prepared the interview guide questions, and senior qualitative research supervisors did the final checking. The in-depth interview was conducted by the principal investigator. All authors participated in the key informant interviews and focus group discussions. RT, SE, EG, HM, and BM have conducted numerous qualitative studies previously and have experience in design, interviews, analysis, and reporting. There was no established relationship prior to the study commencement. No interviewer characteristics were reported, as they had no biases, assumptions, reasons, or interests in the research topic. For the focus group discussions, key informants, and in-depth interviews, one moderator and rapporteur/notetaker from the research team were assigned to facilitate the discussions and interviews. Interviews and focus group discussions were made using the local language (Amharic) and English based on the participants' preferences, and the focus group discussions and interviews were recorded using a voice recorder. The interview was conducted in a private and quiet room. Each partner was individually interviewed to allow them an opportunity to give a true reflection of their experiences. Interviews took an average of 50 to 90 minutes; an audio record was used for those who were willing; and a note was taken for those who refused to record their voice.

2.6. Trustworthiness. Pilot interviews were conducted for key informants and in-depth interviews to check the relevance of the interview guide questions in terms of addressing study objectives and research questions. The pilot test led to minor amendments of the interview guide such as the inclusion of additional probing questions and removing of vague and leading questions. The transcripts of the focus group discussions, key informants, and in-depth interviews were generated from audiotapes, and notes were transcribed verbatim in Amharic and then translated into English. The transcribed data were independently coded and verified by two research team members who have previous experience in qualitative research. The interview result was back-translated to compare translations with the original text for quality and accuracy and to evaluate the equivalence of meaning between the source and target texts. Discrepancies during transcription, translation, back translation, and coding by the two individuals were reached into consensus through discussion. In addition, focus group discussions, key informants, and in-depth interview data were analyzed as early as collected. Member checking was made for the key informant and in-depth interviews by checking the transcriptions repeatedly.

Triangulation was made with the use of more one than study tools (focus group discussion, key informant, and in-depth interviews), data sources (experts and novice researchers), and more than one investigator (team). To ensure the dependability of the findings, the result of the study was checked and verified by supervisors who have experience in qualitative research. The effort was made to document observations and maintain audio records and notes for crosschecking. To establish conformability, field notes were taken during interviews and focus group discussions.

2.7. Data Analysis and Interpretation. A thematic analysis, which is the most commonly used method in healthcare research, was employed [17] (Figure 1). The qualitative thematic analysis mainly followed a deductive approach. The transcribed textual data were uploaded into MAXQDA 2020 software for coding purposes. Four members of the research team coded the data. The analysis started with predetermined codes for the dataset and then finding excerpts that fit those codes from the row dataset (text from the interviews). The codes used in this approach were created from concepts drawn from the literature. Those issues not captured in the deductive analysis or those that did not fit with themes used in the deductive approach were coded inductively, where themes were generated by looking at patterns in the dataset. In this approach, the research team read the texts from focus group discussions and interviews and allowed codes to emerge. The codes were revised iteratively, and similar codes were grouped into themes. As the process continued, new themes emerged, and groups of related themes (sub-themes) were placed together under larger ones.

2.8. Ethical Considerations. Ethical clearance was obtained from the Institutional Review Board of the College of Health Sciences, Addis Ababa University (034/2022/Nursing and Midwifery). Consent from focus group participants, key informants, and in-depth interview participants was obtained. Respondents were briefed on the role of the interviewers and the objective of the study prior to commencing the interviews. Consent from focus group discussion participants, key informants, and in-depth interview participants was obtained.

3. Results

3.1. Demographic Characteristics of Study Participants. The three focus group discussions were comprised of seven academic health staff. The majority of the study participants in the focus group discussions, key informants, and in-depth interviews were male. The mean ages of the participants in focus group discussions 1, 2, and 3 were 31.0 years, 30.3 years, and 30 years, respectively. Similarly, participants in focus group discussions 1, 2, and 3 had work experience of 8.4, 7.1, and 4.6 years, respectively. Participants included in key informant interviews have served their respective universities in various academic and research positions. Regarding their academic qualifications, the majority of the study participants were MSc. holders (Table 1).

3.2. Experiences and Opinions of Participants on Qualitative Research Practices, Opportunities, and Challenges in Health

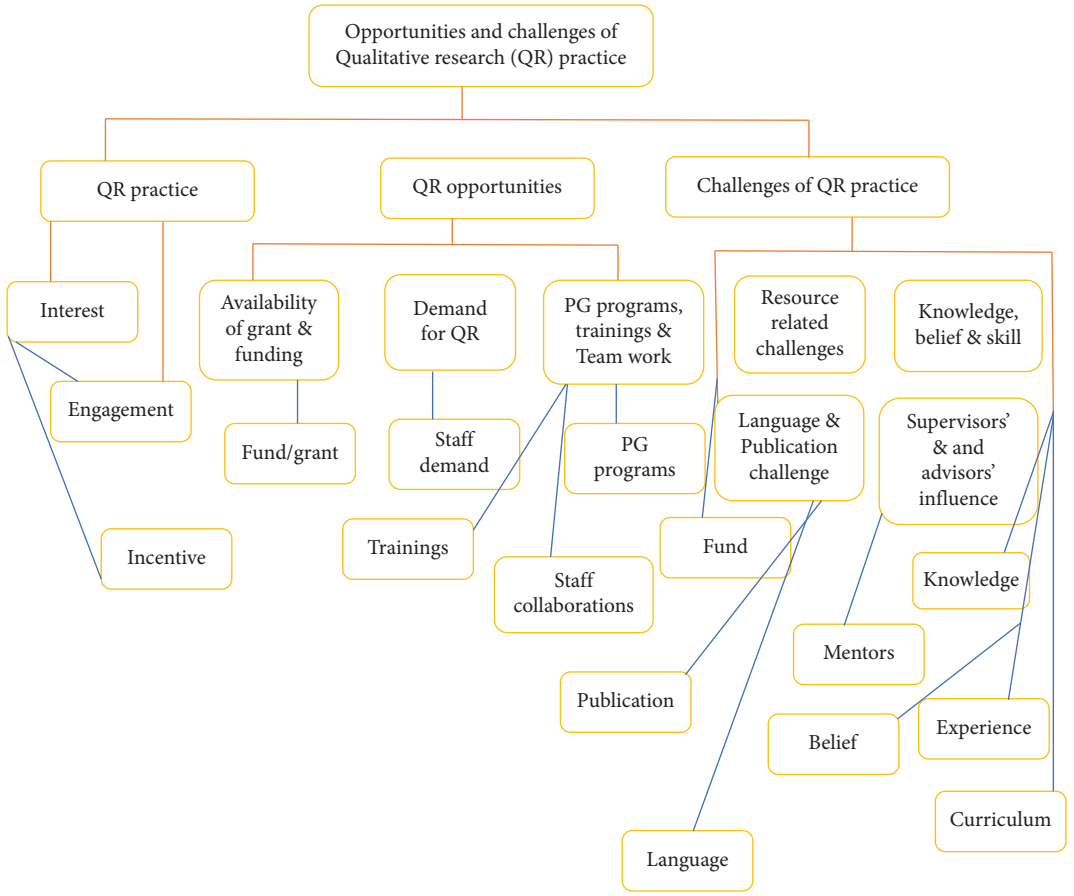

Figure 1: Coding tree for thematic analysis.

Table 1: Demographic characteristics of participants.

Participants		Gender	Age (years)	School/dep	Highest educational level	Year of experience
FGD G1	P1	Female	30	Midwifery	MSc.	5
	P2	Male	29	Medicine	Ph.D.	4
	P3	Male	31	Nursing	MSc.	6
	P4	Male	26	Anesthesia	MSc.	4
	P5	Male	29	Psychiatry	MSc.	7
	P6	Male	34	Biomedical	MSc.	6
	P7	Male	32	Pharmacy	MSc.	5
FGD G2	P1	Female	27	Nursing	MSc.	4
	P2	Male	32	Medicine	MD	6
	P3	Male	32	Anesthesia	MSc.	8
	P4	Male	32	Public health	MSc.	13
	P5	Male	32	Biomedical	MSc.	12
	P6	Male	28	Midwifery	MSc.	7
	P7	Male	27	Psychiatry	MSc.	5

Table 1: Continued.

Participants		Gender	Age (years)	School/dep	Highest educational level	Year of experience
FGD G3	P1	Female	29	Midwifery	MSc.	6
	P2	Female	30	Medicine	MSc.	5
	P3	Male	32	Nursing	MSc.	8
	P4	Male	32	Public health	MSc.	8
	P5	Male	32	Anesthesia	MSc.	7
	P6	Female	32	Nursing	MSc.	6
	P7	Male	30	Nursing	MSc.	6
IDI	P1	Male	55	Nursing	Ph.D.	25
	P2	Male	39	Midwifery	MSc.	15
	P3	Male	39	Nursing	MSc.	15
	P4	Male	50	Midwifery	Ph.D.	28
	P5	Male	43	Pharmacy	MSc.	16
	P6	Male	31	Pharmacy	MSc.	7
	P7	Male	31	Pharmacy	MSc.	7
	P8	Female	35	Medicine	MD, specialty	10
	P9	Male	35	Nursing	MSc.	10
KII	P1	Male	31	Public health	MSc.	9
	P2	Male	38	Public health	Ph.D.	15
	P3	Male	45	Pharmacy	Ph.D.	22

Science Academics. Following thematic analysis, three main themes were identified: overall research engagement and practices, opportunities, and challenges to conducting qualitative research. Under these major themes, subthemes were emerged to describe the context better.

3.2.1. Theme 1: Overall Research Engagement/Practices. Participants in the focused group discussions and in-depth key informant interviews shared their opinions on the overall research practices at their respective universities. Participants in the study express their opinions on the application and engagement of qualitative research in social sciences, which dominates compared to health science disciplines.

The majority of participants acknowledged that their universities and respective colleges had made positive changes or improvements in terms of research engagement. They mentioned that research practice in their respective health colleges is better compared with other colleges in the country. Participants in the focus group discussion attested to this in the following statements:

"Despite the lower number of staff, the number of research proposals submitted to the research office is rising, particularly in our college. This shows how much emphasis is given to research." (P1, FGD-1)

"In our university, the College of Health Sciences is the only contributor and receives the majority of requests for grant applications for research proposals." (P3, FGD-2).

"For those who can publish based on the impact factor, the university offers incentives. The college of health science employees are benefiting from university incentives. Additionally, there is an opportunity to present their findings at conferences." (P4, FGD-3).

The presence of new enforcing legislation stating the minimum expected research output from the staffs and research incentives (annual publication allowances) played an important role in the increased participation of academic staffs in research activities. This was accounted for by a statement taken from one of the key informants.

"In particular, the availability of publication incentives boosted staff participation in publishing and self-promotion." (P1, KII-2)

Despite the good initiatives in research engagement culture or practices in their respective universities and colleges, the majority of participants indicated the presence of imbalances between quantitative and qualitative research practices. They indicated that faculty staff prefers to engage in quantitative research than qualitative research. This was further strengthened by key accounts made by the study participants.

"In my university, quantitative research is emphasized more by researchers than qualitative research. I'll ask myself, Why?" (P1, FGD-1)

"Quantitative research is the most frequently used method. There is no comprehension of the qualitative research. The majority of academic staff members and students do not have a positive attitude or adequate knowledge of how qualitative research is conducted as compared to quantitative research methods." (P2, IDI)

"In our university and worldwide scenario, quantitative research practice has increased. Because the quantitative method is preferred by most researchers and considered a culture." (P2, KII-1)

Due to various factors, including the nature of the research itself and other factors, the practice of qualitative research is not adequate, contributes less to the overall research output, or is deemed to be of low quality compared to quantitative research at each university.

"Experience has shown that our university does not have an increasing trend in qualitative research. Even in postgraduate studies, there is no direction towards qualitative research." (P5, FGD-1).

"Nobody uses it in our department. We are unable to comment on it because there is no such practice." (P1, FGD-2).

In contrast to the above reflections, a few participants claimed that the qualitative research practice and culture in their department is improving and getting better.

"But I believe that over the past few years, the qualitative research method has gained more popularity. Right now, it is expanding quickly." (P2, IDI).

"Particularly through trainings or course offerings, our unit becomes active and participates in qualitative research practice. All of our MSc and Ph.D. students will engage in qualitative research." (P1, KII)

The majority of the participants noted that graduate students are not effectively using the qualitative research method. Most of them opt for the quantitative approach, though their research question is suitable for the qualitative approach for a variety of reasons.

"Most students favor quantitative research over qualitative. Even the advisors have more exposure to and experience with quantitative than qualitative." (P1, IDI).

"In my experience, all MScs and the majority of Ph.D. theses or dissertations use quantitative." (P5, IDI)

3.2.2. Theme 2: Opportunities to Conduct Qualitative Research. Participants in the interview and focus group discussions identified a variety of opportunities for qualitative research that may have a direct or indirect impact on the practice of qualitative research. The opportunities were categorized into the following subthemes.

(1) Sub-theme 1: Availability of Grants, Funding, and Sholarships Related Opportunities. Participants discussed how the availability of grants, funding, and scholarship opportunities for research will have a positive impact on the conduct of qualitative research. Participants cited the availability of research grant opportunities in their respective universities as an opportunity for health sciences academicians (researchers) to prepare and submit their proposals for approval.

"There is no system that will reject such a method or approach if we come up with a good proposal. If the research questions are strong, grants will be awarded for qualitative research." (P7, FGD-1)

"The presence of frequent calls for applications that enable academic staff to win a grant through a competitive process can be seen as an opportunity." (P3, FGD-2).

The majority of the participants indicated that public universities are offering more funding for research. Despite the lack of specific funding for qualitative research, researchers are still free to use the funds for any research request. Designing strong proposals with the key topic of interest in qualitative research as opposed to quantitative research has the possibility to succeed and make use of the funding opportunities.

The statement taken from one of the key informants supports this.

"If you prepare your proposal well, budget appropriately, and show the research gap, the acceptance rate will increase." (P3, KII-III).

(2) Sub-theme 2: The Presence of Demand for Qualitative Research. The presence of demand in the health science field, such as unexplored (unstudied) health issues, and growing researchers interest in the field were viewed as crucial opportunities to carry out qualitative research in the area.

"You may not realize there are a lot of unexplored areas that could be the focus of study. Old ideas can be contested, and that is something that should be taken into account." (P2, KII)

"Quantitative research in the field of health science is expanding on a national and global scale. This could present a chance for researchers. Concerns about funding are also getting better." (P3, KII)

(3) Sub-theme 3: Availability of Postgraduate Programs and Trainings. Few participants in the study uncover the existence of postgraduate programs as a chance for qualitative research. Participants indicated that postgraduate enrollment might expose academic staffs to learning about and engaging in qualitative research. This was supported by the following quote taken from key informants:

"We try to introduce qualitative research to MSc students, but they might not take part. In collaboration with other universities, our department will offer a qualitative course to PhD candidates. That will facilitate and boost their involvement in qualitative research." (P3, KII).

"Launching and expansion of the PhD program can be viewed as opportunities." (P6, FGD-3).

A few participants also mentioned that the availability of training opportunities at project offices and universities for health academic staff was indicated as a chance to increase

knowledge, awareness, and participation in qualitative research. Participants indicated that ongoing qualitative research training for health faculty staff and the provision of training by the health science colleges will increase the engagement of academicians in qualitative research and develop capacity in the field.

[. . .] There are possibilities in terms of training. Sincere to say, there is training for qualitative research, but the quota is still insufficient for the health academic staff. (P3, FGD-1)

Trainings are another thing that might motivate someone to conduct the study. For example, students have received transcription training from us. (P2, KII)

3.2.3. Theme 3: Challenges of Conducting Qualitative Research. Despite the available opportunities for conducting qualitative research, a number of hindrances have been identified by study participants as resource, knowledge, skill, language, publication, and supervisor-related challenges.

(1) Sub-theme 1: Resource-Related Challenges. Funding issues, a lack of mentors and experts, and limited access to data analysis software were cited as resource-related challenges for qualitative research practices.

Despite the funding and grant opportunities offered at their respective universities, participants stated that the funds are insufficient. Most funding opportunities are constrained to a single common thematic area.

"In general, financial support is still insufficient to carry out research." (P6, IDI)

On the other hand, some participants mentioned that there are misconceptions about funding opportunities. There is an assumption among some academic staff that the quantitative approach receives the most funding.

"There is not enough funding available. Our strategy is not being supported by some grants from other nations. The time has come to improve fundraising opportunities." (P1, KII)

"In my experience, I have never seen a pure qualitative study that was funded by university funding opportunities." (P7, IDI).

Participants stressed the presence of a few qualitative research experts and mentors in the health sciences. Getting a knowledgeable advisor is difficult for postgraduate students who want to conduct qualitative research. Most advisors are not properly trained and have little experience with qualitative research. Students will be forced to look for additional mentorship and professional guidance.

"The challenge is the lack of experts." (P1, KII).

On the other hand, it was mentioned that some academic institutions or divisions have qualitative research experts. However, the experts are not accessible or known through a platform.

"There is no platform that we can use to find an expert or mentor for qualitative research. Additionally, I wonder if there is a pool for the College of Health Sciences. There is no way for me to know whether someone is a mentor or an expert unless I ask him or her in person. Finding out who is in this area is not possible." (P2, KII).

Utilizing software to manage the time-consuming task of data coding and organizing has become necessary in modern times. Participants indicated that the majority of the software with advanced features is not available or free for researchers.

"The other challenge is using software with new features for qualitative research. However, the software is not accessible. You need to buy it to use it." (P1, KII)

In contrast to the above reflection, one participant pointed out that a lack of software may not be a challenge. If someone is truly interested in conducting a qualitative study, it is possible to use the available free software.

"To conduct qualitative research, you don't need complicated software. I will not consider it a challenge." (P2, KII).

(2) Sub-theme 2: Knowledge, Belief, and Skill-Related Challenges. Lack of knowledge and skill was frequently cited by participants as a barrier to conducting qualitative research. It was mentioned that the quantitative method is the focus of the course for health sciences students. The majority of participants argued that the course's material was insufficient to give them the necessary knowledge and skills to conduct qualitative research.

"The curriculum needs revision because the content is not organized as it should be." (P4, FGD-1).

The course delivery method was also indicated as an issue due to the presence of a knowledge and skill gap. It was stated that the majority of health sciences students' Research Methods Courses discuss quantitative and qualitative methods. The problem is that using the quantitative approach was accepted as the norm.

"Regarding the curriculum, I believe that it covers both quantitative and qualitative studies. The issue is with the course delivery approach. For instance, when we were pursuing our undergraduate and graduate degrees, social science instructors taught the qualitative methods part of the research method course, leading us health science students to believe that social science issues were the only ones that applied to this field." (P2, FGD-3).

"Curriculum is the fundamental and initial challenge. There is no adequate preparation for the course. Most master's courses do not emphasize the qualitative research methodology." (P8, IDI)

Skill and exposure are the other challenges mentioned by participants. The use of quantitative research methods is considered to be standard practice in the health sciences. This is because few health sciences researchers have ever used a qualitative approach, or they may not have the ability to perform.

"I believe most academics in the health sciences lack the skill, knowledge, and experience necessary for qualitative research." (P6, FGD-2)

"We don't have enough training in qualitative research. Therefore, we lack the confidence to do it. In my opinion, the provision of training would be preferable." (P5, FGD-3).

The attitudes and beliefs of health sciences academic staff regarding qualitative research were described as challenges. Some academic staff revealed that qualitative research is difficult in terms of methodology, acceptance, and publication.

"Because it deals with numbers, the quantitative method is what the majority trusts or relies on. They believe that qualitative research is not suitable for natural or health science but is suitable for social science." (P2, KII).

[. . .] students do not have an interest because they know that quantitative hasa more conducive environment than qualitative, and they think that there may be challenges in terms of advisors and examiners (P1, KII).

"I used to believe that qualitative research was more advanced, challenging, and complex, requiring special equipment and having an unclear methodology. I understand that this belief is not real after the training we took. At the staff level, my colleagues and I gave priority to those who submitted qualitative research." (P6, FGD-3).

(3) Sub-theme 3: Language and Publication-Related Challenges. Participants mentioned that writing might be difficult when conducting qualitative research. It was mentioned that good writing skills are more necessary for a qualitative study than a quantitative one. However, health science academics do not want to go through that.

"The difficulty of communication in other languages is an issue. Writing qualitative research calls for artistic writing." (P1, KII).

Participants also uncover the presence of difficulties with publications. Publishers' word limits were claimed to be unfair given the nature of writing in qualitative research. There are also a limited number of reviewers. This might deter academic staff from conducting and publishing qualitative research.

"The publication is another problem. Your word count will be exceeded. For qualitative research, it is challenging when it is limited to 2000 or 3000 words. You could use 5000, 7000, or unlimited. And they may even occasionally inform you that a reviewer is not present and postpone the submission of your manuscript." (P3, KII).

(4) Sub-theme 4: Influence from Supervisors or Advisors. Participants discussed that supervisors or advisors who use quantitative research frequently may influence their students to carry out a quantitative study. It is common to hear that a thesis with a pure qualitative approach may not be accepted or supported. Students may be discouraged by their supervisors, particularly those who lack the knowledge and experience of qualitative research.

"I was asked by some supervisors at our school if a thesis could just be based on quantitative research." (P2, KII)

"Nobody will suggest that a graduate student conduct qualitative research similar to what they did as undergraduates. Sometimes people try to demoralize students. Even advisors will contend that the allocated budget is insufficient to conduct qualitative research. I believe this is the reason why advisors push students toward quantitative research." (P6, FGD-1).

4. Discussion

This study attempted to examine the opportunities and challenges of qualitative research practices at health sciences colleges of selected public universities in Ethiopia. The findings of this study indicated that the overall qualitative research practice was reported as low compared to quantitative research outputs. Participants of the study indicated that qualitative research practices are less common among the majority of health sciences faculty members.

Despite the less practice, a large proportion of our study participants acknowledged the contribution of qualitative research in health sciences. This was inline with findings from the literature that showed the importance of qualitative studies that are becoming recognized in the healthcare research fields [18].

The presence of internal or external funding, scholarships, and research incentives were mentioned as an opportunity (positive environment) for qualitative research. The presence of such opportunities for research might improve the practice of qualitative research in the field of health sciences and other filed of studies. Findings from other studies showed that organizations in charge of allocating funds for medical research have created ethical standards for evaluating qualitative research, thereby acknowledging this type of study in a field that was previously dominated by quantitative techniques [10].

The inclusion of qualitative research in postgraduate programs, access to local journals, and demand for qualitative research were mentioned as opportunities for qualitative research. A study conducted in other countries

showed that there is a growing interest and acceptance of qualitative research approaches in the health science disciplines, both as standalone methodologies and integrated with quantitative designs in mixed method approaches [19].

Besides the opportunities, the qualitative exploration identified knowledge and skill gaps, publication and language barriers, supervisors' influence, and lack of mentors and experts were mentioned as challenges for the less practice of qualitative research among the health faculty members. This was reflected in other studies [4, 7, 20, 21].

Lack of knowledge, experience, skills, and negative attitude to do qualitative research can hinder qualitative research practices. Participants of this study uncovered that some research communities consider qualitative methods as less important or supplementary to quantitative methods. Insufficient methodological knowledge and lack of attention to the philosophical underpinning of qualitative methodology are mentioned as a challenge in other studies [21].

Moreover, publication, grant, or funding issues were other challenges mentioned by study participants for the less practice of qualitative research. This was inline with a finding that showed the examination committee and the format of the proposal in the grant sites, funding agencies are based on quantitative study, and qualitative scholars face disadvantages in relation to the funding of their work [21]. Another study finding showed that some medical journals started rejecting qualitative studies as a matter of mandate and many do not have reviewers for qualitative inquiry [23]. In contrast to this, another study found that many scientific journals nowadays generally publish qualitative research studies [24].

The presence of pressure from supervisors was mentioned as another challenge. Such practices can have deleterious effects on the promotion of qualitative researchers embedded within health sciences faculties, where a specific substantive area is considered the norm. A study conducted in Canada showed that it is challenging for qualitative researchers to advance in Canadian health sciences faculties [21].

The styles of supervision that are typical in social science settings are quite different from those in faculties of medicine and health sciences. In the health sciences, supervisors frequently find themselves with quite varied knowledge of and experience and little interest in qualitative research. The students' interest or thesis work is often subordinate to their supervisors' interest and willingness. Findings from other studies showed that supervising qualitative theses is extremely time-consuming and demanding work [25].

Language-related challenges during the translation of the meaning of words and their structures in interview recordings from one language to another were mentioned as challenges that hampered the practice of qualitative research. Qualitative case study research in Africa and Asia on challenges and prospects of qualitative research revealed language-created barriers for researchers [26] and [27].

In general, the findings of our study may have implications to advance evidence-based practice among the three health sciences faculty members and beyond, highlighting the important role of qualitative research in healthcare. Achieving higher knowledge and practice levels of qualitative research among the health sciences faculty can lead to the effective use of qualitative research methods in their healthcare practice. Supporting qualitative researchers at universities and research facilities, streamlining administrative procedures, setting up appropriate internet access for communication in universities, and guaranteeing a wider range of data collection techniques are further ways to enhance qualitative research [28].

4.1. Limitations of the Study. There may be some possible limitations in this study. We only consider three universities, which might be significant in exploring other university experiences. In addition, the study did not include private universities, and the data in this study might be influenced by the participants' self-presentation, social desirability, or recall bias.

5. Conclusions

The qualitative exploration of this study revealed that the overall qualitative research practice among health science faculty was low compared to quantitative research. The presence of demand for qualitative research and the availability of research incentives, grants, and recognition during publication were cited as opportunities for qualitative research. On the other hand, resource constraints and issues related publication, and language were claimed challenges that impede the practice of qualitative research in health science academics. The inclusion of qualitative research methods in health science disciplines and collaboration with other social disciplines in the sector is crucial to achieve progress in qualitative research engagement. In addition, universities and their respective colleges should offer ongoing qualitative research trainings to their academic staffs which are important to boost knowledge, awareness, and practice of the qualitative research design [29–32].

Data Availability

Data are available upon reasonable request from the corresponding author.

Ethical Approval

Our study was approved by the Addis Ababa University Institutional Review Board of the College of Health Sciences (034/2022/Nursing and Midwifery).

Consent

All patients provided written informed consent prior to enrollment in the study. Participants were assured about the confidentiality of their information obtained in the study by excluding any personal identifier in the data collection form and anonymization quotes to prevent statements that could be traced back to individuals. Interviewees were assured and encouraged to talk about their views.

Conflicts of Interest

The authors declare that there are no conflicts of interest with respect to the research, authorship, and/or publication of this article.

Authors' Contributions

*RT, SE, YA, ET, HB, and SM prepared the proposal and collected , transcribed, coded, and analyzed the data. RT wrote the manuscript. EG, HM, and BM supervised and reviewed the proposal and the final manuscript.

Acknowledgments

The authors would like to thank HEPI project for technical support they provided for us and study participants for their cooperation during the data collection.

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