

Understanding qualitative research

By Barbara Williams, PhD, RN, APN

Research can be conducted using either quantitative or qualitative methods. The distinction is crucial. Perhaps because of today's emphasis on numerical data in health care, most nursing research is quantitative. Although quantitative studies yield valuable information that contributes to practice change, their predominance sometimes can obscure the valuable contribution qualitative research can make in generating new knowledge and ultimately influencing the practice of nursing and other health professions.

In recent years, many healthcare organizations have shifted their focus to a patient-centered model in which patients are involved in decision-making and their preferences are honored. This model has been reinforced by regulators who focus on the patient experience and achieving favorable patient outcomes; in some cases, these outcomes are tied to reimbursement. The only way to obtain information about patients' (and families') perspectives is to ask them, to listen and learn from them, and to incorporate their responses into the delivery of care. Qualitative research does just that.



Observation and interview

Qualitative researchers use the research process to conduct a systematic investigation into patient and family perspectives and make recommendations based on their responses that can advance the patient-centered

Qualitative research gives voice to patients' needs.



model. Essentially, the goal of qualitative research is to understand a particular phenomenon from the viewpoint of those who've experienced it. In other words, the researcher is open to learning from people with firsthand experience of an event, a situation, or a set of circumstances.

Observation and interview are the main methods used to obtain such data (although sometimes artwork, journals, photos, and documents are used to further elicit understanding). The researcher analyzes the data, searching for patterns, regularities, and commonalities shared by most or all participants. The result is a number of themes, or dimensions, of the phenomenon that together yield deeper insight into that phenomenon and participants' experience of it.

An aid to treatment planning and approach to care

Findings from qualitative studies can guide healthcare providers in planning treatment and approaches to patient care that meet patients' needs. For example, many patients with end-stage heart failure (HF) or chronic obstructive pulmonary disease (COPD) die in hospitals during an acute event without expressing their choices or preparing for the end of life. Lowey et al. (2013) undertook a qualitative study to understand the experiences and goals of home healthcare patients with end-stage HF or COPD. They conducted 40 interviews with 20 participants who had either advanced HF or COPD and were treated in one of two home healthcare agencies. Interview findings indicated participants identified severe shortness of breath as engulfing "everything in life" and limiting their daily activities—yet they didn't associate these symptoms with being near the end of their lives. The patients didn't want to report these symptoms because they didn't want to be hospitalized. Their goals

for care were shaped by previous experiences of recovering from exacerbations. They were sure that if their illness were life-threatening, their healthcare provider

would communicate this to them clearly. Furthermore, while they knew their illness wouldn't improve, they hoped it would remain stable—and maintained that hope while living with worsening symptoms.

Based on these results, the researchers made the following recommendations to clinicians:

- Improve communication with patients about their prognosis so they can make appropriate, informed decisions about their care.
- Examine their transition-of-care practices.
- Place such patients with a home-care team that provides palliative care for better symptom management.

The researchers also urged healthcare professionals to expedite implementation of these recommendations to ease patient suffering.

Informing policy and protocol development

Findings from qualitative studies can be used to inform policy and protocol development. For example, Aburn and Gott (2014) sought to understand the perceptions and experiences of parents and caregivers of children newly diagnosed with acute lymphoblastic leukemia. They were particularly interested in their experiences of the education they received about their child's diagnosis and the care required at home. The researchers recognized that with the increasing shift of care to the home rather than the hospital, it's important to assess how parents and caregivers are educated so they can provide safe, effective care to their children.

Themes that emerged from the researchers' audiotaped interviews with 12 parents or other home caregivers revealed that they:

- couldn't absorb all the information they were given initially, due to the immense stress they were experiencing
- appreciated getting information and education from the same nurse, believing such continuity benefited them and their child
- valued frequent conversations with healthcare providers as a way of learning
- found the written information they received used too much medical terminology and was out of date or irrelevant to their needs
- found the websites provided to them were outdated. Most parents had done their own Internet searches

How qualitative research aided development of a quantitative research instrument

Findings from qualitative research can provide the foundation for developing a quantitative research instrument. Beck, Towsley, Berry, Lindau, Field, and Jenson (2010) sought to create a more accurate measurement of patients' satisfaction with pain relief than current instruments provided. Recognizing the importance of including patients' perspectives in measuring satisfaction with pain management, they interviewed 33 patients—18 with advanced cancer and 15 with a cancer diagnosis who were recovering from surgery.

From their interviews, the researchers identified four core aspects of patients' satisfaction with pain management:

- caring, concerned, and knowledgeable professionals who listen to them, respond promptly, and believe their reports of pain
- a sense of safety knowing that a plan exists that includes medication and the patient's ability to control when to take it
- having a plan that's not complicated, that involves medication that works quickly, and that manages side effects
- a partnership between the patient and healthcare team and among healthcare team members in which a plan for individualized pain management is discussed and strategies are sought.

These four core aspects of satisfaction served as the foundation for 101 items on a new instrument to quantitatively measure patients' satisfaction with pain management. The researchers (Beck, Towsley, Berry, Brant, and Smith [2010]) revised and reduced the items based on a review from a panel of experts. Then, in interview format, they asked 39 hospitalized patients with cancer to evaluate the items. Based on the results, they revised the items again. The result of this process was the Pain Care Quality (PainCQ) survey, which more closely reflected patients' experiences of satisfaction than previous instruments.

but found the results too grim or inaccurate.

Study findings were reported to the policymakers and clinicians on the unit to inform policy and protocol changes. A particular recommendation was standardizing education given by all nursing staff. It was expected that implementing changes in education practices would help parents and other caregivers feel more confident in the care they provide to their children.

Qualitative research on bedside nursing handover

In another study, Jeffs et al. (2014) sought to understand patients' experiences of the recently implemented process of bedside nursing handover. While it has been widely accepted that bedside nursing handover helps ensure patient safety and quality care, the researchers believed it was important to know how patients view this process. They interviewed 45 participants from various clinical areas in a large academic medical center. They asked open-ended questions about their experiences, how the process benefited them, the challenges they encountered, and any recommendations for improvement.

Themes that emerged from these interviews revealed that the most common positive comments concerned introduction of the incoming nurse. Participants saw the introduction as a personal touch that gave them a sense of security and comfort. They felt more confident in their care because the incoming nurse had a better

understanding of how to plan and carry out their care. Participants also viewed bedside nursing handover as an opportunity for them to ask questions, give input into their care, correct inaccurate information, and identify missed care. Some reported that the interaction also relieved anxiety and fear. However, variation existed in the degree to which patients wanted to be engaged in their care and the amount and type of information they wanted to discuss. While most patients chose to participate in bedside nursing handover, some didn't; they found the process redundant (particularly if their stay was long-term) or weren't comfortable with the exchange taking place at the bedside.

The researchers noted that although their findings indicated most patients perceived bedside nursing handover as beneficial, the results also showed the importance of being sensitive to and honoring patient choices about the level of involvement with which they were comfortable and their preference for the type of bedside interaction. Therefore, nurses need to be knowledgeable about patients' choices and show flexibility in supporting them.

As our examples show, qualitative methods capture patients' perspectives and add a dimension to our knowledge that quantitative methods alone can't obtain. (See *How qualitative research aided development*

of a quantitative research instrument.) Qualitative and quantitative methods complement each other, giving us the best of both worlds when we base our practice on the results of both methods. ★

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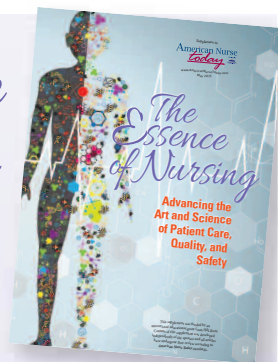
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