

QUALITATIVE RESEARCH APPROACHES USED IN UK NURSING STUDIES: AN OVERVIEW WITH EXAMPLES

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1. Introduction

The purpose of this article is to provide a meaningful description of the most commonly used qualitative approaches for nursing research in the United Kingdom (UK) today in order for Japanese nurse researchers to better understand the potential value of KJ Ho internationally. But first it is necessary to understand the nature of UK nursing. In 2014 the UK Royal College of Nursing defined nursing as:

“The use of clinical judgment in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death.”

As such, this definition depicts nursing as a complex process in its intentions and interactions. Thus unsurprisingly the range of research theory underpinning nursing inquiry is similarly complex. Therefore we will start by explaining the meaning of qualitative nursing research in the UK.

2. What do we mean by qualitative nursing research in the UK?

Generally, the two main paradigms or ‘world views’ of relevance to UK nursing research can lie at either end of a spectrum, i.e. with social sciences, or medical humanities, at one end and positivist or empirical science at the other (Harvey & Land, 2016). Positivist science is often described as an epistemology that seeks to produce objective value-free knowledge that reduces bias and is both measurable and ‘true’. This is achieved by setting hypotheses at a study’s outset, which are subsequently tested by quantification; experimentation; replication, and repeatability. This approach may establish cause and effect, and through appropriate controls permit generalisation of results to wider populations from which samples are drawn (Popper, 2002). In contrast, social sciences foster understanding and explanation of a human problem through hypotheses generated from what is already known. This approach tends to be subjective and value-bound within a natural ‘real world’ setting (Robson, 2015). Transferable findings rather than generalisation can be an aim. The underlying philosophy subscribes to multiple realities that are constantly changing and in aiming to reflect ‘real’ life, cause and effect are considered to be inseparable. Robson (2015) gives his view of ‘a real world’ approach as one that:

“...focuses on problems and issues of direct relevance to people’s lives, to help find ways of dealing with the problems or of better understanding the issues. There is no lack of such problems.” (Robson, 2015, p4)

Although quantitative research focuses on numeric measurements, qualitative research embraces the concept of inter-subjectivity through verbal, written or non-verbal (e.g. body language) description. Thus qualitative research conveys how people agree or construct meaning: perhaps to a shared understanding, emotion, feeling, or perception of a situation, in order to interpret the social world they inhabit. The prevailing philosophy advocates that, rather than fit a study to a particular theory at the outset (as in positivist science), a theory is sought to meet the study’s challenges as they unfold. Thus, the prevailing philosophy is one of pragmatism which values both objective and subjective knowledge and offers choices about what to research and how to go about it (Cherryholmes, 1992). As such, pragmatism places the research problem at the centre of a decision-making context with the theory or paradigm considered which is best able to further understanding (McKenzie & Knipe, 2006). Currently, in the UK knowledge production in nursing adopts a nurse/patient practice-centred model relying on qualitative research methods, rather than a researcher-centred scientific model (Reed 2006).

3. Qualitative research approaches: examples drawn from UK nursing research studies

As summarised in Table 1, qualitative research has an important role in facilitating an understanding of some of the complexity in psychology, social sciences and nursing. Although the range of qualitative research continues to expand and develop, it is not possible within the scope of this article to identify all new ways of thinking, or the revisions and challenges to more established methods. However, those included in our brief discussion represent the more common qualitative methods in use in UK nursing. These are: grounded theory; content/thematic analysis; interpretative phenomenological analysis; narrative and discourse analysis; and case study and mixed method research. The value of each is discussed below with an example of their use in UK nursing research provided for further reading.

TABLE 1: Paradigms in Nursing Research

Paradigm	Epistemological Features	Ontology	Question	Methodology	Methods	Analysis
Quantitative	Focus on reliable and valid tools to uncover rules. Scientific discourse from positivism and realism.	Hidden rules govern the learning outcomes of nurses. Objective reality, understand by laws that govern. Fact/single truth. Seeks cause and effect	What works? How much/many/often? Cause & effect relationship Sets hypothesis before testing	Quantitative Using numerical data. Experimental. Deduction.	Clinical trials Cohort studies. Uses matched control populations	Statistical Variance Probability Meta-analysis Measurement of outcomes
Qualitative	Discover the underlying meaning of activities and events. Understand an individual's unique worldview.	Reality is created by individuals in groups. World & knowledge created by social and contextual understanding. Multiple truths- cannot separate cause and effect	Why do you behave or act this way? What is the "lived experience"? What is the problem and who owns it and who is affected by it? Develops hypotheses from new knowledge sought	Qualitative Phenomenology Grounded Theory Ethnography Narrative Discourse Case study	Social survey Interviews Observations Mapping	Thematic analysis Template analysis Narrative synthesis IPA Content analysis Linguistic analysis
Pragmatism	The best method(s) is one that solves problems/ evaluates change	Truth and reality - what is useful and practical	Will this intervention improve the overall experience?	Mixed methods Design-based Action research Systemic case study (i.e. KJ Ho)	Qualitative and quantitative Co-creation Focus groups Prototyping	Usability Adoption

3.1 Grounded Theory (GT)

Grounded Theory (GT) is often selected by UK nurse researchers since it provides an appropriate qualitative method for in-depth and exploratory studies (Charmaz, 1990, Corbin & Strauss 2008). It also provides a rigorous set of stages, or systematic strategies, in order to uncover one over-arching theory generated from the data analysed. This method, originally developed by a collaboration between two sociologists (Glaser & Strauss 1967), is designed to explore social processes from the ‘bottom up’ i.e. the *emergence* of theory from data (Willig, 2008, pp. 41). GT first aims to generate categories from the data, therefore developing the data into theories, followed by a process where data collection stages are integrated with analysis, with the nurse researcher comparing findings across each stage, checking and comparing each set of themes from the data, sometimes known as ‘constant comparison’, until no more new themes are found. The aim is to achieve ‘data saturation’. While some researchers observe a ‘tacit assumption’ that face-to-face interviews are best for collecting data, telephone interviewing has also been successfully used in a GT approach for nursing. One reported advantage is that participants are more confident and less likely to feel they are being ‘judged’ if talking about sensitive or personal information under the comparative privacy of the telephone (Ward, Gott & Hoare, 2015). Among many examples, Box 1 demonstrates GT use in UK nursing research to explore the influences on patient decision-making when faced with haemodialysis or peritoneal dialysis as renal replacement therapy (McCarthy, Sturt & Adams., 2015).

BOX 1. USE OF GROUNDED THEORY IN A UK RENAL NURSING STUDY

Although clinicians appear to be in equipoise about renal replacement treatment options (haemodialysis or peritoneal dialysis), understanding of patients’ treatment decision-making foundations remains limited. McCarthy et al. (2015) used a grounded theory approach to explore experiences of pre-dialysis education of 20 participants and their treatment decision-making during the year before dialysis started. This involved: thematic sampling using unstructured interviews; analysis using open coding, constant comparison and axial coding; scrutiny by secondary coding and member checking with participants. Using the GT approach, the authors found that vicarious learning (learning from other renal patients) contributed to treatment decision-making. Three main categories were identified: planned vicarious learning, unplanned vicarious learning and historical vicarious experience. For healthcare professionals, understanding of patients’ prior vicarious learning is important because of its potential influence on the treatment decision-making process. It is concluded that this will enable healthcare professionals to challenge such heuristic decisions, based on limited information, and allow them to encourage analytic thought processes.

3.2 Content / Thematic Analysis (CA/ TA)

Content Analysis (CA) was originally developed as a method of analysis, usually for primary qualitative data, to sort and summarise the occurrences of concepts of interest (Wilkinson & Birmingham, 2003). Thematic Analysis (TA) is a related method in which the qualitative data (or text of interest) are explored and collated by defined themes (Biggerstaff, 2012, p. 188). Both methods have offered the UK nursing community a useful means of categorising comments and themes as an introduction to qualitative methods, although they may sometimes be thought of as rather ‘catch-all’ in their approach (Boyle, 1994). As well as providing a summary, or frequency of content, these methods also enable the nurse researcher to develop the next steps for a more in-depth study informed by this preliminary analysis. Both methods can also be useful for examining patterned meanings within data, lending themselves to a wide range of methodological perspectives and approaches (Wheeler & Holloway, 2013). One example might be using the themes from an exploratory or pilot study to develop a questionnaire, with the nurse identifying questions of interest that directly relate back to what participants had to say. Additionally, these methods may prove useful to synthesise findings in systematic reviews of qualitative evidence or to identify dominant themes in documents such as policy reports or health guidelines (Pope, Mays & Popay, 2007, p48). Other data amenable to this type of analysis might include diaries, historical journals or reminiscences. Video and film footage can also be examined this way. As explained earlier, research theory can be pictured as being situated along a continuum with quantitative ‘measureable’ data at one end and data from in-depth qualitative approaches such as interviews at the other. At the continuum’s centre point would rest methods such as CA and TA which might either analyse data ‘as is’ or sometimes transform it into numerical ‘codes’ which can then be sorted using descriptive statistics, or sorted by theme using software such as NVivo (QRS International 2017). This approach formed the basis of development of standardised questionnaires

to measure depression and/ or anxiety such as the Hospital Anxiety and Depression Scale (Zigmond & Snaith 1983) or Beck's Depression Inventory (Beck, Steer & Brown, 2012). However, for research examining how the experience of depression might affect people's lives, a more exploratory approach using in-depth qualitative narrative or phenomenological methods would prove more helpful. Box 2 provides an example of content/thematic analysis used in a UK nursing study of women newly diagnosed with breast cancer to explore their lived experience (Tighe, Molassiotis, Morris & Richardson, 2011).

BOX 2. CONTENT/THEMATIC ANALYSIS IN UK CANCER NURSING STUDY

Tighe et al. (2011) describe a qualitative nursing study with 10 women who were newly diagnosed with breast cancer. A total of thirty nine interviews were undertaken over a one year period with a thematic narrative approach used in analysis. The research provided rich data on how women coped with treatment, their relationships and self-management of symptoms. Content analysis was conducted independently and across the data sets by three separate researchers. These three researchers first analysed one complete set of transcripts, then they agreed the core themes and coding framework, with a third party checking the interpretive coding process for all subsequent transcripts. The thematic analysis identified key themes linked to 'symptom experiences', 'coping and meaning' and 'relationships'. Within each of these, a number of subthemes were also uncovered. The authors identify that this study should provide a useful resource for supportive cancer care and highlight the needs of women that need to be addressed by health care professionals.

3.3 Interpretative Phenomenological Analysis (IPA)

Phenomenological methods aim to help make the implicit and more 'taken-for-granted' elements of our lives more explicit. There are several phenomenological qualitative research methods which have been developed from, or influenced by, the European phenomenological school of philosophy. In the UK, the most commonly encountered method over the past decade is that of Interpretative Phenomenological Analysis (IPA) developed by Jonathan Smith (Smith, 2008). IPA generally involves a detailed, interpretative analysis, usually through in-depth interviews where the researcher aims to explore the 'being-in-the-world' experiences. IPA was specifically developed to explore idiographic case-study data of people's subjective experience, their views and their feelings. The experience of the self is positioned at the centre of the exploration of people's living in the world; how people may feel about an issue, their illness, or events they are living through. A focus on the everyday using a phenomenological approach helps to highlight and uncover, or give access to, the inner meanings a person may bring to their feelings and their inner world ([www.ipa website](http://www.ipa-website.com)). With its clearly set out methodology and a rigorous approach, that is, at the same time, sufficiently flexible to suit a wide range of studies, IPA has become very popular as a method in health research, across all disciplines. Data are analysed in a cyclical way, with themes being identified and connections made in an orderly approach. Early themes may then be compared with themes from later data (perhaps from interviews) and tentative conclusions drawn until, in the light of later data, no new themes can be identified. It is described as a comprehensive method that identifies with the 'idiographic, inductive and interrogative' (Smith, 2008). Box 3 offers an example of IPA used in a UK midwifery setting to explore the inner world of mothers who have experienced a stillbirth and subsequent live birth.

BOX 3. UK MIDWIFERY BASED STUDY USING IPA

Üstündağ-Budak, Larkin, Harris & Blissett (2015) describe IPA applied to a purposive sample of six women who had experienced a stillbirth during their first pregnancy and who then went on to give birth to a living child in a subsequent pregnancy. A semi structured interview was chosen to gain a detailed picture of each mother's experiences. This interview was carried out by email to give participants time and space to remember and reflect on their own experiences without being overwhelmed. The written account was then analysed using interpretative phenomenological analysis. The IPA analysis identified three principal themes: i). 'Broken Canopy'; ii). 'How This Happened'; and iii). 'Continuing Bonds. Use of IPA enabled the researchers to focus on how mothers make sense of such experiences. Other study designs might have struggled to elicit the same depth of understanding.

3.4 Narrative and Discourse Analysis

Narrative analysis (NA) in nursing has many similarities as a qualitative research method with the study of narrative as a linguistic form (see discourse analysis below). A narrative approach explores people's use of stories, accounts of events, and experiences encountered to describe how we engage with, and encounter, the world we inhabit. This search for meaning-making about the world and about us shares some common features with phenomenological methods, of exploring our 'being in the world' (Brockmeier, 2009). By listening and attending to these narratives, the researcher may explore participants' life stories, or their accounts of experiences, such as illness, or hearing a diagnosis. One essential feature of a narrative is the existence of a connection between events, i.e. the story's structure contains a common thread, with each happening relating to what went before, and that sequence being a necessary component of NA (Esin, 2011, pp. 85). Elements of an account, when put together and combined, make the whole coherent and understandable (Riessman, 2008, p 81). Discourse Analysis (DA) adopts a more linguistic approach to the study of conversation and narrative stories. As the name suggests, it is predominantly interested in learning more about the finer nuances of communication, whether from a conversation or interview, or the content of documents. DA approach considers language from perhaps a single moment of speech or utterance (speech fragment) through to how people engage in conversation; or the delivery of a political speech where the rhetorical aspects, or 'message', are explored; or how people might use different local dialects. A nurse researcher using this approach may be interested in medical terminology. All these types of discourse represent aspects of how we socially construct our environment and relate to those around us, i.e. the lived-experience, right down to non-verbal points in conversation such as sighs, or length of a pause (Willig, 2008, pp. 96 – 106). One way of separating discourse analysis from other qualitative research methods, such as phenomenology, is that DA attempts to consider the role of language while other methods aim to examine how individuals might ascribe meaning to their lived-world experience, in conjunction with their interactions with their environment (Biggerstaff & Thompson, 2008; Smith, 2008). Interpretation and empathy are drawn upon in this approach in order to better understand human behaviour. Self-report can also prove a meaningful method. When trying to discover a particular meaning, the nurse researcher should ask 'what is this discourse doing?' (Willig, 2008, pp. 99). Narrative analysis is more widely used in UK nursing research than discourse analysis. Box 4 presents an exploration of caregiving experiences of spouse carers of people with advanced dementia using NA (Hennings, Froggatt & Payne, 2013).

BOX 4. USE OF NARRATIVE ANALYSIS IN A UK DEMENTIA NURSING STUDY

Husbands or wives of people with dementia living in nursing homes can find themselves in a position which is difficult to understand and live with as caregivers. Hennings et al. (2013) have explored the caregiving experiences of such spouse carers of people with advanced dementia through a longitudinal narrative study using three sequential interviews and diary accounts. Storytelling was encouraged by using broad, narrative-inducing questions in interviews and participants were also asked to keep a diary, making an entry at least weekly for 4 weeks. The nursing authors were interested to explore both what was said and how it was said, keeping a focus on the whole story so as not to lose its temporality (transience) or the person within the story. Interview transcripts and diaries were analysed thematically and key stories identified. Findings highlighted that the experience of caregiving is one of struggle to live in 'two worlds', the world of the nursing home and the world of wider society. The authors recommend that nursing home staff need to acknowledge spouse carers in their own right, inviting them to tell their stories.

3.5 Case Studies and Growth of Mixed Methods

Case study can refer to the holistic study of single or multiple cases (people/sites) or activity/activities and, in general, it is the qualitative approach of choice for studies of phenomena of known complexity. Although grounded in a 'real world' study of interactions and interdependencies, alternative perspectives may also be sought and compared through hypothetical modelling. A case study approach usually involves research as a lengthy process and most likely will require more than one method of inquiry. It also has links to action research that has frequently been favoured by UK nurses as a cyclical means of participatory problem-solving within clinical areas (Sparrow & Robinson, 1994). Depending upon the research topic's level of complexity, researchers may consider adherence to one or other of the above two paradigms to be too inflexible. Increasingly, UK researchers in nursing and many other disciplines now place their research problems at the centre of decision-making and draw on the benefits of both paradigms' theories to further their understanding (Johnson, Onwuegbuzie & Turner, 2007; McKenzie et al., 2006). Supporters of organizational case study and systems-led methodologies, designed to achieve the best possible evidence-

based outcomes, have found mixed (qualitative and quantitative) method research (MMR) to be both logical and plausible despite the potential for incompatibility between the outcomes from the two forms of data (Bryman, 2006; Cresswell 2013). UK studies also increasingly encompass a focus on the views of the patient using approaches such as experience-based co-design (Locock, Robert, Boaz, Vougioukalou, Shuldham et al., 2014). The use of more than one method, conducted either simultaneously or consecutively, is particularly helpful in generating a holistic picture of the topic under investigation, often by incorporating the perspectives of a particular person (via interview) to illustrate something that is held as a general viewpoint by a group of stakeholders (via survey). As such, the outputs from MMR may need to undergo the process of ‘triangulation’ whereby the findings from different data collection methods and sources are validated through a confirmation process. Theorists promoting organisational case study methodologies in particular, have claimed that the partnership between pragmatism and mixed methods now represents a third paradigm (Johnson et al., 2007). However, as pragmatism neither defines the ‘mix’ of methods nor justifies their use, several other authors recommend that justification of each method’s contribution should be described (Maxwell & Loomis, 2003). Box 5 contains an example of a case study approach in UK nursing education to explore Graduate Entry Nurses (Stacey, Pollock & Crawford, 2015) and a Mixed Methods approach used to understand “everyday work” in reconfiguring the emergency and urgent care workforce (Tsianakas, Harris, Ream, Van Hemelrijck, Purushotham et al., 2017).

BOX 5. CASE STUDY & MIXED METHODS USE IN UK NURSING RESEARCH STUDIES

Stacey et al. (2015) explored how Graduate Entry Nursing (GEN) students present and position themselves in practice in response to anti-intellectualist stereotypes and assessment structures. A longitudinal qualitative case study approach was conducted over 2 years with data collected from eight GEN students at 6 monthly points via diaries, clinical assessment documentation and interviews. Additionally, three focus groups involving 12 practice assessors were conducted at the end of the study period. A social constructivist lens was used to analyse this data which was then compared with a set of suppositions informed by existing empirical and theoretical debates. In this research, the case study approach was able to identify performance strategies adopted by the students to gain acceptance, reduce threat and be judged as appropriately competent by established practitioners.

Tsianakas et al. (2017) explored the feasibility and acceptability of a randomised controlled trial (RCT) of a community-based walking intervention to enhance Quality of Life (QoL) in people with recurrent/metastatic cancer. The study used a mixed-methods design comprising a two-centre RCT and nested qualitative interviews. Patient-reported outcome measures (PROMs) assessing QoL, activity, fatigue, mood and self-efficacy were completed at four time points. Ten participants (5 per group) took part in semi-structured telephone interviews exploring the acceptability of CanWalk, randomisation process and outcome measures. By evaluating study processes (rates of recruitment, consent, retention, adherence and adverse events), in conjunction with using end-of-study questionnaires and qualitative interviews, the researchers established that the intervention was acceptable, well tolerated and the study design was judged acceptable and feasible.

4. Recognised limitations to a qualitative research approach

The question of validity and generalization and their application to ‘real world’ qualitative research continues to be a source of debate. It has been suggested that the validity of qualitative research primarily lies in the rigour evidenced throughout the research process, without which:

‘.....research is worthless, becomes fiction, and loses its utility’. (Morse, Barrett, Mayan, Olson & Spiers, 2002, p. 2)

However, although trustworthiness is a test for rigour, this does not ensure that rigour has taken place. Instead, these authors recommend a process of *verification* (methodological coherence; iterative concurrent data and analysis; theoretical thinking, and theoretical development). This process requires that ‘checking, confirming, making sure’ and ‘being certain’ are mechanisms threaded through all stages of research to enable systemic error to be removed prior to analysis. By doing so, it is contended that reliability and

validity can be better ensured and hence rigour is given meaning (Morse et al., 2002). However, it is also noted that a lack of responsiveness from the researcher in providing this justification becomes:

'...the greatest hidden threat to validity and one that is poorly detected using the post hoc criteria of trustworthiness.' (Morse et al., 2002, p.11)

5. Conclusions

In UK health care, nurses are increasingly expected to provide reliable evidence for their work in terms of patients' health outcomes and satisfaction, and to be able to analyse their role in achieving these. An ability to decide what is reliable evidence and how best to gather this, requires mastery of both quantitative and qualitative research methods and an understanding of how these apply to nursing, which is a complex process in its intentions and interactions. Decisions about the best research approach for a study cannot be made based on the individual researcher's preferences, but must be informed by, and grounded in knowledge of how the research question can best be stated and experience of the methods which can best provide an answer. Introduction of the Qualitative Synthesis Method (KJ Ho), or the KJ Ho in general, to UK nurses will offer the opportunity to expand current qualitative analysis within a rigorous framework designed to explore complexity and find solutions to problems that may arise or are known. Similarly, an understanding of the qualitative approaches used by nursing researchers in the UK should help Japanese nurse researchers to better understand the potential value of KJ Ho internationally.

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