



Qualitative Evidence for Practice: Why Not!

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Lehigh Valley Health Network Research Day 2016

October 28, 2016



OBJECTIVES

At the completion of this presentation the learner will be able

- to describe three common qualitative methodologies used in nursing research.
- to identify two strategies to use to translate qualitative research findings into practice.



OVERVIEW



Qualitative research aims to understand the how and why of certain behaviors, decisions, and individual experiences.



BACKGROUND

Qualitative research methods as a group:

- Recognize that every individual is situated in a life context, has a set of values, influences, & circumstances
- Respect for the meanings individuals assign to life experiences
- Comprehensive and holistic vs reductionist and deterministic
- Quantification of life experiences, social interactions are not reducible to numbers.



BACKGROUND

- **Criticisms of qualitative research**
 - Small sample sizes
 - Not objective
 - Not generalizable



WHY QUALITATIVE EVIDENCE?

- “...qualitative research can highlight the unique contribution nursing makes relative to patient care that is easily distinguishable from the contributions of medicine and other health care professions.”
- “The key to using quantitative and qualitative research to support or change nursing practice hinges on the ability to discern well-constructed studies from those that are not.”

Cesario, S., Morin, K., Santa-Donato, A. (2002). Evaluating the levels of evidence of qualitative research. *JOGNN*, 31, p. 713.



COMMON APPROACHES TO QUALITATIVE INQUIRY

- Qualitative description
 - Interpretive description
 - Phenomenology
 - Grounded theory
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QUALITATIVE DESCRIPTION

- **Objective:** to produce a description of individual's experiences as close to what they said as possible
- **Data Collection:** based on direct descriptions from (or observations in natural contexts) the individuals who have experienced the phenomenon
 - Semi-structured interviews with participants
- **Data analysis:** Content analysis to discover themes and patterns; limited interpretation of the data
- **Findings:** comprehensive summaries of a phenomenon or of events

Patients' Perspectives of Total Knee Replacement

- **Background:** limited literature on patients' experiences on total knee replacement surgery
- **Objective:** To describe patients' pre- and post operative experiences
- **Methods:** convenience sample of 27 patients. Pre-op data collected in focus groups; post-op data individual interviews
 - Thematic analysis



Patients' Perspectives of Total Knee Replacement

- ▶ **Findings:** 4 themes emerged
 - ▶ Delay of surgery despite increasing pain
 - ▶ Waiting and worrying once decision was made
 - ▶ Struggling with need for independence
 - ▶ Experiencing pain post-op but having hope to regain function

Jacobson, A. F., Myerscough, R. P., DeLambo, K., Fleming, E., Huddleston, A., Bright, N., & Varley, J. (2008). *The American Journal of Nursing*, 108(5), 54-64.



Struggling with need for independence

I am tired of it...I am a car salesman. I feel like a flat tire, and in my business you can't have a flat tire. (p. 55)

Jacobson et al. (2008)



INTERPRETIVE DESCRIPTION

- **Objective:** to identify characteristics, patterns, and structure within subjective perceptions of clinical phenomenon. To inductively explore meanings and explanations that may have clinical implications.
- **Data Collection:** Interviews, observation, artifact review
- **Data analysis:** Content or thematic analysis
- **Findings:** final product is co-constructed tentative truth involving patterns & themes into a story
 - importance of having a disciplinary conceptual framework (Thorne et al. 2004)



Exposure to Children's Traumatic Events: Pediatric Nurses' Experiences

- **Background:** Pediatric nurses care for some of the most vulnerable and innocent members of society. The repeated witnessing of patient suffering and selflessly giving of oneself can lead to emotional exhaustion.
- **Objective:** to describe and find meaning in the experiences of pediatric nurses who are exposed to and participate in the suffering and traumatic experiences of their patients.

Exposure to Children's Traumatic Events: Pediatric Nurses' Experiences

- ▶ **Method:** semi-structured interviews of 17 participants
 - ▶ Constant comparative analysis
- ▶ **Findings:** *“Balancing the Needs of the Child, Parent, and Nurse”*
 - ▶ *Defining Traumatic Experiences,*
 - ▶ *Managing the Burden of Professional Responsibility and Other Conflicting Emotions,*
 - ▶ *Preventing Further Traumatization,*
 - ▶ *Making a Difference.*



Reframing the nurse's worldview

I think that I have less sympathy for my friends or family members who have a cold or, you know, something silly happens or they're upset because they had a little issue at work. I'm kind of like well, you don't have cancer and you're okay. (Mary, p. 136)

Johnson (2015)

Nursing Practice Implications

- ▶ provide evidence for approaches to improve nurses' working environment, self-care, job satisfaction, and nurse retention and recruitment.
- ▶ strategies identified by pediatric nurses as being important for preventing negative consequences associated with the exposure to the traumatic events of children -
 - ▶ professional boundaries,
 - ▶ opportunities to informally vent,
 - ▶ support from nursing colleagues, leadership, and management

PHENOMENOLOGY

- **Objective:** to provide a description and understanding of the lived experience of individuals with a particular health condition or situation
 - *'The lived experience'*
- **Data Collection:** recruit individuals who have lived the experience or are living with the experience
 - Set aside pre-conceived ideas (bracket)
 - Semi-structured interviews
- **Data analysis:** thematic analysis
 - Common patterns/threads across interviews
- **Findings:** description of individual experience of a phenomenon of interest



Obese Women's Perceptions and Experiences of Healthcare and Primary Care Providers: A Phenomenological Study

- **Background:** Nearly two thirds of the U.S. adult population is overweight or obese. Stigma is a reality experienced by these individuals and healthcare professionals have sometimes been reported to be biased against them.
 - **Objective:** to describe the experiences and perceptions of obese women with regard to stigma in healthcare and from their healthcare provider.
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Obese Women's Perceptions and Experiences of Healthcare and Primary Care Providers: A Phenomenological Study

➤ Method:

- Semi-structured interviews, purposive sample of 26 English-speaking women with a body mass index of over 30 kg/m².

➤ Findings: All acknowledged some negative treatment by healthcare providers. Four themes emerged

- perceptions of health and healthcare,
- respect me as a person,
- establishing a healthcare connection,
- assertiveness is necessary.



Assertiveness is necessary

My previous PCP said he could handle obese people, but really and truthfully, down deep, he didn't like obesity. I was an extra burden to him. I found another PCP who can handle me and who cares about me. (p. 256)

- ▶ Having the PCP initiate a nonjudgmental conversation regarding health and being healthy allowed the women to feel accepted and cared for regardless of their weight.

Buxton, B. K., & Snethen, J. (2013). *Nursing Research*, 62.



GROUNDED THEORY

- **Objective:** to produce a theory (explanation) about how a social process works
- **Data Collection:**
 - Interviews
 - Observations
 - Review of artifacts/documents
- **Data analysis:** constant comparative analysis
- **Findings:** a theoretical explanation of a social process as experienced by participants



A Grounded Theory Study of How Nurses Integrate Pregnancy and Full-Time Employment: Becoming Someone Different

- ▶ **Background:** holistic exploration of the experience of how nurses integrate pregnancy and employment is lacking among the global nursing literature.
- ▶ **Objective:** to explore how primiparous U.S. nurses integrated pregnancy and full-time employment.



A Grounded Theory Study of How Nurses Integrate Pregnancy and Full-Time Employment: Becoming Someone Different

- **Methods:** 20 U.S. nurses, who were pregnant and delivered their first baby while employed full time on 12-hour work shifts provided a firsthand account of how they incorporated pregnancy with professional nursing employment.
- **Findings:** Basic social process, "becoming someone different"
 - Four core categories (a) "looking different, feeling different," (b) "expectations while expecting," (c) "connecting differently," and (d) "transitioning labor."



Looking different, feeling different

I mean, the belly just gets in the way. You have this watermelon in front of you and it totally messes up your routine.... I used to be able to squeeze myself between the spot where the bed rails split or just lean over the rail to like flip the pillow or something. Then when I was pregnant, I didn't fit in that spot anymore and one time I did squeeze myself in there and then panicked because I was totally stuck...my belly was in the way and I couldn't reach over it to touch the patient without practically crawling into bed with them. I felt like I couldn't do what I needed. . . like,... I couldn't do my nursing because my, well, 'self,' got in the way. (p. 174)



RELEVANCE TO PRACTICE: UTILITY

- ▶ What does it mean to **use** qualitative research findings?
 - ▶ Increased sensitivity to phenomenon
 - ▶ Direct application
 - ▶ When can and should we use qualitative findings in our nursing practice?
 - ▶ Change in practice
 - ▶ J. Morse and nurse-patient comfort behaviors in the emergency department
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Think/Pair/Share

- Think of a time that you may have used qualitative research findings in your practice
- Share with the person sitting next to you
- Discuss with group



EVIDENCE-BASED PRACTICE (EBP)

- ▶ Randomized clinical trials are the gold standard in inquiry
 - ▶ Evidence hierarchies reinforce a prejudice against certain forms of evidence
 - ▶ Where does that leave qualitative research?
 - ▶ Nurses & patients' perceptions, preferences, and values are critical to quality nursing care
 - ▶ Ensure best practices of all available evidence
- ▶ Systematic reviews and meta-analyses are the “gold standard” of research reviews



Will the Results Help Me in Caring for My Patients?

- What meaning and relevance does this study have for my patients?
- How would I use these findings in my practice?
- How does the study help provide perspective on my practice?
- Are the conclusions appropriate to my patient population?
- Are the results applicable to my patients?
- How would patient and family values be considered in applying these results?

Williamson, K. (2009). Evidence-based practice: Critical appraisal of qualitative evidence. *Journal of American Psychiatric Nurses Association*, 15, 202-207.



STRATEGIES TO USE QUALITATIVE FINDINGS

- Systematic review of qualitative evidence
 - Metasyntheses
- 



METASYNTHESES

- ▶ systematic reviews of qualitative research
 - ▶ comparable to meta-analysis in that it is also a systematic research technique
 - ▶ contribute to knowledge by bringing together the rich and detailed findings of qualitative research studies
 - ▶ offer a new interpretation of a research question
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The influence of workplace culture on nurses' learning experiences: A systematic review of qualitative evidence (Davis et al., 2016)

- **Background:** a healthy workplace culture enables nurses to experience valuable learning in the workplace
- **Objective:** critically appraise & synthesize the best qualitative evidence



The influence of workplace culture on nurses' learning experiences: A systematic review of qualitative evidence (Davis et al., 2016)

- **Method:** Search literature from 1980-2013, reviewed those meeting inclusion criteria using the JBI checklist (total 20,959 titles)
- **Findings:** 14 articles met criteria and appraisal standard
 - **Organizational influences**
 - Accountability/critical and reflective thinking
 - **Relational dynamics**
 - Value peers, mentors & educators encouraging their teaching & professional development

TRANSLATING QUALITATIVE FINDINGS INTO PRACTICE: Personal Research Trajectory

- **Academic Nurse Educator Leadership Competencies**
 - Qualitative descriptive study ($N = 15$)
 - Design of PhD course on leadership competencies for nurse educators
 - National Delphi study ($N = 50$)
 - Instrument development
 - Competencies for Leaders in Nursing Education
 - National survey ($N = 340$)
 - International survey ($N = 250$)
 - Intervention study (in process)



WHERE ARE WE WITH USING QUALITATIVE RESEARCH

- Unrealistic to expect that researchers will have the knowledge of patients, clinical problems, and practice settings
- Unrealistic to expect that clinicians will have all the research tools
- Clinicians and researchers need to work together
- Different skill sets

WHY?

- Ultimate goal is to improve practice & patient care
- Establish best practices
- Advancing the science of nursing



**Thank you for your
attention!**

QUESTIONS?



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