

Understanding research

Part four: qualitative research

Research influences and shapes practice by providing practitioners with evidence regarding patients' experiences, the impact of interventions on patient care and the experiences of healthcare professionals (Serrant-Green, 2009). This paper is the fourth in the 'Understanding research' series and will discuss qualitative research. Examples of qualitative research in wound care will be provided. Qualitative research methods are closely aligned to the perspectives and goals of nursing (Ryan-Nicholls and Will, 2009), and an understanding of the central tenets of qualitative research is essential for all practitioners.

What is qualitative research?

Qualitative research is a broad umbrella term that is used to describe a number of research methods (Byrne, 2001) to collect and analyse narrative or textual data (Avis, 2005). It focuses on obtaining data to explore, describe and gain an in-depth understanding of human behaviour and the reasons for that behaviour (Polit and Tatano Beck, 2006). Interestingly, despite the increasing popularity of qualitative research over the last number of decades (Holloway, 2005), no definitive definition of the term exists.

Qualitative research approaches are situated within the naturalistic or interpretivist paradigm, having adopted the human or social sciences as a methodological model. A paradigm is defined by Polit and Tatano Beck (2006) as 'a world view, or a general perspective on the complexities of reality and systematic research in nursing is predominantly situated within two broad paradigms, referred to as the positivist paradigm and the naturalistic paradigm. The naturalistic paradigm was originally developed by writers such as Kant and Weber, as a counter-movement to positivism or the traditional scientific method (Polit and Tatano Beck, 2006) and it questioned the use of positivism to explain and predict human behaviour, believing that human behaviour cannot be reduced to the laws of natural

sciences and measurement (Treacy and Hyde, 1999).

The qualitative paradigm is inductive and reflective in nature (Omery, 1983). The researcher does not begin with a theory to test, but observes patterns and trends from particular cases. It is data driven, as theories develop during data analysis so that valid theory is constructed and can be used to guide the development of knowledge (Polit and Hungler, 1999). The relationship between the researcher and the participant is reflective (Rew et al, 1993), and this reflexivity acknowledges that the researcher is an important component in the research process.

In general, qualitative research approaches involve a prolonged engagement between the researchers and the participants, referred to as fieldwork (Avis, 2005). This extensive interaction facilitates the researcher in seeing the world through the participant's eyes and enables the researcher to understand at a deeper level the perceptions of the participant related to the phenomenon under study (Parahoo, 2006). In qualitative research, participants are viewed as co-researchers and data generation is considered to be a co-production between the researcher and the participant/co-researcher (Avis, 2005).

Qualitative research approaches are used extensively by healthcare professions and enable researchers to explore how patients experience a particular illness, symptom or treatment. They also enable researchers to uncover the experiences of practitioners regarding their work and explore the meanings that people give to their work (Holloway, 2005). Understanding the totality of the human experience for the individual is considered paramount (Parahoo, 2006), and consequently, qualitative research approaches are congruently aligned with the holistic philosophy underpinning nursing practice (Holloway, 2005).

Piggin and Jones (2009) presented an understanding of the nature,

meaning and significance of living with a malignant fungating wound through the description and interpretation of patients' experiences. This study allowed professionals to gain insight into patients' experience of this condition, and the findings will contribute to promoting greater focus on individualised meaning of the wound rather than objective measurement defined by the professional. This study identified four main themes which the patients experienced: the wound represented the worst part of the cancer; the overwhelming sense of vulnerability of living with a body that cannot be trusted; a changing relationship with family and friends; and a loss of identity while continuously striving to be normal, yet feeling different.

Key characteristics of qualitative research

A number of key characteristics shared by all qualitative research approaches have been identified (Avis, 2005). These generally focus on obtaining and analysing textual or narrative data, as opposed to numerical data. Data is generally collected through interviews, focus groups, conversations, diaries, written medical and nursing records, pictures, video evidence, and drama. In-depth interviews are one of the most popular and widely used methods of data collection (Redmond and Curtis, 2009), being defined by Lincoln and Guba (1985) as a conversation with a purpose. Interviews are not 'conducted' according to Sorrell and Redmond (1995), but are participated in by both the interviewer and the participant.

Verbal and observational data can also be obtained from focus groups, where understanding of the social dynamic and how the participants interact with each other is sought (Redmond and Curtis, 2009). Focus groups are essentially group interviews where participants' reasons for holding certain views can be explored (Redmond and Curtis, 2009). As a result of the large amount of data generation from interviews and field work in general, sample sizes are generally smaller in qualitative research, as the researcher is

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interested in the experiences of a specific group at a specific point in time (Parahoo, 2006), with emphasis on the collection of rich and meaningful data.

Using four focus groups, Mudge et al (2008) sought to elicit from patients their experience of wound-related pain. The findings would contribute to understanding the patient's experience but would also guide development of a questionnaire suitable for use among patients from different cultural backgrounds. This study reported that pain was a constant feature of the wound, reduced confidence in carrying out everyday tasks and maintaining social and recreational activities and contributed to feelings of marginalisation. Additionally, patients reported negative body image, sleep deprivation, frustration with the healthcare system and anticipation of dressing change as factors which affected wound-related pain.

Qualitative research approaches follow a flexible or emergent design and acknowledge and accept that the research design is not fixed. Unexpected and unanticipated issues will, according to Avis (2005), result in design changes as considered appropriate. Qualitative researchers generally start with a broad research question and sampling and data collection and analysis may have to change throughout the study, to refine and focus the study depending on the data being generated. Qualitative researchers need to be aware of the decisions that they make regarding the study, and, in a practice known as reflexivity, need to reflect critically on their role in the research and the effect of their research on the participants. This needs to be undertaken on a continual basis and is an important step in achieving transparency and contributes to the generation of credible findings.

Avis (2005) also highlights the importance of naturalistic enquiry taking place in the natural environment of the participants. Furthermore, he states that 'methodological naturalism

holds that research techniques should be familiar to people being studied, respect their beliefs, have similarities with normal social interaction, and leave people undisturbed as far as is possible'. Therefore, qualitative researchers avoid highly structured or manipulated social settings like the experiment or the formal, structured interview. Consequently, qualitative researchers are less concerned with producing findings that can be 'generalised' to the wider population (Parahoo, 2006). However, this does not mean that the qualitative findings cannot be useful to a broader range of settings than those of the specific study.

Qualitative approaches

A number of qualitative approaches share common features while also exhibiting distinctive features (Parahoo, 2006). Phenomenology, ethnography, grounded theory, discourse analysis and historical research are all forms of qualitative research and this section will briefly describe phenomenology, ethnography and grounded theory.

Phenomenology

Phenomenology, has its roots in philosophy and is both a philosophical theory and a research method (Robinson, 2000), and is defined as a science whose purpose is to describe a particular phenomenon, or the appearance of things, as 'lived experience' (Streubert and Carpenter, 1999). People who have experienced the phenomena describe the experience in words and the researcher interprets the words. As a research method rooted within the interpretative paradigm, phenomenology provides understanding of a person's reality and experience, and values individuals embracing a holistic approach to the person (Rose et al, 1995).

There are many different schools of phenomenology, originating in the work of different philosophers, namely Husserl, Heidegger, Gadamer, Merleau-Ponty, and Satre (Parahoo, 2006). Husserlian transcendental phenomenology and Heideggerian interpretative phenomenology, also referred to as

hermeneutic phenomenology, are the approaches which are repeatedly used in the nursing literature.

A recent study by Walsh and Gethin (2009) sought to understand the lived experience of community nurses treating clients with leg ulcers. This study used a phenomenological approach and data collection was achieved through in-depth interviews with seven community nurses. The results identified two major themes in which nurses cited 'sources of information and education on wound management' and 'availability of wound care facilities' as factors which affected their experiences.

Ethnography

Ethnography essentially means a 'portrait of people' (Parahoo, 2006). It involves an exploration of how culture influences the behaviour of individuals, underpinned by the collection of data in the natural environment. Furthermore, Parahoo (2006) explains how those in groups share language, values, norms and meanings, and individuals can influence the group, just as the group can influence individual behaviour. Ethnography seeks to explore how culture and social environments influence people's behaviour. Polit and Tatano Beck (2006) explain how culture is not directly visible or tangible and therefore must be inferred from the words and actions of the group. Ethnographies consist of both a process and a product: fieldwork and a written text (Polit and Tatano Beck, 2006).

Grounded theory

Grounded theory was developed according to Cutcliffe (2008) as 'a reaction to the then over zealous preoccupation with verification of theory'. It was developed in the 1960s by two sociologists, Glaser and Strauss (1967) and was underpinned by symbolic interactionism, which according to Polit and Tatano Beck (2006), focused on the ways in which people made sense of social interactions and the interpretations they attach to social symbols, e.g. language. Since then, the importance of grounded

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theory in nursing has increased and it has contributed to the development of middle-range theories which are of relevance to nursing (Polit and Tatano Beck, 2006). Grounded theory is used in the study of social structures and processes and is considered to be a useful approach when there is little or no research on a specific area (Cutcliffe, 2008).

Rigour in qualitative research

The goal of qualitative research according to Koch (1996) is to create an account of method and data collection which can stand independently so that another trained researcher could analyse the same data in the same way and come to similar conclusions. Lincoln and Guba (1985) argue that rigour or trustworthiness can be achieved when credibility, applicability, auditability and confirmability are considered.

Credibility

This refers to the 'truth value' of the study and is also known as 'trustworthiness' and it is an essential component of qualitative research (Robinson, 2000). A study is considered to be credible when it presents faithful descriptions of a human experience, so that it is easily recognisable to those who have experienced it. Credibility is enhanced when the researcher describes their own experiences in relation to that of their subjects and endeavours not to influence the collection or analysis of data.

Applicability

This is also referred to as 'fittingness' or 'transferability' and refers to the study of the phenomenon in its natural environment. A study is considered applicable when the findings of the study can be applied to other settings that are similar outside the study situation, and when the readers see the findings as meaningful in terms of their own experience (Sandelowski, 1986).

Auditability

This is also referred to as 'dependability' and it corresponds to reliability in quantitative research. The importance

of this criterion in the assessment of qualitative research has been highlighted by Lincoln and Guba (1985). A study is considered auditable when the researcher makes each step explicit during the research process so that another researcher can clearly follow the 'audit trail'. Qualitative research assumes that the researcher is an integral part of the research process, and the audit trail (research journal or research log) is a record of the research process, the decisions and the choices made by the researcher (Byrne, 2001). Another external researcher should arrive at the same or similar conclusions when the researcher's data, perspective and situation are known, and according to Morse and Field (1995), thereby demonstrate theoretical rigour.

Confirmability

This is achieved when credibility, applicability and auditability are achieved. Confirmability corresponds to objectivity in quantitative research and in qualitative research emphasises the meaningfulness of findings achieved by reducing the distance between the researcher and the participant (Sandelowski, 1986). It is not dependent on the subjective involvement of the researcher and the participant, acknowledging the lack of detachment in the relationship. This is considered beneficial as it places emphasis on the meanings that participants give to their life experiences.

Koch (1994) maintains that trustworthiness is established in the study when credibility, transferability and dependability are considered. In other words, when data can be linked back to the participants from whom it was derived, a study is said to have confirmability (Lincoln and Guba, 1985). This applies to the findings of the study, the interpretations and to the conclusions. A study that is proved to be credible, transferable and dependable is also considered to be confirmable (Lincoln and Guba, 1985).

Conclusion

Qualitative research contributes to a more

holistic understanding of a phenomena. Findings can guide treatment strategies and help in designing practices and processes which can positively influence patient outcomes and professional practice. As wounds affect body image and quality of life, studies which help to deepen our understanding of this, can only serve but to enhance practice. **WUK**

Next article

The next and final part of the 'Understanding research' series will explore other research approaches such as the Delphi technique and group consensus.

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