Introduction to qualitative research

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Learning outcomes

After reading this chapter, the student should be able to do the following:

- Describe the components of a qualitative research report.
- Describe the beliefs generally held by qualitative researchers.
- Identify four ways qualitative findings can be used in evidence-based practice.

Key terms

context dependent

data saturation

grand tour question

inclusion and exclusion criteria

inductive

naturalistic setting

paradigm

qualitative research

theme

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Let's say that you are reading an article that reports findings that HIV-infected men are more adherent to their antiretroviral regimens than HIV-infected women. You wonder, "Why is that? Why would women be less adherent in taking their medications? Certainly, it is not solely due to the fact that they are women." Or say you are working in a postpartum unit and have just discharged a new mother who has debilitating rheumatoid arthritis. You wonder, "What is the process by which disabled women decide to have children? How do they go about making that decision?" These, like so many other questions we have as nurses, can be best answered through research conducted using qualitative methods. Qualitative research gives us the answers to those difficult "why?" questions. Although qualitative research can be used at many different places in a program of research,

you will most often find it answering questions that we have when we understand very little about some phenomenon in nursing.

What is qualitative research?

Qualitative research is a broad term that encompasses several different methodologies that share many similarities. Qualitative studies help us formulate an understanding of a phenomenon. Nurse scholars who are trained in qualitative methods use these methods to best answer discovery-oriented research questions.

Qualitative research is explanatory, descriptive, and **inductive** in nature. It uses words, as opposed to numbers, to explain a phenomenon. Qualitative research lets us see the world through the eyes of another—the woman who struggles to take her antiretroviral medication, or the woman who has carefully thought through what it might be like to have a baby despite a debilitating illness. Qualitative researchers assume that we can only understand these things if we consider the context in which they take place, and this is why most qualitative research takes place in naturalistic settings. Qualitative studies make the world of an individual visible to the rest of us. Qualitative research involves an "interpretative, naturalistic approach to the world; meaning that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meaning people bring to them" (Denzin & Lincoln, 2011, p. 3).

What do qualitative researchers believe?

Qualitative researchers believe that there are multiple realities that can be understood by carefully studying what people can tell us or what we can observe as we spend time with them. **Example:** ➤ The experience of having a baby, while it has some shared characteristics, is not the same for any two women, and it is definitely different for a disabled mother. Thus qualitative researchers believe that reality is socially constructed and **context dependent**. Even the experience of reading this book is different for any two students; one may be completely engrossed by the content, while another is reading but at the same time worrying about whether or not her financial aid will be approved soon.

Because qualitative researchers believe that the discovery of meaning is the basis for knowledge, their research questions, approaches, and activities are often quite different from quantitative researchers (see the Critical Thinking Decision Path). Qualitative researchers seek to understand the "lived experience" of the research participants. They might use interviews or observations to gather new data, and use new data to create narratives about research phenomena. Thus qualitative researchers know that there is a very strong imperative to clearly describe the phenomenon under study. Ideally, the reader of a qualitative research report, if even slightly acquainted with the phenomenon, would have an "aha!" moment in reading a well-written qualitative report.

So, you may now be saying, "Wow! This sounds great!

Qualitative research is for me!" Many nurses feel very comfortable with this approach because we are educated with regard to how to speak with people about the health issues concerning them; we are used to listening, and listening well. But the most important consideration for any research study is whether or not the methodology fits the question. This means that qualitative researchers must select an approach for exploring phenomena that will actually answer their research questions. Thus, as you read studies and are considering them as evidence on which to base your practice, you should ask yourself, "Does the methodology fit with the research question under study?"

HELPFUL HINT

All research is based on a paradigm, but this is seldom specifically stated in a research report.

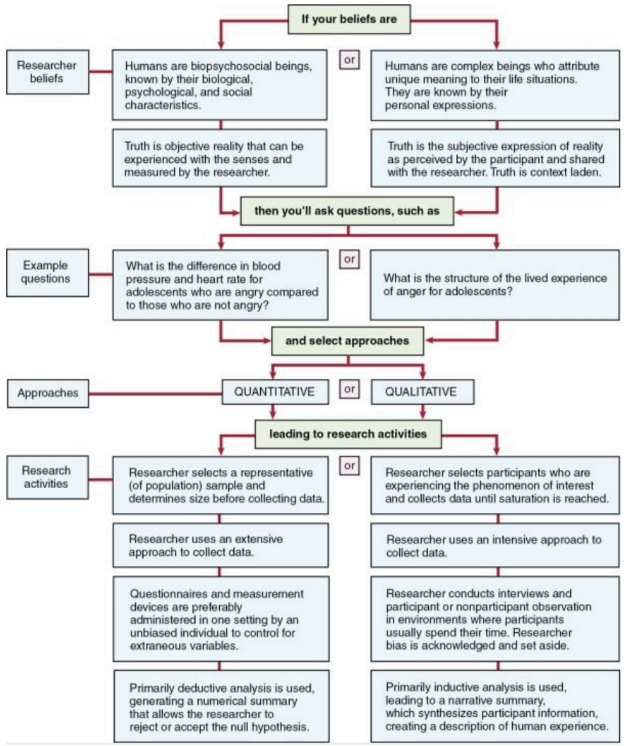
Does the methodology fit with the research question being asked?

As we said before, qualitative methods are often best for helping us determine the nature of a phenomenon and the meaning of experience. Sometimes authors will state that they are using qualitative methods because little is known about a phenomenon, but that alone is not a good reason for conducting a study. Little may be known about a phenomenon because it does not matter! When researchers ask people to participate in a study, to open themselves and their lives for analysis, they should be asking about things that will help make a difference in people's lives or help provide more effective nursing care. You should be able to articulate a valid reason for conducting a study, beyond "little is known about this topic."

Considering the examples at the start of this chapter, we may want to know why HIV-infected women are less adherent to their medication regimens, so we can work to change these barriers and anticipate them when our patients are ready to start taking these pills. Similarly, we need to understand the decision-making processes women use to decide whether or not to have a child when they are disabled, so we can guide or advise the next woman who is going through this process. To summarize, a qualitative approach "fits" a research question when the researchers seek to understand the nature or experience of phenomena by attending to personal accounts of those with direct experiences related to the phenomena. Keeping in mind the purpose of qualitative research, let's discuss the parts of a qualitative research study.

CRITICAL THINKING DECISION PATH

Selecting a Research Process



Components of a qualitative research study

The components of a qualitative research study include the review of literature, study design, study setting and sample, approaches for data collection and analysis, study findings, and conclusions with implications for practice and research. As we reflect on these parts of qualitative studies, we will see how nurses use the qualitative research process to develop new knowledge for practice (Box 5.1).

BOX 5.1

Steps in the Research Process

- Review of the literature
- Study design
- Sample
- Setting: Recruitment and data collection
- Data collection
- Data analysis
- Findings
- Conclusions

Review of the literature

When researchers are clear that a qualitative approach is the best way to answer the research question, their first step is to review the relevant literature and describe what is already known about the phenomena of interest. This may require creativity on the researcher's part, because there may not be any published research on the phenomenon in question. Usually there are studies on similar subjects, or with the same patient population, or on a closely related concept. **Example: ➤**

Researchers may want to study how women who have a disabling illness make decisions about becoming pregnant. While there may be no other studies in this particular area, there may be some on decision making in pregnancy when a woman does not have a disabling illness. These studies would be important in the review of the literature because they identify concepts and relationships that can be used to guide the research process. **Example:** ➤ Findings from the review can show us the precise need for new research, what participants should be in the study sample, and what kinds of questions should be used to collect the data.

Let's consider an example. Say a group of researchers wanted to examine HIV-infected women's adherence to antiretroviral therapy. If there was no research on this exact topic, the researcher might examine studies on adherence to therapy in other illnesses, such as diabetes or hypertension. They might include studies that examine gender differences in medication adherence. Or they might examine the literature on adherence in a stigmatizing illness, or look at appointment adherence for women, to see what facilitates or acts as a barrier to attending health care appointments. The major point is that even though there may be no literature on the phenomenon of interest, the review of the literature will identify existing related studies that are useful for exploring the new questions. At the conclusion of an effective review, you should be able to easily identify the strengths and weaknesses in prior research and a clear understanding of the new research questions, as well as the significance of studying them.

Study design

The study design is a description of how the qualitative researcher plans to go about answering the research questions. In qualitative research, there may simply be a descriptive or naturalistic design in which the researchers adhere to the general tenets of qualitative research but do not commit to a particular methodology. There are many different qualitative methods used to answer the research questions. Some of these methods will be discussed in the next chapter. What is important, as you read from this point forward, is that the study design must be congruent with the philosophical beliefs that qualitative researchers hold. You would not expect to see a qualitative researcher use methods common to quantitative studies, such as a random sample, a battery of questionnaires administered in a hospital outpatient clinic, or a multiple regression analysis. Rather, you would expect to see a design that includes participant interviews or observation, strategies for inductive analysis, and plans for using data to develop narrative summaries with rich description of the details from participants' experiences. You may also read about a pilot study in the description of a study design; this is work the researchers did before undertaking the main study to make sure that the logistics of the proposed study were reasonable. For example, pilot data may describe whether the investigators were able to recruit participants and whether the research design led them to the information they needed.

Sample

The study sample refers to the group of people that the researcher will interview or observe in the process of collecting data to answer the research questions. In most qualitative studies, the researchers are looking for a purposeful or purposively selected sample (see Chapter 10). This means that they are searching for a particular kind of person who can illuminate the phenomenon they want to study. **Example: ➤** The researchers may want to interview women with multiple sclerosis or rheumatoid arthritis. There may be other parameters—called **inclusion** and **exclusion criteria**—that the researchers impose as well, such as requiring that participants be older than 18 years, not under the influence of illicit drugs, or experiencing a first pregnancy (as opposed to subsequent pregnancies). When researchers are clear about these criteria, they are able to identify and recruit participants with the experiences needed to shed light on the phenomenon in question. Often the researchers make decisions such as determining who might be a "long-term survivor" of a certain illness. In this case, they must clearly describe why and how they decided who would fit into this category. Is a long-term survivor someone who has had an illness for 5 years or 10 years? What is the median survival time for people with this diagnosis? Thus, as a reader of nursing research, you are looking for evidence of sound scientific reasoning behind the sampling plan.

When the researchers have identified the type of person to include in the research sample, the next step is to develop a strategy for recruiting participants, which means locating and engaging them in the research. Recruitment materials are usually very specific. **Example: ➤** If the researchers want to talk to HIV-infected women about adherence to their medication regimen, they may distribute flyers or advertise their interest in recruiting women who consistently take their medication as indicated, as well as those who do not. Or, they may want to talk to women who fit into only one of those categories. Similarly, the researchers who are examining decision making in pregnancy among women with disabling conditions would develop recruitment strategies that identify subjects with the conditions or characteristics they want to study.

In a research report, the researcher may include a description of the study sample in the findings. (This can also be reported in the description of the sample.) In any event, besides a demographic description of the study participants, a qualitative researcher should also report on key axes of difference in the sample. **Example: ➤** In a sample of HIV-infected women, there should be information about the stage of illness, what kind/how many pills they must take, how many children they have, and so on. This information helps you place the findings into a context.

Setting: Recruitment and data collection

The study setting refers to the places where participants are recruited and the data are collected. Settings for recruitment are usually a point of contact for people of common social, medical, or other individual traits. In the example of HIV-infected women who are having difficulties adhering to their antiretroviral regimens, researchers might distribute flyers describing the study at AIDS service organizations, support groups for HIV-infected women, clinics, online support groups,

and other places people with HIV may seek services. The settings for data collection are another critical area of difference between quantitative and qualitative studies. Data collection in a qualitative study is usually done in a **naturalistic setting**, such as someone's home, not in a clinic interview room or researcher's office. This is important in qualitative research because the researcher's observations can inform the data collection. To be in someone else's home is a great advantage, as it helps the researcher to understand what that participant values. An entire wall in a participant's living room might contain many pictures of a loved one, so anyone who enters the home would immediately understand the centrality of that person in the participant's life. In the home of someone who is ill, many household objects may be clustered around a favorite chair: perhaps an oxygen tank, a glass of water, medications, a telephone, tissues, and so on. A good qualitative researcher will use clues like these in the study setting to complete the complex, rich drawing that is being rendered in the study.

IPE **HIGHLIGHT**

Reading and critically appraising qualitative research studies may be the best way for interprofessional teams to understand the experience of living with a chronic illness so they can provide more effective whole person care.

Data collection

The procedures for data collection differ significantly in qualitative and quantitative studies. Where quantitative researchers focus on statistics and numbers, qualitative researchers are usually concerned with words: what people can tell them and the narratives about meaning or experience. Qualitative researchers interview participants; they may interview an individual or a group of people in what is called a focus group. They may observe individuals as they go about daily tasks, such as sorting medications into a pill minder or caring for a child. But in all cases, the data collected are expressed in words. Most qualitative researchers use voice recorders so that they can be sure that they have captured what the participant says. This reduces the need to write things down and frees researchers to listen fully. Interview recordings are usually transcribed verbatim and then listened to for accuracy. In a research report, investigators describe their procedures for collecting the data, such as obtaining informed consent, the steps from initial contact to the end of the study visit, and how long each interview or focus group lasted or how much time the researcher spent "in the field" collecting data.

A very important consideration in qualitative data collection is the researcher's decision that they have a sufficient sample and that data collection is complete. Researchers generally continue to recruit participants until they have reached redundancy or **data saturation**, which means that nothing new is emerging from the interviews. There usually is *not* a predetermined number of participants to be selected as there is in quantitative studies; rather, the researcher keeps recruiting until she or he has all of the data needed. One important exception to this is if the researcher is very interested in getting different types of people in the study. **Example:** ➤ In the study

of HIV-infected women and medication adherence, the researchers may want some women who were very adherent in the beginning but then became less so over time, or they may want women who were not adherent in the beginning but then became adherent; alternately, they may want to interview women with children and women without children to determine the influence of having children on adherence. Whatever the specific questions may be, sample sizes tend to be fairly small (fewer than 30 participants) because of the enormous amounts of written text that will need to be analyzed by the researcher.

Investigators use great care to design the interview questions because they must be crafted to help study participants describe their personal experiences and perceptions. Interview questions are different from research questions. Research questions are typically broad, encompassing, and written in scientific language. The interview questions may also be broad, like the overview or **grand tour question** that seeks the "big picture." **Example:** ➤ Researchers might ask, "Tell me about taking your medications—the things that make it easier, and the things that make it harder," or "Tell me what you were thinking about when you decided to get pregnant." Along with overview questions, there are usually a series of prompts (additional questions) that were derived from the literature. These are areas that the researcher believes are important to cover (and that the participant will likely cover), but the prompts are there to remind the researcher in case the material is not mentioned. **Example:** ➤ With regard to medication adherence, the researcher may have read in other studies that motherhood can influence adherence in two very different ways: children can become a reason to live, which would facilitate taking antiretroviral medication; and children can be all-demanding, leaving the mother with little to no time to take care of herself. Thus, a neutrally worded question about the influence of children would be a prompt if the participants do not mention it spontaneously. In a research report, you should expect to find the primary interview questions identified verbatim; without them, it is impossible to know how the data were collected and how the researcher shaped what was discovered in the interviews.

EVIDENCE-BASED PRACTICE TIP

Qualitative researchers use more flexible procedures than quantitative researchers. While collecting data for a project, they consider all of the experiences that may occur.

Data analysis

Next is the description of data analysis. Here, researchers tell you how they handled the raw data, which, in a qualitative study, are usually transcripts of recorded interviews. The goal of qualitative analysis is to find commonalities and differences in the interviews, and then to group these into broader, more abstract, overarching categories of meaning, sometimes called **themes**, that capture much of the data. In the example we have been using about decision making regarding pregnancy for disabled women, one woman might talk about discussing the need for assistance with her friends if she became pregnant, and finding out that they were willing and able to help her with the

baby. Another woman might talk about how she discussed the decision with her parents and siblings, and found them to be a ready source of aid. And yet a third woman may say that she talked about this with her church study group, and they told her that they could arrange to bring meals and help with housework during the pregnancy and afterward. On a more abstract level, these women are all talking about social support. So an effective analysis would be one that identifies this pattern in social support and, perhaps, goes further by also describing how social support influences some other concept in the data. **Example: ➤** Consider women's decision making about having a baby. In an ideal situation, written reports about the data will give you an example like the one you just read, but the page limitations of most journals limit the level of detail that researchers can present.

Many qualitative researchers use computer-assisted qualitative data analysis programs to find patterns in the interviews and field notes, which, in many studies, can seem overwhelming due to the sheer quantity of data to be dealt with. With a computer-assisted data analysis program, researchers from multiple sites can simultaneously code and analyze data from hundreds of files without using a single piece of paper. The software is a tool for managing and remembering steps in analysis; however, it does not replace the thoughtful work of the researcher who must apply the program to guide the analysis of the data. In research reports, you should see a description of the way data were managed and analyzed, and whether the researchers used software or other paper-based approaches, such as using index cards with handwritten notes.

Findings

At last, we come to the results. Findings in qualitative reports, as we have suggested already, are words—the findings are patterns of any kind in the data, such as the ways that participants talked, the things that they talked about, even their behaviors associated with where the researcher spent time with them. When researchers describe patterns in the data, they may describe a process (such as the way decision making occurs); they may identify a list of things that are functioning in some way (such as a list of barriers and facilitators to taking medications for HIV-infected women); they may specify a set of conditions that must be present for something to occur (such as what parents state they need to care for a ventilator-dependent child at home); or they may describe what it is like to go through some health-related transition (such as what it is like to become the caregiver for a parent with dementia). This is by no means an all-inclusive list; rather, it is a range of examples to help you recognize what types of findings might be possible. It may help to think of the findings as discoveries. The qualitative researcher has explored a phenomenon, and the findings are a report on what he or she "found" —that is, what was discovered in the interviews and observations.

When researchers describe their results, they usually break the data down into units of meaning that help the data cohere and tell a story. Effective research reports will describe the logic that was used for breaking down the units of data. **Example: ➤** Are the themes—a means of describing a large quantity of data in a condensed format—identified from the most prevalent to the least prevalent? Are the researchers describing a process in

temporal (time ordered) terms? Are they starting with things that were most important to the subject, then moving to less important items? As a report on the findings unfolds, the researcher should proceed with a thorough description of the phenomenon, defining each of the themes and fleshing out each of the themes with a thorough explanation of the role that it plays in the question under study. The researcher should also provide quotations that support their themes. Ideally, they will stage the quote, giving you some information about the subject from whom it came. For example, was the subject a newly diagnosed HIV-infected African American woman without children? Or was it a disabled woman who has chosen to become pregnant, but who has suffered two miscarriages? The staging of quotes is important because it allows you to put the information into some social context.

In a well-written report of qualitative research, some of the quotes will give you an "aha!" feeling. You will have a sense that the researcher has done an excellent job of getting to the core of the problem. Quotes are as critical to qualitative reports as numbers are to a quantitative study; you would not have a great deal of confidence in a quantitative or qualitative report in which the author asks you to believe the conclusion without also giving concrete, verifiable findings to back it up.

HELPFUL HINT

Values are involved in all research. It is important, however, that they not influence the results of the research.

Discussion of the results and implications for evidence-based practice

When the researchers are satisfied that their findings answer the research questions, they should summarize the results for you and should compare their findings to the existing literature. Researchers usually explain how these findings are similar to or different from the existing literature. This is one of the great contributions of qualitative research—using findings to open up new venues of discovery that were not anticipated when the study was designed. **Example:** ➤ The researchers can use findings to develop new concepts or new conceptual models to explain broader phenomena. The conceptual work also identifies implications for how findings can be used in practice and can direct future research. Another alternative is for researchers to use their findings to extend or refine existing theoretical models. For example, a researcher may learn something new about stigma that has not been described in the literature, and in writing about these findings, the researcher may refer to an existing stigma theory, pointing out how his or her work extends that theory.

Nursing is a practice discipline, and the goal of nursing research is to use research findings to improve patient care. Qualitative methods are the best way to start to answer clinical and research questions that have not been addressed or when a new perspective is needed in practice. The qualitative answers to these questions provide important evidence that offers the first

systematic insights into phenomena previously not well understood and often lead to new perspectives in nursing practice and improved patient care outcomes.

Kearney (2001) developed a typology of levels and applications of qualitative research evidence that helps us see how new evidence can be applied to practice (Table 5.1). She described five categories of qualitative findings that are distinguished from one another in their levels of complexity and discovery: those restricted by a priori frameworks, descriptive categories, shared pathway or meaning, depiction of experiential variation, and dense explanatory description. She argued that the greater the complexity and discovery within qualitative findings, the stronger the potential for clinical application.

TABLE 5.1

Kearney's Categories of Qualitative Findings, from Least to Most Complex

Category	Definition	Example
Restricted by a priori frameworks	Discovery aborted because researcher has obscured the findings with an existing theory	Use of the theory of "relatedness" to describe women's relationships without substantiation in the data, or when there may be an alternative explanation to describe how women exist in relationship to others; the data seem to point to an explanation other than "relatedness"
Descriptive categories	Phenomenon is vividly portrayed from a new perspective; provides a map into previously uncharted territory in the human experience of health and illness	Children's descriptions of pain, including descriptors, attributed causes, and what constitutes good care during a painful episode
Shared pathway or meaning	Synthesis of a shared experience or process; integration of concepts that provides a complex picture of a phenomenon	Description of women's process of recovery from depression; each category was fully described, and the conditions for progression were laid out; able to see the origins of a phase in the previous phase
Depiction of experiential variation	Describes the main essence of an experience, but also shows how the experience varies, depending on the individual or context	Description of how pregnant women recovering from cocaine addiction might or might not move forward to create a new life, depending on the amount of structure they imposed on their behavior and their desire to give up drugs and change their lives

Dense explanatory description	Rich, situated understanding of a multifaceted and varied human phenomenon in a unique situation; portray the full range and depth of complex influences; densely woven structure to findings	Unique cultural conditions and familial breakdown and hopelessness led young people to deliberately expose themselves to HIV infection in order to find meaning and purpose in life; describes loss of social structure and demands of adolescents caring for their diseased or drugged parents who were unable to function as adults

Findings developed with only a priori frameworks provide little or no evidence for changing practice, because the researchers have prematurely limited what they are able to learn from participants or describe in their analysis. Findings that identify descriptive categories portray a higher level of discovery when a phenomenon is vividly portrayed from a new perspective. For nursing practice, these findings serve as maps of previously uncharted territory in human experience. Findings in Kearney's third category, shared pathway or meaning, are more complex. In this type of finding, there is an integration of concepts or themes that results in a synthesis of a shared process or experience that leads to a logical, complex portrayal of the phenomenon. The researcher's ideas at this level reveal how discrete bits of data come together in a meaningful whole. For nursing practice, this allows us to reflect on the bigger picture and what it means for the human experience (Kearney, 2001). Findings that depict experiential variation describe the essence of an experience and how this experience varies, depending on the individual or context. For nursing practice, this type of finding helps us see a variety of viewpoints, realizations of a human experience, and the contextual sources of that variety. In nursing practice, these findings explain how different variables can produce different consequences in different people or settings. Finally, findings that are presented as a dense explanatory description are at the highest level of complexity and discovery. They provide a rich, situated understanding of a multifaceted and varied human phenomenon in a unique situation. These types of findings portray the full depth and range of complex influences that propel people to make decisions. Physical and social contexts are fully accounted for. There is a densely woven structure of findings in these studies that provide a rich fund of clinically and theoretically useful information for nursing practice. The layers of detail work together in the findings to increase understanding of human choices and responses in particular contexts (Kearney, 2001).

EVIDENCE-BASED PRACTICE TIP

Qualitative research findings can be used in many ways, including improving ways clinicians communicate with patients and with each other.

So how can we further use qualitative evidence in nursing? The evidence provided by qualitative studies is used conceptually by the nurse: qualitative studies let nurses gain access to the experiences of patients and help nurses expand their ability to understand their patients, which should lead to

more helpful approaches to care (Table 5.2).

TABLE 5.2

Kearney's Modes of Clinical Application for Qualitative Research

Mode of Clinical Application	Example
Insight or empathy: Better understanding our patients and offering more sensitive support	Nurse is better able to understand the behaviors of a woman recovering from depression
Assessment of status or progress: Descriptions of trajectories of illness	Nurse is able to describe trajectory of recovery from depression and can assess how the patient is moving through this trajectory
Anticipatory guidance: Sharing of qualitative findings with the patient	Nurse is able to explain the phases of recovery from depression to the patient and to reassure her that she is not alone, that others have made it through a similar experience
Coaching: Advising patients of steps they can take to reduce distress or improve adjustment to an illness, according to the evidence in the study	Nurse describes the six stages of recovery from depression to the patient, and in ongoing contact, points out how the patient is moving through the stages, coaching her to recognize signs that she is improving and moving through the stages

Kearney (2001) proposed four modes of clinical application: insight or empathy, assessment of status or progress, anticipatory guidance, and coaching. The simplest mode, according to Kearney, is to use the information to better understand the experiences of our patients, which in turn helps us to offer more sensitive support. Qualitative findings can also help us assess the patient's status or progress through descriptions of trajectories of illness or by offering a different perspective on a health condition. They allow us to consider a range of possible responses from patients. We can then determine the fit of a category to a particular client, or try to locate them on an illness trajectory. Anticipatory guidance includes sharing of qualitative findings directly with patients. The patient can learn about others with a similar condition and can learn what to anticipate. This allows them to better garner resources for what might lie ahead or look for markers of improvement. Anticipatory guidance can also be tremendously comforting in that the sharing of research results can help patients realize they are not alone, that there are others who have been through a similar experience with an illness. Finally, coaching is a way of using qualitative findings; in this instance, nurses can advise patients of steps they can take to reduce distress, improve symptoms, or monitor trajectories of illness (Kearney, 2001).

Unfortunately, qualitative research studies do not fare well in the typical systematic reviews upon which evidence-based practice recommendations are based. Randomized clinical trials and other types of intervention studies traditionally have been the major focus of evidence-based practice. Typically, the selection of studies to be included in systematic reviews is guided by levels of evidence models that focus on the effectiveness of interventions according to their strength and consistency of their predictive power. Given that the levels of

evidence models are hierarchical in nature and they perpetuate intervention studies as the "gold standard" of research design, the value of qualitative studies and the evidence offered by their results have remained unclear. Qualitative studies historically have been ranked lower in a hierarchy of evidence, as a "weaker" form of research design.

Remember, however, that qualitative research is not designed to test hypotheses or make predictions about causal effects. As we use qualitative methods, these findings become more and more valuable as they help us discover unmet patient needs, entire groups of patients that have been neglected, and new processes for delivering care to a population. Though qualitative research uses different methodologies and has different goals, it is important to explore how and when to use the evidence provided by findings of qualitative studies in practice.

Appraisal for evidence-based practice foundation of qualitative research

A final example illustrates the differences in the methods discussed in this chapter and provides you with the beginning skills of how to critique qualitative research. The information in this chapter, coupled with information presented in Chapter 7, provides the underpinnings of critical appraisal of qualitative research (see the Critical Appraisal Criteria box, Chapter 7). Consider the question of nursing students learning how to conduct research. The empirical analytical approach (quantitative research) might be used in an experiment to see if one teaching method led to better learning outcomes than another. The students' knowledge might be tested with a pretest, the teaching conducted, and then a posttest of knowledge obtained. Scores on these tests would be analyzed statistically to see if the different methods produced a difference in the results.

In contrast, a qualitative researcher may be interested in the process of learning research. The researcher might attend the class to see what occurs and then interview students to ask them to describe how their learning changed over time. They might be asked to describe the experience of becoming researchers or becoming more knowledgeable about research. The goal would be to describe the stages or process of this learning. Alternately, a qualitative researcher might consider the class as a culture and could join to observe and interview students. Questions would be directed at the students' values, behaviors, and beliefs in learning research. The goal would be to understand and describe the group members' shared meanings. Either of these examples are ways of viewing a question with a qualitative perspective. The specific qualitative methodologies are described in Chapter 6.

Many other research methods exist. Although it is important to be aware of the qualitative research method used, it is most important that the method chosen is the one that will provide the best approach to answering the question being asked. One research method does not rank higher than another; rather, a variety of methods based on different paradigms are essential for the development of a well informed and comprehensive

approach to evidence-based nursing practice.

Key points

- All research is based on philosophical beliefs, a worldview, or a paradigm.
- Qualitative research encompasses different methodologies.
- Qualitative researchers believe that reality is socially constructed and is context dependent.
- Values should be acknowledged and examined as influences on the conduct of research.
- Qualitative research follows a process, but the components of the process vary.
- Qualitative research contributes to evidence-based practice.

Critical thinking challenges

- Discuss how a researcher's values could influence the results of a study. Include an example in your answer.
- Can the expression, "We do not always get closer to the truth as we slice and homogenize and isolate [it]" be applied to both qualitative and quantitative methods? Justify your answer.
- What is the value of qualitative research in evidence-based practice? Give an example.
- IPE Discuss how your interprofessional team could apply the findings of a qualitative study about coping with a diagnosis of multiple sclerosis.

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