How to formulate a research question

This issue of Research Bites looks at some important considerations in formulating a research question for quantitative research.

Research originates with an idea about some general problem or question. This problem or question is narrowed down to a more specific research question, which then represents the central issue being addressed.

First, it is important to distinguish between descriptive and analytical studies. Descriptive studies ask simpler questions about what is going on. For example, "How many or what proportion of patients admitted to hospital with a fractured neck of femur are from a NESB?"

Analytical studies compare one or more interventions or exposures. For example, "Is it more effective to educate GPs about depression guidelines with group education sessions or practice visits?" or "Is lung cancer associated with cigarette smoking?"

First steps in formulating your question
The best ideas for research come from everyday clinical problems. When an idea comes up, write it down. Let it lie for a day or two and see if it is worth pursuing. Once you can describe your idea clearly and explain why it is important and how it could be done, you have the beginnings of a proposal. Let your idea / proposal mature for a few weeks. Talk it through with a colleague.

Focusing analytical questions
Well-built clinical questions usually contain four elements (CEBM, 2002):

1. Patient or problem
   “In patients with chronic back pain…”

2. Intervention
   “…would providing a flexibility class as well as the standard back care education class…”

3. Comparison intervention
   “…when compared with the standard back care education class alone…”

4. Outcomes
   “…lead to less pain and improved function?”

For example…
An AHS Physiotherapy Department is considering the introduction of a flexibility class in addition to their back care education class as secondary prevention for patients with chronic back pain.

Using CEBM’s four elements for focusing clinical questions:

1. Patient or problem
   “In patients with chronic back pain…”

2. Intervention
   “…would providing a flexibility class as well as the standard back care education class…”

3. Comparison intervention
   “…when compared with the standard back care education class alone…”

4. Outcomes
   “…lead to less pain and improved function?”

Analytical studies compare one or more interventions or exposures. For example, “Is it more effective to educate GPs about depression guidelines with group education sessions or practice visits?” or “Is lung cancer associated with cigarette smoking?”

Criteria for a good question
A good research question is described by the acronym FINER (Hulley & Cummings, 1998, p14)

- Feasible (adequate subjects, technical expertise, time and money, and scope)
- Interesting to the investigator
- Novel (confirms or refutes previous findings, provides new findings)
- Ethical
- Relevant (to scientific knowledge, clinical and health policy, future research directions)

Next step
If your research question is well written, it will suggest to you the most appropriate study that you could undertake to answer the question.

For further information about PHReNet South contact:
Anita Fletcher, ph: 4226-7052, email: afletcher@idgp.org.au

Useful resources
- Centre for Evidence Based Medicine (CEBM) at http://cebm.jr2.ox.ac.uk
- Hulley, SB & Cummings SR (ed) 1998 Designing clinical research, Williams & Wilkins, Baltimore

hope to accomplish?” or “What could this intervention really affect?”

Once your question is defined, it is important to think about how it might be answered. Is the question specific enough? Does it suggest factors or items that can be measured? Are these reasonable and acceptable measures? The question itself may have to be modified according to the constraints of time, money and effort to undertake the project. The following criteria are very useful in this process.

For example…
An AHS Physiotherapy Department is considering the introduction of a flexibility class in addition to their back care education class as secondary prevention for patients with chronic back pain.

Using CEBM’s four elements for focusing clinical questions:

1. Patient or problem
   “In patients with chronic back pain…”

2. Intervention
   “…would providing a flexibility class as well as the standard back care education class…”

3. Comparison intervention
   “…when compared with the standard back care education class alone…”

4. Outcomes
   “…lead to less pain and improved function?”

For further information about PHReNet South contact:
Anita Fletcher, ph: 4226-7052, email: afletcher@idgp.org.au

Next issue: Reviewing the literature