

An Introduction to Qualitative Health Research

Un'introduzione alla ricerca sanitaria qualitativa

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ABSTRACT

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Within the context of evidence-informed decision making, health care professionals are critical consumers of research evidence. Clinician scientists, including nurse researchers, play a central role in producing this research evidence to inform and improve health practice, education, and policy. Health research is commonly conducted within one of three different paradigms: quantitative, qualitative or mixed methods. Each research approach is underpinned with unique philosophic assumptions, methods, and rhetoric. The evidence produced within each paradigm is necessary to provide health care decision-makers with information about the complex, and intrinsically diverse, human experiences of health and illness. Qualitative health research has been defined as a discipline, which has its roots in qualitative research and yet is unique in its focus, methods, and rules. The focus of qualitative health research is to describe, explore, and explain the health-illness continuum and issues specific to health services or policy contexts. Research designs unique to conducting qualitative health research include qualitative description, interpretive description, focused ethnography, and case study. Each qualitative health research design helps to logically and pragmatically determine the appropriate methods to use to: 1) define a purposeful sample; 2) identify appropriate strategies for data collection; 3) rigorously apply analytic techniques to the gathered data; and 4) present valid findings. In health, qualitative studies are often an integral component of program evaluations to identify and describe contextual factors related to individuals, teams, organizations or social structures that inhibit or facilitate the successful adoption, implementation and delivery of an intervention or program. Findings from qualitative studies can also inform the development of theoretically and contextually relevant assessment tools that can be used in practice.

Keywords: Research Methodology, Qualitative Research, Qualitative Health Research, Research Design

RIASSUNTO

Nel contesto dell'*evidence informed decision making*, i professionisti della salute sono utilizzatori critici di evidenza. I ricercatori clinici, inclusi i ricercatori infermieristici, hanno un ruolo centrale nel produrre queste *evidence* per informare e migliorare la pratica clinica, la formazione e le politiche sanitarie. La ricerca sanitaria è generalmente condotta con uno dei tre diversi paradigmi: quantitativo, qualitativo o misto. Ogni approccio di ricerca è sostenuto da dei propri presupposti filosofici, dai propri metodi e dalla propria retorica. Le *evidence* prodotte attraverso ciascun paradigma sono necessarie per fornire a chi prende decisioni *evidence informed* nell'ambito della salute, informazioni circa la complessa, ed intrinsecamente diversa, esperienza umana di salute e malattia. La ricerca sanitaria qualitativa è stata definita come una disciplina, che ha le sue radici nella ricerca qualitativa eppure è unica nel suo focus, nei metodi e nelle regole. Il focus specifico della ricerca sanitaria qualitativa è quello di descrivere, esplorare e spiegare il continuum salute-malattia e argomenti specifici al contesto dei servizi alla salute e delle politiche sanitarie. I disegni di ricerca specifici per la conduzione di ricerca sanitaria qualitativa includono: *qualitative description*, *interpretive description*, *focused ethnography* e *case study*. Ogni disegno di ricerca sanitaria aiuta a determinare logicamente e pragmaticamente i metodi appropriati da utilizzare per: 1) definire un campionamento propositivo; 2) identificare strategie appropriate per la raccolta dati; 3) applicare ai dati raccolti rigorose tecniche analitiche; 4) presentare risultati valide. In sanità, gli studi qualitativi sono spesso una parte integrale della valutazione delle politiche, per identificare e descrivere fattori contestuali legati a individui, team, organizzazioni o strutture sociali che agiscono come barriere o facilitatori per un'adozione, implementazione o erogazione di un intervento o programma. I risultati derivanti da studi qualitativi possono inoltre informare lo sviluppo di strumenti di valutazione rilevanti teoricamente e contestualmente che possono essere utilizzati nella pratica.

Parole Chiave: Metodologia della ricerca, Ricerca Qualitativa, Ricerca Sanitaria Qualitativa, Disegni di Ricerca

INTRODUCTION

Health care professionals, including nurses, physicians, midwives and those from the allied health care disciplines are active, critical consumers of research who use findings to understand and improve front-line practice, health education or policy. Health research evidence is derived from studies conducted within one of three research paradigms: quantitative, qualitative, or mixed methods.

Each research paradigm is underpinned by unique philosophical assumptions and utilizes particular rhetoric or language. Within each paradigm, distinct research designs are used to answer different types of research questions (Morse, 2012). Quantitative research evidence is required to increase understanding of the distribution and determinants of disease/illness and well-being. It also provides information about the effectiveness of interventions, programs or policies designed to measure outcomes related to patient, communities or population. Findings from qualitative health research studies provide health care professionals with a deeper understanding of the experiences of health, illness and well-being and an appreciation of contextual factors that influence how health services are delivered, received, and experienced. The use of mixed methods research allows for more comprehensive and holistic descriptions of health and social phenomena, provides a process to develop and evaluate complex interventions, or allows for deeper and more contextually relevant explanations for study findings.

In health services and policy research, findings from studies conducted in any of these three paradigms are necessary to understand the complex, and intrinsically diverse, human experiences of health and illness (Thorne, 2011). Therefore, it is essential that both consumers as well as producers of research appreciate that studies conducted within each research paradigm use different research methods to answer fundamentally different research questions. Following decades of debate, often referred to as the paradigm wars between qualitative and quantitative research (Griffiths & Norman, 2012), we have reached a time in the applied health sciences where it is necessary to understand that there is value within each paradigm, and that studies and their corresponding findings are different, but equal. The overall purpose of this article is to introduce readers to qualitative health research, a discipline with its roots in qualitative research, yet unique in focus and methods. In this overview, our specific objectives are to: 1) introduce the basic philosophical underpinnings of research; 2) provide a brief history and definition of qualitative health research; and, 3) explain the function and utility of qualitative health research to inform practice and policies.

INTRODUCTION TO QUALITATIVE RESEARCH

Broadly speaking, qualitative research has historically been defined as a naturalistic, interpretive approach to studying human experiences or social phenomena (Denzin & Lincoln, 2011). So, in a qualitative study, we might decide to describe or understand the meaning of a human experience, such as, “what is it like to be an adult male living with Type II diabetes?” Often though, the focus of a qualitative study will be to explore or explain social phenomena, the processes and behaviours that individuals engage in, such as grieving, caregiving, or providing end-of-life care. A naturalistic approach to research entails studying individuals, families, or groups of people in a “natural” setting, or the places where people live, work, or play. This is done in such a way that the researcher does not attempt to manipulate the environment or establish experimental conditions. If a qualitative researcher is interested in understanding how decisions are made within a surgical team, they might spend an extended time in an operating room observing how different surgical teams function. In qualitative studies where the opportunity to engage participants in a natural setting is not possible, the researcher then places a priority on richly describing the social, geographic, or political context in which the phenomena under study occurs. Researchers then aim to interpret the phenomena through understanding the meanings that individuals give the experiences or social processes under study and then attempt to produce a holistic account, or representation of the phenomena, thus making an invisible world visible to others (Patton, 2002). A unique attribute of qualitative research is that the researcher is the research instrument (Creswell & Poth, 2018). Therefore, reflexive strategies are an essential undertaking to understand how the researcher’s inherent values, beliefs and experiences may influence how the phenomenon (i.e. topic of interest) being studied is understood (Gentles, Jack, Nicholas, & McKibbin, 2014). Additionally, qualitative research methods are considered emergent and flexible (Creswell & Poth, 2018). An appreciation of the philosophical assumptions underpinning each research paradigm is helpful for understanding the attributes of and strategies for designing and conducting qualitative research.

PHILOSOPHICAL UNDERPINNINGS OF RESEARCH

Researchers, whether aware of it or not, bring certain beliefs or philosophical assumptions to their research. The combination of epistemological, ontological, and methodological premises can be termed a paradigm (Creswell & Poth, 2018; Denzin & Lincoln, 2017). A glossary to define these terms is provided in **Table 1**. To

Table 1. Glossary of Terms.

Glossary	
Paradigm	“A basic set of beliefs that guide action” (Guba, 1990, p. 17).
Ontology	The study of what exists; concerns the nature of reality and its characteristics (Creswell & Poth, 2018; Lincoln et al., 2017).
Epistemology	The study of the nature of knowledge and justification; concerns the relationship between what we know and what we see (Lincoln et al., 2017; Schwandt, 2001).
Axiology	The criteria of values and value judgements; knowledge generation both contains values (e.g., valuing types of data sources) and is surrounded by the broader values within which knowledge will be discussed, evaluated and justified (Carter & Little, 2007).
Rhetoric	The language of research common to a paradigm.
Methodology	The analysis of the assumptions, principles, and procedures in a particular approach to inquiry; the research process (Creswell & Poth, 2018; Schwandt, 2001).
Method	The practical activities of research: sampling, data collection, data management, data analysis, and reporting; methodology justifies methods (Carter & Little, 2007).

Table 2. Comparison of Quantitative and Qualitative Philosophical Underpinnings.

	QUANTITATIVE RESEARCH PARADIGM Positivism	QUALITATIVE RESEARCH PARADIGM Constructivism
Ontology	Naïve realism – belief in the existence of a ‘real’ reality.	Relativist – belief in multiple realities in the form of mental constructions; reality is dependent on the individual.
Epistemology	Objectivity – belief in an unbiased truth; knowledge is the understanding and control over nature.	Subjectivity – belief that people construct their own understanding of reality; knowledge is socially constructed not discovered; research findings are co-constructed between researcher and participant.
Methodology	Hypothetical-deductive inquiry – belief in the scientific method and values data that can be replicated.	Inductive/interpretive – approaches rely heavily on naturalistic methods e.g., entering real-world setting to observe, interact, and understand.
Axiology	Value free – belief in a distant researcher so as not to influence the laws produces by inquiry; biases need to be controlled.	Values honoured – values need to be understood and are inseparable from the inquiry and outcomes.
Researcher Position	“Disinterested” scientist; focus on the parts.	Co-constructor of knowledge, understanding and meaning of participant experience; focus on the whole.
Rhetoric	Subjects, objectivity, reliability, validity, replication, prediction, control.	Participants, subjectivity, authenticity, trustworthiness, understanding, reflexivity.
Questions’ aim	Empirical generalizations across time and space.	In-depth, contextually sensitive understandings of human or social phenomena.

(Creswell & Poth, 2018; Lincoln, Lynham, & Guba, 2017; Patton, 2014).

appreciate the fundamental differences between qualitative and quantitative research, it is helpful to understand the differences in the paradigmatic assumptions that underpin each research approach (Table 2). For the purposes of this primer on qualitative research, a dichotomy is presented with quantitative research underpinned by positivism and qualitative research underpinned by constructivism. Describing one single philosophical assumption as underpinning each research paradigm is an oversimplification, and readers are encouraged to consult the relevant literature for a more in-depth discussion (e.g., Chapter 5 in Denzin & Lincoln’s *The SAGE Handbook of Qualitative Research*).

Quantitative research paradigm – positivism. The main premises of positivism include: 1) a realist ontology; 2)

an objectivist epistemology; and 3) a reliance on experimental methodology (Lincoln, Lynham, & Guba, 2017). In other words, a researcher operating within this paradigm assumes that there is a true reality waiting to be discovered and through experimentation or manipulation, verified hypotheses can be established as facts or laws (van den Hoonaard, 2019). The emphasis in research from this paradigm is on prediction and control of natural phenomenon to demonstrate laws that can be applied to this natural order (Lincoln et al., 2017). Researchers in this paradigm adopt a deductive reasoning approach where they develop a theory (or hypothesis), operationalize the theory, collect data, and perform analysis; this is also termed hypothetical-deductive inquiry and is the basic logic of most quantitative health research (Patton, 2014; van den Hoonaard, 2019).

Qualitative research paradigm – constructivism. While, as noted above, constructivism is not the only set of philosophical assumptions that underpin the qualitative research paradigm, it is a dominant view and stands in distinct contrast to positivism. It provides a good illustrative example when comparing the research paradigms in health research. The main premises of constructivism include: 1) a relativist ontology; 2) a subjectivist epistemology and; 3) a reliance on hermeneutic or interpretive methodology (Lincoln et al., 2017). In other words, a researcher operating within this paradigm denies the existence of one universal truth, and instead believes that multiple realities exist in the form of multiple mental constructions. In constructivism the meaning of a phenomenon evolves through individuals' shared understanding of, and interaction with, the phenomenon (Lincoln et al., 2017). The researcher and participant are often viewed as a single entity and research findings are a co-creation between the two resulting from their interaction (Lincoln et al., 2017). Rather than starting with theory (or a hypothesis) as in positivism, constructivism adopts an inductive reasoning logic, where inquirers generate or develop a theory or pattern of meaning as a result of the inquiry (Creswell & Poth, 2018). Constructivist methodology often involves little to no advance knowledge of the data to be collected and involves entering real-world settings to observe, interact, and understand what emerges (Creswell & Poth, 2018; van den Hoonaard, 2019).

The beliefs or philosophical assumptions of a research paradigm guide action within that paradigm, particularly in relation to research goals, outcomes, and the methodological decisions made throughout the research process (Creswell & Poth, 2018). The complexity of health research requires various approaches to inquiry and understanding the philosophical standpoints of quantitative and qualitative research paradigms serves to highlight their unique positions and contributions within the field of health research.

FUNCTIONS OF QUALITATIVE RESEARCH

Traditionally, qualitative scholars have described the three major functions of qualitative research as description, exploration, and explanation (Marshall, 2016). These three functions represent a spectrum of abstractness, with description being the most empirical and explanation being the most theoretical (Corbin & Strauss, 2015; Sandelowski, 2000). While this distinction may be helpful for novice researchers to position their work, it is important to note that there is no explicit demarcation for when description becomes exploration and when exploration moves into the realm of explanation. However, by understanding the differences between description, exploration, and explanation, novice researchers will be able to

better define the purposes of their inquiry.

The goal of qualitative description is to give a rich and detailed account of a problem or situation in order to answer the question, "What's going on here?" (Richards & Morse, 2013). Description can be useful to illustrate complex phenomena that have gone relatively unexplored (Marshall, 2016) and to discover issues and concepts that lay the groundwork for working hypotheses and future theory-building.

Exploration builds on description by investigating poorly understood concepts more deeply. Through exploration, data are interpreted to uncover categories of meaning (themes), as well as identifying commonalities and individual differences within themes (Marshall, 2016). Many qualitative studies are exploratory in nature and aim to increase understanding through an inductive process of hypothesis generation (Corbin & Strauss, 2015; Marshall, 2016).

Explanatory qualitative research aims to answer questions of how and why by explicating patterns and relationships between themes discovered through description and exploration (Marshall, 2016). Explanation is the most interpretive and abstract of the three functions of qualitative research, and often takes the form of a theory that provides a structure for understanding why things happen (Corbin & Strauss, 2015). A good explanatory theory is parsimonious and resonates strongly with those who have experienced the phenomenon of interest. Although the functions of qualitative research have been defined on a spectrum starting with description and ending with explanation, it is important to remember that explanation is not always the end goal. Ultimately, the purpose and research question will determine whether a qualitative study will be descriptive, exploratory, or explanatory in nature.

INTRODUCTION TO QUALITATIVE HEALTH RESEARCH

Qualitative research methods are possibly the oldest method of inquiry within health sciences, as physicians and midwives have carefully documented observations of health and illness from their practices for centuries (Morse, 2012). Within the health science disciplines, nurse scientists have been innovators in introducing, and leaders in advancing, qualitative health research methodologies. In the 1950s, Leininger, a professor of nursing and anthropology, developed the qualitative ethn nursing research method, to "document, describe, explain and interpret informants' worldview, meanings, symbols, and life experiences as they bear upon actual or potential nursing phenomena" (Leininger, 1997, p.42). In the United States, beginning in 1959, funding was provided to develop research capacity among graduate nursing

faculty by providing funding for doctoral-level education (Carter, 2013). Given the paucity of doctoral-level nursing programs, many individuals enrolled in programs in the social sciences, specifically the fields of sociology, psychology, and anthropology (Carter, 2013). The immersion in these fields facilitated nurse scholars' exposure to qualitative research and the subsequent application of these methods to explore and study health-related phenomena.

The 1960s and 1970s saw the emergence of researchers working in Schools of Nursing who developed or used distinct qualitative methodologies to study health-related issues. Most notably, Barney Glaser and Anselm Strauss, who held positions in the School of Nursing, University of California San Francisco, published their seminal text "The Discovery of Grounded Theory", which documented the methods they used in their inductive approach to developing a theory to explain the influence of awareness, on health care providers' interactions with dying persons (Artinian, Giske, & Cone, 2009; Morse, 2012). Several nursing scholars, who studied grounded theory as doctoral students, such as Juliet Corbin, Kathy Charmaz, Jean Quint (later Benoliel), Barbara Artinian, Holly Wilson, and Sally Hutchinson, began to refine and promote the use of this methodology by nurse researchers (Artinian et al., 2009; Hutchinson, 2000). Starting in the 1980s, nurse scientists, such as Patricia Benner, Rosemarie Rizzo Parse, Margarete Sandelowski, and Janice Morse were leaders in publishing articles and textbooks, establishing journals (e.g. *Qualitative Health Research*), coordinating international conferences, and establishing institutes (e.g. International Institute for Qualitative Methodology, University of Alberta) that focused on the advancement and refinement of rigorous qualitative health research methods.

Over the past 15 years, researchers in applied health sciences have increasingly recognized qualitative research as integral to the various health disciplines. Sally Thorne (a nursing scholar and methodologist) strongly advocates for the use and tailoring of qualitative methods to answer questions arising from applied health disciplines such as nursing (Thorne, 2011). The global movement to 'humanize' health care has also pushed researchers, clinicians and policy-makers to collect and include the views and voices of the public within research and care-planning, and thus qualitative methods are utilized for this aim (Morse, 2012). Essentially, the public has demanded that their experiences and perceptions of health, interventions and needs be valued. As such, qualitative health researchers who explore the human experience are now sought after by teams of interdisciplinary professionals conducting complex research (Morse, 2012).

In the 1990s and early 2000s, nursing scholars such as Sandelowski and Thorne recognized a need to advance and re-define 'generic' qualitative methods, rendering

them more appropriate for use in applied health sciences. Sandelowski (2000) recognized that qualitative health research was often being labelled as ethnography, phenomenology or grounded theory, when these intensive, resource-laden approaches were not being utilized in actuality and did not always 'fit' with answering practical research questions. As such, Sandelowski went on to define 'qualitative description,' as a generic approach to straight-forward description of a phenomena (e.g., persons experiences of an intervention), valuable to researchers, clinicians and policy-makers. Thorne (1997) moved beyond description to interpretation of phenomena and questions specifically generated/applicable to clinical practice, inclusive of multiple settings/context. Qualitative methods like interpretive description and constructivist grounded theory continue to be advanced by nursing scholars like Thorne and Charmaz.

DEFINITION OF QUALITATIVE HEALTH RESEARCH

Qualitative health research is an approach to research that explores "health and illness as they are perceived by the people themselves, rather than from the researcher's perspective" (Morse, 2012, p. 21). There are two defining considerations for qualitative health research: focus and methods (Morse, 2012). The focus lays within the health-illness continuum and addresses issues specific to the health care context (Morse, 2012). Although not an exhaustive list, this may include how individuals experience health or illness and its related factors, how health professionals understand health care needs and problems, or how health care policies, interventions, and education programs meet the needs of consumers (Morse, 2012). Ultimately, qualitative health research questions may relate to any aspect of health, illness, or health care best answered through qualitative inquiry (Green & Thoroughgood, 2014).

Methods, the second defining feature of qualitative health research, refer to the ways in which qualitative health researchers adapt to the health care context (Morse, 2012). Ideally, individuals responsible for the design and conduct of qualitative health research will have an understanding of the health issues being explored so that they can appropriately adapt methods to meet participants' needs and produce robust data. More specifically, researchers may find it necessary to limit interview time around the needs of ill patients or to identify family members who may be able to provide insights regarding the unconscious or dying patient (Morse, 2012). Morse recognizes the substantial influence that qualitative health researchers can have on patients and professionals, as well as the impact on health care education and services; therefore, researchers should be skilled qualitative methodologists.

OVERARCHING QUESTIONS IN QUALITATIVE HEALTH RESEARCH

The tenets of qualitative health research questions are similar to those applied when designing a qualitative research question. The question should be one that follows the basic premise of natural inquiry, reflects that multiple realities exist, and attempts to bring understanding to how humans make sense of the world and their experiences in it (Merriam & Tisdell, 2016). Typically beginning with the words what, why, or how, overarching qualitative research questions hone the study purpose (Creswell & Poth, 2018). Creswell and Poth (2018) state that qualitative research questions need to be “open-ended, evolving, and non-directional” (p. 137). While a good qualitative question can be born out of a general sense of curiosity and interest (White, 2009), qualitative health research questions are clinically-relevant, applicable to the health care, education or policy contexts, and generate knowledge for health disciplines (Morse, 2012; Thorne, 2016). Posed to bring new insights into health and illness, as well as the provision or receipt of health care, qualitative health research questions can be complementary to other research approaches (Yardley, 2000).

As with any study, the research question is the compass that directs the process (de Souza, Neri, & Costa, 2016). Some researchers maintain that qualitative research questions should be loosely or even non-structured (Morse, 2003). We agree that this can be true of certain qualitative research designs, such as grounded theory, where it is appropriate to change questions as the study proceeds or ethnography, where researchers may enter the field without a research question (Agee, 2009; Stahlke Wall, 2015). However, we posit that a well-articulated research question brings shape and direction to a qualitative health research study. Qualitative health research questions can evolve during the research process if necessary, but should begin with a clearly defined purpose, phenomenon, purposeful sample, and context. These elements, and the language used in the development of a qualitative health research question, should be indicative of and congruent with the research design.

COMMON RESEARCH DESIGNS USED IN QUALITATIVE HEALTH RESEARCH

As qualitative research took its place in the academy, conventional qualitative approaches from the humanities and social sciences flourished. However, many researchers in health disciplines conducting qualitative studies noticed that research designs rooted in philosophy, anthropology, or sociology were not adequate in answering qualitative health research questions and often used incorrectly to address their limitations (Thorne, 2014).

Therefore, applied qualitative research designs emerged as approaches that would reflect the conventions of the qualitative tradition, while addressing the specific needs of health care professionals (Thorne, 2014). Applied qualitative health approaches removed the methodological rigidity associated with common qualitative designs, maintained rigorous quality, and were grounded in the epistemology of the researcher’s health discipline (Thorne, 2011). To maintain the high-quality science developed by qualitative researchers, qualitative health research needs “to adopt a formulaic approach to documenting a clinical phenomenon toward a rich and rigorously developed body of systematic empirically grounded evidence” (Thorne & Darbyshire, 2005, p. 1112). We suggest that qualitative health research designs help to systematically guide research decisions related to sampling, data collection, analysis, and presentation of the results.

It has been our observation that a common weakness of some published qualitative health research is the lack of an explicit design and instead authors only cite the data collection strategies, referring to their work as a “focus group” or “interview” study. Articulation of a qualitative health research design is necessary as it allows readers, reviewers, or assessors of the protocol to understand the course of inquiry and the implicit rules for sampling, data collection, and analysis associated with that design (Morse, 2003; Sandelowski & Barroso, 2003). Morse emphasizes the necessity of congruence between the research question and design. The proposed research question will inevitably direct the researcher to choose a relevant design that allows for rich, exploration of the proposed topic. Table 3 provides an overview of four common designs used in qualitative health research and the types of overarching questions each one answers. Each qualitative health research design helps to logically and pragmatically determine the appropriate methods to use to: 1) define a purposeful sample; 2) identify appropriate strategies for data collection; 3) rigorously apply analytic techniques to the gathered data; and 4) present valid findings.

UTILITY OF QUALITATIVE HEALTH RESEARCH FINDINGS IN EVIDENCE-INFORMED DECISION MAKING

Within health services and policy contexts, applied health researchers focus on conducting rigorous studies to develop research evidence, which is then communicated to different levels of decision makers to use within a process of evidence-informed decision making. Within this process, qualitative health research evidence can be used either instrumentally or conceptually.

The instrumental use of evidence refers to the direct use or application of research findings (Amara, Ouimet, & Landry, 2004). Qualitative health research findings can

Table 3. Overview of Common Qualitative Health Research Designs

Qualitative Description Sandelowski (2000)	Design Features: Remains close to the data; answers questions relevant to practitioners and policy makers; least theoretical. Types of Questions: What are the facilitators and barriers to an event/situation? What are people's reasons/responses to an event/situation?
Interpretive Description Thorne (2016)	Design Features: Seeks to provide clinically-relevant applications to practice and expand disciplinary knowledge; encourages a theoretical scaffolding; based in naturalistic inquiry. Types of Questions: How do people explain/describe/understand/make sense of their experiences with a health-related issue? In what ways do people explain their experiences with an issue in a specific context?
Focused Ethnography Cruz & Higginbottom, (2013); Knoblauch (2005).	Design Features: A form of ethnography with a pragmatic, practical application; addresses the emic perspective but focuses on smaller elements of the cultural group; short-term, intensive field engagement. Types of Questions: What are the shared beliefs, values, and practice patterns of a specific group related to a health concern/issue? How do the values and experiences of a specific group influence a specific set of behaviours?
Case Study Stake (1995); Yin (2018)	Design Features: Considers how a phenomenon is influenced by its context; data from a variety of sources; based in constructivist perspective. Types of Questions: How do people describe their experiences of health-related experience? How do people attending different health care sites/programs describe their decisions around a health-related experience?

be used instrumentally: 1) to address factors that influence the successful uptake or delivery of a health intervention, program, or policy; 2) to develop a new clinical assessment tool; 3) to formatively develop a new intervention or health curriculum; or 4) to provide anticipatory guidance to clients or patients.

Qualitative studies are often an integral component of program evaluations to identify and describe contextual factors related to individuals, teams, organizations or social structures that inhibit or facilitate the successful adoption, implementation and delivery of an intervention or program. This evidence then provides guidance on which program factors act as barriers or facilitators and require further adaptation or change by decision-makers. In a multiple case study to identify contextual factors that promoted a positive health care response towards individuals experiencing intimate partner violence in Spain, researchers identified that a positive response was influenced by the level of a team's self-efficacy, degree of providing woman-centered care, and preparation to respond (Goicolea et al., 2015). This study then provided guidance on how to develop this type of care culture, creating enabling team cultures, having champion social workers and ensuring that health care staff are appropriately trained to identify and respond to intimate partner violence.

Findings from qualitative studies can also inform the development of theoretically and contextually relevant assessment tools that can be used in practice. For example, in the United States multiple qualitative studies have been conducted to document the processes used by women to leave abusive relationships as well as to describe the unique attributes of each stage inherent within these processes and the actions taken by women. Synthesized findings from these studies were then used to

develop the Domestic Violence Survivor Assessment tool (Dienemann, Campbell, Landenburger, & Curry, 2002). This theoretically and qualitatively valid tool is thus intended to be used in clinical practice to assess an abused woman's cognitive state and then develop a tailored intervention according to one of five "states" of change she may be situated within.

Qualitative health research can also be used to formatively develop interventions tailored for delivery in a specific health setting, to meet the needs of a particular population and that reflect the skills and competencies of the interventionist. To develop a novel intervention to identify and respond to intimate partner violence among young pregnant and parenting woman, Jack and colleagues (2012) used a multiple case study approach to develop a nursing intervention and curriculum to support nurse home visitors to identify clients experiencing violence, develop empathic responses to disclosure and then develop tailored plans of care and intervention to support women to develop safety strategies, enhance self-efficacy and increase their use of social and health systems.

Finally, reading qualitative studies, that detail individuals' experiences with illness or their management of social phenomena, can give health providers insight into these lived experiences. Understanding what an experience is like, then allows health care professionals to provide anticipatory guidance to similar patients or clients and advise them of what will happen next or offer strategies, taken from the qualitative studies, that they may wish to consider. For example, Beck (2002) used a grounded theory to develop a substantive mid-range theory to explain how women parent twins in the first year of life. The resulting theory provides insight into the experience. This insight could then inform a nurse caring

for a mother of twins, who explains that the mother might anticipate feeling drained by the unrelenting demands of the infants, feeling confined, feeling that she “self-surrenders” to the needs of the infants and that she may experience a “blurring of days” (Beck, 2002, p. 599). But equally important, in reading this study the nurse could also provide guidance; that to manage these feelings it might be valuable for the mother to establish a routine, ask for help from others, shift her priorities and ensure that she leave the house on a regular basis.

More commonly though, qualitative research is used conceptually. The conceptual utilization of research evidence refers to a process of enlightenment, where a review of research evidence provides decision makers and clients with a new perspective or novel insight about the phenomenon under study (Beyer, 1997). When decision makers use qualitative evidence conceptually, they have an opportunity for a deeper understanding of the patient experience, which could lead to the delivery of more empathic and person-centered care (Jack, 2006).

CONCLUSION

The aim of this article was to provide an overview of qualitative health research. We described a brief history of qualitative health research, compared and contrasted the basic philosophical underpinnings of qualitative and quantitative health research, provided a glossary of qualitative health research terminology, and explained how qualitative findings can be used to inform practice and policies. The intrinsic complexity that is inherent in questions arising from the applied health professions makes qualitative health research particularly relevant today. Furthermore, qualitative health research can help professionals embrace the role of social justice advocate and to humanise health care (Morse, 2012). We believe our articles will help novice researchers, research consumers, and policymakers to approach qualitative health research with more confidence. In future articles, we will discuss how to plan and design a qualitative health research study and, in particular how to choose a design, how to sample, how to collect data and how to analyse them, and we will address critical appraisal of qualitative research.

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