Describing and exploring qualitatively: Being real, getting change

Merilyn Annells

18 September 2007
Greetings from La Trobe University
Nursing is modified by the era in which it is practiced
(Virginia Henderson)

Similarily - ‘Research’ is modified by the era in which it exists
Trend these days
(re Nursing & Midwifery Research)

✓ Mixed Methods
✓ Quantitative Methods

Qualitative Methods (may have elements of quantitative research):
✓ GT
✓ Phenomenology
✓ Ethnography
✓ Others
✓ Descriptive exploratory qualitative

LA TROBE UNIVERSITY
Descriptive Exploratory Qualitative Research

In regard to nursing & midwifery research
Variously named e.g.:

- ‘Qualitative research’
- ‘Descriptive qualitative research’ or ‘qualitative description’
- ‘Interpretive description’
- ‘Exploratory qualitative research’
- Incorrectly labelled as other methods
- ‘Used a grounded theory approach’
- Not ostensibly labelled
Legitimation status

- Rarely privileged (or mentioned) in nursing & midwifery research texts
- A drought of text books on such (some generic books on qualitative research per se)
- Some journal articles re methods – e.g.
Purpose

Inquires about what is really happening out there to:

- Identify pertinent issues or factors
- Describe the issues or factors (as concepts)
- Explore the issues or factors

Usually presents the issues as categories and subcategories of concepts

Some of the research may be more descriptive than exploratory

The research is usually context dependent and about a substantive area
Function

Is about ‘getting change’ positively re:

- Health, wellbeing and QOL
- Responses to health issues
- Human action and interaction
- Multi-dimensionality of the person

That is, results can be directly implemented in practice for assessment, planning, interventions and evaluation.

Also:
- May inform further qualitative research
- May identify ‘variables’ for quantitative research
- May answer questions raised by quantitative research
- May complement quantitative research (in mixed methods)
Foci

Typically focuses on either:

- **patients/clients**
  e.g. The nature of symptoms experienced by women during their myocardial infarction (Albarran et al. 2007)

- **health care professionals**
  e.g. Nurses’ views of nurse-delivered vestibular rehabilitation in primary care (Walsh et al. 2007)

- **family/informal carers/significant others**
  e.g. How information influences hope in family members of traumatic coma patients in intensive care units (Verhaeghe et al. 2007)

- or combinations thereof.
What is provided regarding level of interpretation?

- Description
- Conceptual Ordering

but not an Explanatory Scheme
May be motivated by such as:

- Frustration regarding poor outcomes
- The need to justify actions or care provided
- Required problem solving or to meet a specific need
- Needing to evaluate care/programs
- Wanting to implement a useful change
- Evidence Based Practice
Flexibility with research processes

- Sample & Sampling
- Data collection methods
- Data analysis methods
  - e.g.
  - Fracturing, grouping & ordering (e.g. Sandelowski 2000)
  - Circling & parking (e.g. Thorne et al, 1997)
  - Letter-boxing (option re Sandelowski 2000)
  - Magnifying glass
  - Layering & comparing
- Data collection & data analysis – sequential or interspersed
What can be used from Grounded Theory Method

- conceptual sampling
- constant comparative data analysis
- concept sensitivity
- memo-writing
- concept saturation
Currently 6 broad opinions (positions) that can be considered:

- **Position 1:** Methodological criteria
- **Position 2:** Parallel methodological criteria
- **Position 3:** Multiple criteria, usually ‘method specific’ (none yet for descriptive, exploratory qualitative research)
- **Position 4:** Fresh and universal criteria for qualitative research
- **Position 5:** Each qualitative research project develops suitable, justified criteria
- **Position 6:** No criteria!
Results presented as:

- Hierarchical conceptual components (a table) - common
- A diagram - sometimes
- A narrative summary (story-line) - rarely
- A lengthy but succinct narrative in sections with headings, according to categories (full explanation with illuminative quotes and possibly examples) - always

Combinations possible
An example of

*Descriptive Exploratory Qualitative Research:*
Compression bandaging in venous leg ulcer care: Community nurses’ perspectives on enablers and constraints

2005-2006
Section of a larger project

Funding received by The Angior Family Foundation enabled:

1) Wound Best Practice Protocol/ Education
2) Antimicrobial Randomised Control Trial
3) Compression Bandaging Qualitative Study
Compression Bandaging Study

Research Team: Janine O’Neill, Charne Flowers & Merilyn Annells

Research Question: What are the reasons for use or non-use by RDNS district nurses of compression bandaging, a best practice component of leg ulcer management
Why do this study?


Found that: nurses often have a vacillating attitude towards the application or not of compression bandages despite guidelines from RCN (1998) because of:

- diagnostic caution
- potential to cause harm
- ‘non-compliance’
- working at the level of expert practitioners where clinical judgement was deemed to be also important, not just application of evidence or adherence to guidelines.
Leg ulcers

- Problem affecting 1.1 to 3.0 per thousand of the adult population
- Annual cost of treating leg ulcers is estimated at A$3 billion
- Healing rates may be as low as 22% and re-occurrence rate reported to be as high as 69%
- Lower limb leg ulcer associated with report of pain (71.4%)
- 4,087 episodes of leg ulcers (p/a) 26.8% of all wounds seen by RDNS

Compression bandaging is best practice for venous leg ulcer care
Methods

- Descriptive Exploratory Qualitative Research

- Sample of 28 district nurses (RNs who provide care to clients with leg ulcers),

- 12 in-depth, semi-structured individual interviews / 1 focus group interview (with 10 participants)

- Used conceptual sampling, constant comparative data analysis, memo-writing, nVivo, stopped at concept saturation
Results

8 Major Categories:

1) Knowing about compression
2) Is it venous?
3) Compression bandaging is chosen
4) A willing client
5) A non-willing client
6) Strategies to convince
7) An alternative is chosen
8) Associated Care
Results

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7) An alternative is chosen
8) Associated Care
4. A willing client

Subcategories:

- Accepting education
- Trust in nurses
- Client motivation
- Seeing improvement

“… they have to be willing, and I think you have to arm them with the knowledge in order to be accepting of it; but, in most cases, if you do provide them with the advantages compared to the disadvantages, they’ll take it up every time. Yeah, but they have to be willing.” (Interview F)

“She kept wearing them, and I think she trusted the nurse and she trusted that it was, she knew it was doing good....” (Interview K)

“And a lot of them just really have a desire. I don’t think a lot of them have a great deal of knowledge about venous ulcers unless they’ve had, you know, a lot of them in the past. But, it’s a strong desire to get better, to get rid of the ulcers and not have them recur.” (Interview I)

“But, he’s putting up with it because he can see that it’s helping and he’s willing to.” (Interview E)
Results

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2) Is it venous?
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4) A willing client
5) **A non-willing client**
6) Strategies to convince
7) An alternative is chosen
8) Associated Care
5. A non-willing client

Subcategories:

- Pain and discomfort
- Too hot
- Skin problems
- Hygiene problems
- Mobility and safety problems
- Social isolation
- Loss of independence
- Prone to soiled bandages

- Cost
- Mixed messages received
- Negative experience in the past
- Disbelief in efficacy
- Not actually wanting healing
- Dementia
- Unknown factor
5. A non-willing client cont.

“Often people are quite resistant to using it, or they find that it’s very painful, and sometimes you have difficulty getting them to keep it on. They’ll take it off or they’ll refuse to wear it, so that can get frustrating.” (Interview H)

“…you know, they can’t have a shower, it bugs a lot of people, …mucking around with plastic bags is a pain in the neck, because everything gets wet all the time.” (Interview B)

“…with the shoes, they have to wear certain types or buy a pair of slippers to fit, …and they may not want to go out in the street with slippers, so they might stay home bored …” (Interview K)

“Cost is a really big one; a huge one for the clients.” (Interview J)
Results

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8) Associated Care
6. Strategies to convince

Subcategories:

- ✓ Client education
- ✓ ‘Try it and see’
- ✓ Phone or visit next day
- ✓ Continuity of nurse
- ✓ Client control
- ✓ Get the family involved
- ✓ Get the doctor involved

- ✓ Start low and work up
- ✓ Remove a layer if painful
- ✓ Serial wound tracings
- ✓ Use of padding and tape
- ✓ Encourage analgesia
- ✓ Jocular reward

“I think the best strategy that I’ve come across is just to explain the reasons why. Like, if they’re competent enough to, you know, absorb all that information.”

(Interview L)

“‘Hey, let’s try it for a week… and if we get some improvement in a week, maybe you might be happy to use it’” (Interview I)

“‘What about if we schedule a visit, an extra visit, so I’ll put it on today and I’ll come back and see you tomorrow and see how you found it?’ Those sorts, so you can often make sort of short term adjustments.” (Interview A)

“So, I’ve had positive outcomes with, you know, being consistently with, you know, with the same client.” (Interview L)
Recommendations x 19

- **7 Broad** – e.g. That national guidelines are established for the care of venous leg ulcers and the use of compression bandaging, and that these be disseminated across health sectors.

- **3 for Service Delivery** – e.g. That venous leg ulcer management is facilitated through availability of sufficient time allocation for care delivery and also through continuity of care.

- **4 for Clinicians** – e.g. That clinicians have a repertoire of strategies to convince clients to be willing to commence and continue compression bandaging.

- **5 for Further Research** – e.g. That research is conducted to test the efficacy of strategies that can be used to convince clients to be willing to commence and to continue compression bandaging.
The Australian Wound Management Association is developing national clinical practice guidelines for venous ulcer management – the compression bandaging study results are being taken into consideration regarding content.
The Future of Descriptive Exploratory Qualitative Research

- New ‘major players’ in the methodology debate about Descriptive Exploratory Qualitative Research will arise.
- Processes from GT method will be popular but not essential.
- Will have considerable flexibility re method.
- Will continue to evolve.
- Evolution will be linked to the evolution of qualitative research.
- Will be used more and more.
- May become several versions or modes.
- May become the dominant qualitative research method in nursing and midwifery – and perhaps in other disciplines.
- Could even be considered as nursing & midwifery’s own method, depending on emphases and proponents.
Happy Researching