



# **Qualitative Evidence for Practice: Why Not!**

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# 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.
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# 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


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- **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/m<sup>2</sup>.

## ➤ **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.

Buxton, B. K., & Snethen, J. (2013). *Nursing Research*, 62, 252-259.





# 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.






# GROUNDING 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
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# METASYNTHESIS

- 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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