The qualitative research beginner is attracted to the joys of exploring the authentic experiences of his or her fellow beings. It may be a surprise to confront the complexity of the varying qualitative traditions. The purpose of this article is to demystify some of the more common traditions, and to give guidance to the qualitative beginner.

Qualitative research in nursing generally begins with the researcher's curiosity about some part of the health/illness experience. Time is then spent developing a clear statement of research purpose. The statement of purpose and resulting question or questions determines what follows (such as the tradition chosen with its underlying beliefs, the method, the selection of participants, the formulation of interview questions and other methods of data collection and analysis, standards of quality, and the form and potential uses of the research results) (Creswell, 1998; McCaslin & Scott, 2003) (see Table 1). Frequently, the same phenomenon can be studied using different traditions. For example, the attack on the World Trade Center could be examined from its effect on individual nurses (phenomenology), its effect of health care systems (grounded theory), or as an event in the history of nursing (history) (Creswell, 1998).

Over time, nurse researchers develop expertise in the use of particular research traditions and methods. There are numerous traditions, each with its own beliefs (Denzin & Lincoln, 2000). The researcher is attracted to the philosophical position underlying a particular tradition. While quantitative research is grounded philosophically in positivism (such as a belief in the existence of a constant, measurable reality), qualitative research traditions emerge from a range of beliefs. As examples, phenomenology has its origins in early 20th century German philosophy (for example, Husserl’s desire makes philosophy systematic or Heidegger’s questions about what it truly means to be human) (Sokolowski, 2000). From these philosophical positions emerged a tradition and methods designed to explore the deepest meanings of human experience (Munhall, 2001). In contrast, grounded theory methodology can be traced to the “Chicago School” sociologists in the 1930s and particularly in transactional analysis (Charmaz et al., 1996; Munhall, 2001). The grounded theorist sees human existence as characterized by patterns of social interaction. The researcher seeks to understand these patterns and develop middle-level theories to describe them (Strauss & Corbin, 1994).

Research Methods

Research methods flow from traditions and underlying beliefs. If the researcher wants to understand the deepest meaning of some part of human experience (phenomenology), then a sensitive relationship with participants is established. Participants explore and describe profound experiences. The researcher prompts this exploration and provides support in the process (Moustakas, 1994). If one wants to understand the process by which a group works with or solves a problem (grounded theory), then the researcher spends time with the group, observes and speculates about potential patterns, finds “experts” to interview about possible meanings and patterns, and continues testing and gathering data until a theory grounded in the data is developed (Strauss & Corbin, 1994).

Analysis of data and resulting research outcomes flow logically from the above process. In most qualitative traditions, analysis is concurrent with data collection. The researcher “listens” to the data, develops hunches, further explores, rechecks, verifies ideas with multiple sources, and gradually develops the final research product (Miles & Huberman, 1994). Rigorous standards exist within each tradition for the evaluation of research quality (Creswell, 1998). Outcomes are used first to foster understanding. Understanding as an outcome of nursing research only seems trite until one contemplates nursing practice in its absence. Beyond understanding, qualitative outcomes may result in theories to be tested, program evaluations, further recognition of history in shaping and being shaped.
### Table 1. Representative Qualitative Research Traditions in Nursing

<table>
<thead>
<tr>
<th>Question</th>
<th>Tradition</th>
<th>Underlying Beliefs</th>
<th>Method</th>
<th>Outcomes/Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was it like to...? How did you feel when...? What did you think about...? How did you live through...?</td>
<td>Phenomenology</td>
<td>Human beings are innately self-interpreting and capable of reflective description of their perceptions (Streubert &amp; Carpenter, 1995).</td>
<td>In-depth interviews with those who have experienced a phenomenon. Attunement to the lived experience of the other with abandonment of preconceptions. Understanding emerges as common themes are identified across narratives until a description of the essence emerges (Munhall, 2001).</td>
<td>A powerful, succinct description of the essence of the phenomenon resulting in insight and sensitization for the nurse-reader. Modification of nursing interventions so as to reflect insights (Munhall, 2001).</td>
</tr>
<tr>
<td>How did you make sense of...? What are the patterns of...? How were you affected by the change in...? How do you solve the problem of...?</td>
<td>Grounded Theory</td>
<td>Human beings act and interact in order to solve problems, stated and unstated (Hutchinson &amp; Wilson, 2001).</td>
<td>Initial participant-observation and interviews. Speculation about possible meanings and relationships among meanings. Further exploration and testing of hypotheses with those with special knowledge of some part of the phenomenon (Hutchinson &amp; Wilson, 2001). Analysis is concurrent and intrinsic to the data-gathering process. Ultimately, a theory emerges from the ongoing process of testing hypotheses about the data (Streubert &amp; Carpenter, 1995).</td>
<td>Middle range theory explicating “patterns of action and interaction between and among social units” (Strauss &amp; Corbin, 1994, p. 278). Testing and application of theory to clinical practice (Munhall, 2001).</td>
</tr>
<tr>
<td>How is the unit unique? In contrast, how is it particularly illustrative?</td>
<td>Case Study</td>
<td>The experience of a specific individual or larger unit (family, class, village, event, etc.) in its context can illuminate wider issues (Stake, 1994).</td>
<td>Unit may be typical, critical, or unique. Observations, interviews, self-reports, documents, questionnaires, records, artifacts, etc. Triangulation of data from multiple sources supports validity of findings (Stake, 1994). Generation or testing of theory/hypotheses. Simultaneous collection and analysis of data. Development of an organizational schema for the data. Deconstruction, synthesis, and interpretation resulting in a description of the case (Mariano, 2001; Stake, 1994).</td>
<td>Profound insights and understanding when little is known about a health-related phenomenon (Stake, 1994).</td>
</tr>
<tr>
<td>What happened? Why? What forces shaped events? How did individuals or groups interact with, shape, and were shaped by these forces? How did what happened shape today’s world?</td>
<td>History</td>
<td>All or present experience has emerged from and been shaped by multiple prior forces, and in turn, molds what is to come. History confers an identity, both personal and professional (Fitzpatrick, 2001).</td>
<td>Clear indication of the researcher’s approach including biographical, feminist, critical theory, etc. Systematic exploration of primary sources such as interviews, autobiographies, diaries and letters, and secondary sources including newspapers, books, witnesses, etc. Gathering a wide range of relevant materials such as artifacts, tools, clothing, media, etc. Verification of emerging assumptions from multiple sources. Artistic interpretation and description. Recognition of the integration of the subjective and objective in the description (Denzin &amp; Lincoln, 2000; Fitzpatrick, 2001).</td>
<td>A work that fosters recognition of nursing’s role in world events, contribution to society, and particularly, to the place of women. Biography fosters emergence of prototypes for today’s leaders (Fitzpatrick, 2001).</td>
</tr>
<tr>
<td>What does the group value? What does the group think about...? What are the traditions of...? How does the group handle...?</td>
<td>Ethnography</td>
<td>Culture is the acquired behavior of a group over time. Culture profoundly shapes all of our customs, rituals, beliefs, and attitudes. A culture can emerge in any social unit (Germain, 2001).</td>
<td>Prolonged dwelling with a group over time. As detailed a description of the culture as possible from the emic (that of the member’s) perspective. Nursing ethnography focuses on how the culture interprets aspects of human development, socialization, gender roles, health and illness, birth, and death (Germain, 2001).</td>
<td>Description of the culture providing a foundation for the development of nursing interventions that are culturally sensitive and therefore effective (Munhall, 2001).</td>
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*continued on page 422*
by the nursing profession, acknowledgment of oppression, concept identification, or a myriad of other uses (Streubert & Carpenter, 1995).

Whether one chooses to actually do qualitative research or simply to be a consumer, the exploration of qualitative studies can be a powerful, satisfying experience. It is hoped that this work and the series of which it is a part, will encourage readers to further explore this exciting branch of nursing research.

References


