

Introduction to qualitative nursing research

This type of research
can reveal important
information that
quantitative
research can't.

By Jennifer Chicca, MS, RN, CNE, CNE-cl

ALL NURSES are expected to understand and apply evidence to their professional practice. Some of the evidence should be in the form of research, which fills gaps in knowledge, developing and expanding on current understanding. Both quantitative and qualitative research methods inform nursing practice, but quantitative research tends to be more emphasized. In addition, many nurses don't feel comfortable conducting or evaluating qualitative research. But once you understand qualitative research, you can more easily apply it to your nursing practice.

What is qualitative research?

Defining qualitative research can be challenging. In fact, some authors suggest that providing a simple definition is contrary to the method's philosophy. Qualitative research approaches a phenomenon, such as a clinical problem, from a place of unknowing and attempts to understand its many facets. This makes qualitative research particularly useful when little is known about a phenomenon because the research helps identify key con-



Research design characteristics

Most qualitative research designs share the following characteristics.

| Characteristic | Description | Example |
|---|--|---|
| Emergent | <ul style="list-style-type: none">• Flexible• Adaptable• Changes to reflect realities and viewpoints, which may not be known at the outset | A researcher completing a grounded theory study changes the interview questionnaire, based on preliminary findings, to include more focused questions to help saturate theoretical categories |
| Holistic | <ul style="list-style-type: none">• Considers the whole | A researcher completing a historical research study analyzes artifacts, journals, interviews, documents, photographs, and records to understand a past event |
| Intensely involved researcher | <ul style="list-style-type: none">• Detailed study | A researcher completing an ethnographic inquiry spends time (sometimes years) interviewing, observing, and perhaps even participating in the studied culture |
| Merging data collection strategies | <ul style="list-style-type: none">• Many strategies are used to capture holism | A researcher completing a case study analyzes interviews, observations, documents, and records to understand the identified case |

cepts and constructs. Qualitative research sets the foundation for future quantitative or qualitative research. Qualitative research also can stand alone without quantitative research.

Although qualitative research is diverse, certain characteristics—holism, subjectivity, intersubjectivity, and situated contexts—guide its methodology. This type of research stresses the importance of studying each individual as a holistic system (holism) influenced by surroundings (situated contexts); each person develops his or her own subjective world (subjectivity) that's influenced by interactions with others (intersubjectivity) and surroundings (situated contexts). Think of it this way: Each person experiences and interprets the world differently based on many factors, including his or her history and interactions. The truth is a composite of realities.

Qualitative research designs

Because qualitative research explores diverse topics and examines phenomena where little is known, designs and methodologies vary. Despite this variation, most qualitative research designs are emergent and holistic. In addition, they require merging data collection strategies and an intensely involved researcher. (See *Research design characteristics*.)

Although qualitative research designs are emergent, advanced planning and careful consideration should include identifying a phenomenon of interest, selecting a research design, indicating broad data collection strategies and opportunities to enhance study quality, and considering and/or setting aside (bracketing) personal biases, views, and assumptions.

Many qualitative research designs are used in nursing. Most originated in other disciplines, while some claim no link to a particular disciplinary tradition. Designs that aren't linked to a discipline, such as descriptive designs, may borrow techniques from other methodologies; some authors don't consider them to be rigorous (high-quality and trustworthy). (See *Common qualitative research designs*.)

Sampling approaches

Sampling approaches depend on the qualitative research design selected. However, in general, qualitative samples are small, nonrandom, emergently selected, and intensely stud-

ied. Qualitative research sampling is concerned with accurately representing and discovering meaning in experience, rather than generalizability. For this reason, researchers tend to look for participants or informants who are considered “information rich” because they maximize understanding by representing varying demographics and/or ranges of experiences. As a study progresses, researchers look for participants who confirm, challenge, modify, or enrich understanding of the phenomenon of interest. Many authors argue that the concepts and constructs discovered in qualitative research transcend a particular study, however, and find applicability to others. For example, consider a qualitative study about the lived experience of minority nursing faculty and the incivility they endure. The concepts learned in this study may transcend nursing or minority faculty members and also apply to other populations, such as foreign-born students, nurses, or faculty.

A sample size is estimated before a qualitative study begins, but the final sample size depends on the study scope, data quality, sensitivity of the research topic or phenomenon of interest, and researchers' skills. For example, a study with a narrow scope, skilled

Common qualitative research designs

Qualitative nursing research can take many forms. The design you choose will depend on the question you're trying to answer.

| Design | Originating discipline | Description | Sample nursing research question |
|---------------------|--------------------------|---|--|
| Action research | Education | Conducted by and for those taking action to improve or refine actions | What happens to the quality of nursing practice when we implement a peer-mentoring system? |
| Case study | Many | In-depth analysis of an entity or group of entities (case) | How is patient autonomy promoted by a unit? |
| Descriptive | N/A | Content analysis of data | What is the nursing role in end-of-life decisions? |
| Discourse analysis | Many | In-depth analysis of written, vocal, or sign language | What discourses are used in nursing practice and how do they shape practice? |
| Ethnography | Anthropology | In-depth analysis of a culture | How does Filipino culture influence childbirth experiences? |
| Ethology | Psychology | Biology of human behavior and events | What are the immediate underlying psychological and environmental causes of incivility in nursing? |
| Grounded theory | Sociology | Social processes within a social setting | How does the basic social process of role transition happen within the context of advanced practice nursing transitions? |
| Historical research | History | Past behaviors, events, conditions | When did nurses become researchers? |
| Narrative inquiry | Many | Story as the object of inquiry | How does one live with a diagnosis of scleroderma? |
| Phenomenology | Philosophy Psychology | Lived experience | What is the lived experience of nurses who were admitted as patients on their home practice unit? |

researchers, and a nonsensitive topic likely will require a smaller sample. Data saturation frequently is a key consideration in final sample size. When no new insights or information are obtained, data saturation is attained and sampling stops, although researchers may analyze one or two more cases to be certain. (See *Sampling types*.)

Some controversy exists around the concept of saturation in qualitative nursing research. Thorne argues that saturation is a concept appropriate for grounded theory studies and not other study types. She suggests that “information power” is perhaps more appropriate terminology for qualitative nursing research sampling and sample size.

Data collection and analysis

Researchers are guided by their study design when choosing data collection and analysis methods. Common types of data collection include interviews (unstructured, semistructured,

focus groups); observations of people, environments, or contexts; documents; records; artifacts; photographs; or journals. When collecting data, researchers must be mindful of gaining participant trust while also guarding against too much emotional involvement, ensuring comprehensive data collection and analysis, conducting appropriate data management, and engaging in reflexivity.

Reflexivity involves systematically analyzing each step of the research process. Unlike quantitative researchers, who use validated instruments, qualitative researchers themselves are the instruments. They must strive to attain and manage high-quality data. Journaling can help researchers identify and manage how their behaviors and thoughts influence their study findings. When researchers bracket their preconceived notions when collecting and analyzing data, they help increase study rigor.

Data usually are recorded in detailed notes, memos, and audio or visual recordings, which

frequently are transcribed verbatim and analyzed manually or using software programs, such as ATLAS.ti, HyperRESEARCH, MAXQDA, or NVivo. Analyzing qualitative data is complex work. Researchers act as reductionists, distilling enormous amounts of data into concise yet rich and valuable knowledge. They code or identify themes, translating abstract ideas into meaningful information. The good news is that qualitative research typically is easy to understand because it's reported in stories told in everyday language.

Evaluating a qualitative study

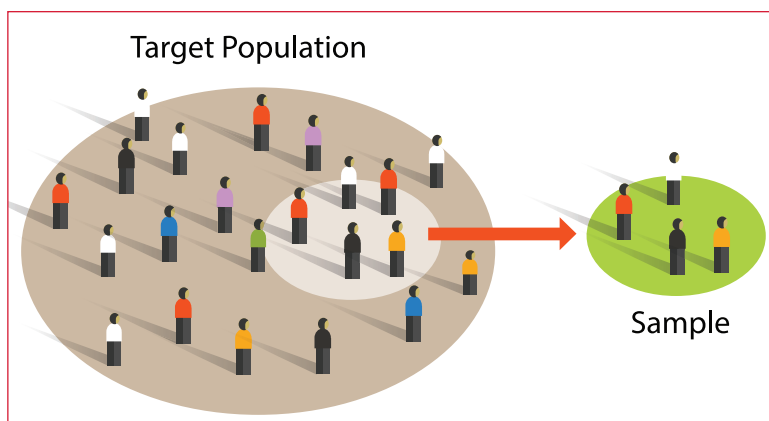
Evaluating qualitative research studies can be challenging. Many terms—rigor, validity, integrity, and trustworthiness—can describe study quality, but in the end you want to know whether the study's findings accurately and comprehensively represent the phenomenon of interest. Many researchers identify a quality framework when discussing quality-enhancement strategies. Example frameworks include:

- Trustworthiness criteria framework, which enhances credibility, dependability, confirmability, transferability, and authenticity
- Validity in qualitative research framework, which enhances credibility, authenticity, criticality, integrity, explicitness, vividness, creativity, thoroughness, congruence, and sensitivity.

With all frameworks, many strategies can be used to help meet identified criteria and enhance quality. (See *Research quality enhancement*). And considering the study as a whole is important to evaluating its quality and rigor. For example, when looking for evidence of rigor, look for a clear and concise report title that describes the research topic and design and an abstract that summarizes key points (background, purpose, methods, results, conclusions). (Visit myamericannurse.com/?p=66448 to learn what other questions to ask when evaluating a qualitative study.)

Application to nursing practice

Qualitative research not only generates evidence but also can help nurses determine patient preferences. Without qualitative research, we can't truly understand others, including their interpretations, meanings, needs, and wants. Qualitative research isn't generalizable in the traditional sense, but it helps nurses open their minds to others' experiences. For example, nurses can protect patient autonomy by under-



Sampling types

Several sampling types guide qualitative research, and because designs are emergent, sampling may change as a study progresses. In grounded theory, for instance, sampling moves into more focused theoretical sampling as a study progresses. The researcher may return to a participant and question him or her more specifically about a theoretical construct, such as the concept of “making it work” in a study about having a child with a disability. This sampling approach helps ensure theoretical categories become saturated.

| Sampling type | Comments |
|--------------------------|--|
| Convenience or volunteer | <ul style="list-style-type: none"> • Participants readily available • Easy, efficient • Might not be “information rich” |
| Purposive | <ul style="list-style-type: none"> • Participants selected because they benefit the study (for example, selecting for varying demographics or ranges of experience) |
| Shadow | <ul style="list-style-type: none"> • Participants speak of others' experiences in addition to their own |
| Snowball or chain | <ul style="list-style-type: none"> • Early participants refer others • Easy, efficient • Might not be “information rich” |
| Theoretical | <ul style="list-style-type: none"> • Participants selected based on manifestation of theoretical constructs |

standing them and not reducing them to universal protocols or plans. As Munhall states, “Each person we encounter help[s] us discover what is best for [him or her]. The other person, not us, is truly the expert knower of [him- or herself].” Qualitative nursing research helps us understand the complexity and many facets of a problem and gives us insights as we encourage others' voices and searches for meaning.

When paired with clinical judgment and other evidence, qualitative research helps us implement evidence-based practice successfully. For example, a phenomenological inquiry into the lived experience of disaster

Research quality enhancement

Several strategies can be used to enhance qualitative research quality.

| Quality-enhancement strategy | Description |
|---|---|
| Audit trial | Transparently describing all research processes (data collection and analysis methods) |
| Comprehensive field notes | Recording thoughts, topics, etc., before, during, or after data collection |
| Data saturation | When no new insights or information are obtained and redundancy is achieved |
| Member checking | Sharing study results (themes, codes) with participants and obtaining critical feedback |
| Peer review and debriefing | Evaluating study processes and outcomes by peers (other investigators) |
| Prolonged engagement and persistent observation | Spending sufficient time (scope) and focus (depth) in study efforts to gain complete understanding of the phenomenon of interest (for example, through extended field observations) |
| Recording transcription | Transcribing audio and/or video recordings of data (for example, interviews, observations) verbatim |
| Reflexivity | Systematically analyzing all steps of the research process (for example, via journaling) |
| Theoretical sampling | Sampling on the basis of manifestation of theoretical constructs to further develop a theory |
| Triangulation | Obtaining and using multiple data sources, methods, investigators, theories, analysts |
| Vivid descriptions | Making the phenomenon studied explicit by providing detailed accounts |

workers might help expose strengths and weaknesses of individuals, populations, and systems, providing areas of focused intervention. Or a phenomenological study of the lived experience of critical-care patients might expose factors (such dark rooms or no visible clocks) that contribute to delirium.

Successful implementation

Qualitative nursing research guides understanding in practice and sets the foundation for future quantitative and qualitative research. Knowing how to conduct and evaluate qualitative research can help nurses implement evidence-based practice successfully. **AN**

Jennifer Chicca is a PhD candidate at the Indiana University of Pennsylvania in Indiana, Pennsylvania, and a part-time faculty member at the University of North Carolina Wilmington.

References

- Amankwaa L. Creating protocols for trustworthiness in qualitative research. *J Cult Divers*. 2016;23(3):121-7.
- Cuthbert CA, Moules N. The application of qualitative research findings to oncology nursing practice. *Oncol Nurs Forum*. 2014;41(6):683-5.
- Guba E, Lincoln Y. Competing paradigms in qualitative

research. In: Denzin NK, Lincoln YS, eds. *Handbook of Qualitative Research*. Thousand Oaks, CA: SAGE Publications, Inc.;1994: 105-17.

Lincoln YS, Guba EG. *Naturalistic Inquiry*. Thousand Oaks, CA: SAGE Publications, Inc.; 1985.

Munhall PL. *Nursing Research: A Qualitative Perspective*. 5th ed. Sudbury, MA: Jones & Bartlett Learning; 2012.

Nicholls D. Qualitative research. Part 1: Philosophies. *Int J Ther Rehabil*. 2017;24(1):26-33.

Nicholls D. Qualitative research. Part 2: Methodology. *Int J Ther Rehabil*. 2017;24(2):71-7.

Nicholls D. Qualitative research. Part 3: Methods. *Int J Ther Rehabil*. 2017;24(3):114-21.

O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for reporting qualitative research: A synthesis of recommendations. *Acad Med*. 2014;89(9):1245-51.

Polit DF, Beck CT. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. 10th ed. Philadelphia, PA: Wolters Kluwer; 2017.

Thorne S. Saturation in qualitative nursing studies: Untangling the misleading message around saturation in qualitative nursing studies. *Nurse Auth Ed*. 2020;30(1):5. naepub.com/reporting-research/2020-30-1-5

Whittemore R, Chase SK, Mandle CL. Validity in qualitative research. *Qual Health Res*. 2001;11(4):522-37.

Williams B. Understanding qualitative research. *Am Nurse Today*. 2015;10(7):40-2.