Uses of Qualitative Research, Or So What Good Is It?

Cynthia S. Jacelon
Katharine K. O’Dell

Over the last several issues of Urologic Nursing, several aspects of qualitative research have been presented. The underpinnings of qualitative research, several types of qualitative inquiry including phenomenology, historical research, grounded theory, ethnography, and case methods have all been presented. Strategies for conducting qualitative research such as the qualitative interview, data analysis, and how to judge the trustworthiness of a qualitative study have been discussed. In this article, how to judge the quality and fit of findings before applying them to new clinical situations, ideas about uses of qualitative research in clinical settings, and application of qualitative techniques to inform clinical questions outside of formal research settings are discussed.

Standards for Judging Quality of Qualitative Findings

To apply qualitative research findings to a particular practice setting, the research must be evaluated for quality. Burns and Grove (2001) suggest five standards for evaluating qualitative research studies. Briefly, the categories are descriptive vividness, methodological congruence, analytical preciseness, theoretical connectedness, and heuristic relevance. Descriptive vividness refers to the clarity and factual accuracy of the researcher’s account of the study including context, participants, data collection, and analysis. Each step of the research must be presented with sufficient clarity that the reader “has a sense of personally experiencing the event” (p. 675). Methodological congruence refers to consistency between the strategies used to conduct the study and the reported methodology. For example, if the researcher reports using grounded theory as a method, the theoretical framework cannot be derived from phenomenology. This standard also requires evidence of rigor in documentation of the study, in adherence to procedures, and in ethical behavior (p. 676). Analytical preciseness, the third standard, addresses the trustworthiness of the research, particularly with respect to an audit trail. Evidence of adherence to this standard would include a clear link between the data and the researcher’s interpretive statements. The fourth standard, theoretical connectedness, suggests that the theoretical schema proposed by the researcher be “clearly expressed, logically consistent, reflective of the data, and compatible with the knowledge base of nursing” (p. 678). Finally, the fifth standard, heuristic relevance, addresses the relevance of the study to the reader’s personal knowledge base, the relationship of the research to the existing body of knowledge, and the applicability of the findings.

To incorporate qualitative research into the development of clinical guidelines, Cesario, Morin, and Santa-Donato (2002) developed a rating scale based on these five standards. To determine the fit of findings in new clinical situations once the research is determined to be of sufficient quality to be applied in clinical settings, the issue of fit must be addressed. No matter what method is used, qualitative research is designed to explain or theorize about a particular experience of a particular person or group of people. There is no attempt to make the findings generalizable in the scientific sense. Therefore in order to apply a study’s finding to a particular clinical situation, a period of testing the findings in the target setting is suggested (Lincoln & Guba, 1985).

Applying Qualitative Findings

Findings from qualitative research studies can
be used in several ways. Although now generalizable, qualitative research is often a source of general information. Stories from qualitative research can increase empathy of caregivers for patients. This type of study can also be used as exemplars for several purposes.

Generalizing. Stake (1995) suggested that the consumer or reader of qualitative research studies can learn much that is general from the in-depth discussion of the particulars of the qualitative situation. To differentiate this type of general information from the generalizations derived from studies using large randomized samples, Stake termed the qualitative generalization a “naturalistic generalization” (p. 85). These generalizations are developed through the vicarious or actual experience of individuals, and are readily applied to real situations.

Increasing empathy. Qualitative research findings are a rich resource for challenging the status quo. Although not generalizable, this type of research is well-suited for providing the opportunity for the reader to reflect on his or her own situation in a different light. Reports of qualitative research can provide a vicarious experience for the reader. In this way, the stories of individual patients and nurses are made accessible to the reader (Cohen, Kahn, & Steeves, 2002). The research can help the reader to imagine herself in the situation being studied (Clark, 1990). This use of qualitative research in clinical practice would be termed insight or empathy by Kearney (2001). For example, the phenomenologic investigation of the patient’s experience with vaginal closure surgery (O’Dell & Jacelon, 2005) might deepen staff awareness of potentially hidden concerns as women face surgery for severe prolapse.

Varied use by varied readers. The findings of a qualitative study can serve different people in different ways (Clark, 1990). For example, the study can validate or challenge the prior knowledge of the reader (Stake, 1995). The findings of a qualitative study exploring the role of hospital staff nurses in the experience of hospitalization of older adults (Jacelon, 2002) showed considerable difference between how staff nurses described their role in patient care and how patients described the nurses’ role. Nurses described their role in patient care as providing education and emotional support to patients, while the older patients described the nurses’ role as providing their medications and meeting their direct physical needs.

The nurses who read this study may have their beliefs about practice challenged. The research may prompt the nurses to ask themselves, “How do the patients I work with view my role?” “Am I conveying the breadth of my role as a nurse to the patient?” This may lead to consideration of how the nurse conveys the importance of the education he or she provides to patients. Meanwhile another finding in the same study suggested that staff attitudes toward older adults affected the older adults’ dignity and autonomy. This time, the findings may validate the experience and beliefs of the nurse reader.

Nurse managers may use the same study as an exemplar of particular practice strategies that were, or were not, effective in promoting desired patient outcomes. In the cited study (Jacelon, 2002), the patients could easily name the physicians and medical residents, but few knew any of the nurses’ names. Suppose the nurse manager thought there was a similar problem on her nursing unit. The nurse manager may use such an article to help the staff develop new strategies to identify themselves to patients.

Finally, the unit educator may use a qualitative study as the basis of a teaching/learning opportunity, or as evidence of a unique experience. Qualitative studies are useful for providing the context within which a nurse might view his or her own situation.

New understanding of the process of illness. Many qualitative studies are designed to explore the process of an illness (Kearney, 2001). Nurses may use the reports of this type of study to gauge the progress of their patients. This use of qualitative research may be particularly useful in helping patients move through the process of their illness or to alert the nurse to situations where patients may not be moving through an illness as anticipated.

In terms of patient teaching, suppose the nurse was planning on a patient education session focused on quality of life issues after treatment for prostate cancer. The nurse might use the findings from a qualitative study as an outline of the discussion, and as an extension of the nurse’s experience. For example, patients may experience a situational depression following a diagnosis of cancer. The nurse might use the findings from a qualitative study in addition to her own knowledge and experience with men with prostate cancer to discuss this potential health problem. Kearney (2001) labels this use of qualitative research as anticipatory guidance. A more direct use of qualitative research in patient teaching involves the nurse using findings from several qualitative studies to coach the patient on self-management techniques for a specific problem (Kearney, 2001). A well-written study can simplify and deconstruct an experience so that other people can understand the meaning of a situation to those who experience it. The study might also alert the nurse to possible areas of patient concern about a situation.

Using Qualitative Techniques for Clinical Data Collection and Analysis

In practice, a nurse might find qualitative strategies useful in many situations. Suppose the unit manager wanted to evaluate the nurses’ use of, attitudes toward, and techniques for use of a device to ultrasonically measure the amount of residual urine in a patient’s bladder after voiding. The manager could create a short survey asking several open-ended questions about using the machine, and ask nurses to write their responses and return the questionnaire to the nurse manager anonymously. When
the forms were returned, the manager might code the answers as discussed in a previous article in this series (Jacelon & O’Dell, 2005) and derive categories of responses. The manager might then present the categories of responses at a staff meeting to obtain further feedback from the staff. This would be a very simple type of qualitative exploration using open-ended questions, derivation of themes as data analysis, and participant checking.

Another example of using qualitative research strategies to solve clinical problems comes from a quality improvement activity reviewing charting of urinary tract infections in a nursing home. The rate of bladder infection (UTI) in this particular home was higher than the national average and the nurse administrator wanted to develop strategies for reducing the rate of infection. All of the usual inservice education to nurses and staff was having no effect on the rate of infection. The consultant recruited to review the problem employed qualitative strategies to develop a plan for lowering the UTI rate. First, the consultant selected and reviewed a sample of charts of patients who had UTIs. She conducted an in-depth analysis of a small sample of charts by transcribing every entry regarding the patient’s urinary status from every source (physician, nurse practitioner, nurses, nurse aides, etc). After obtaining this information, the consultant performed a qualitative analysis looking for patterns in the documentation that would provide clues to the reasons for the high rate of infection. The major theme that emerged was “disconnection.” The documentation regarding urinary function at each level of practitioner was not consistent with the documentation by other levels of practitioners. These findings led to a major revision of the documentation system. Eventually, improved documentation and improved communication through use of the documentation had an impact of the UTI rate.

**Conclusion**

Good qualitative research presents complex phenomena in such a way that it is readily understandable to the reader. The personal nature of qualitative research, which is a result of the depth of data among relatively few participants, helps make the stories told in qualitative studies appealing to nurses. Beyond reading and applying qualitative findings into practice, nurses can use qualitative techniques to investigate and inform work situations. However, nurses must be savvy consumers, evaluating the quality and fit of qualitative findings prior to incorporating them into their repertoire of care strategies.

**References**


