

## Common Perspectives in Qualitative Research

Marie Flannery, PhD, RN, AOCN®

Flannery is a research assistant professor in the School of Nursing at the University of Rochester Medical Center in New York.

No financial relationships to disclose.

Flannery can be reached at Marie\_Flannery@URMC.Rochester.edu, with copy to editor at ONFEditor@ons.org.

Key words: theory; qualitative research; concepts

ONF, 43(4), 517–518.

doi: 10.1188/16.ONF.517-518

The broad umbrella term *qualitative research* encompasses many different designs and epistemologic positions. Qualitative research is defined by Powers and Knapp (2006) as “a broad cover term for many different traditions concerned with the study of human experiences in and in relation to the natural contexts within which they occur for the purpose of understanding person’s responses and meanings they bring to the experience” (p. 139). The definition by Denzin and Lincoln (2000) is “a humanistic commitment to study the world always from the perspective of the gendered historically situated, interacting individual” (p. 1047).

The primary purpose of this column is to focus on several common core concepts that are foundational to qualitative research. Discussion of these concepts is at an introductory level and is designed to raise awareness and understanding of several conceptual foundations that undergird qualitative research. Because of the variety of qualitative approaches, not all concepts are relevant to every design and tradition. However, foundational aspects were selected for highlighting. Sandelowski (1993) emphasized the contrast in theory in varying qualitative design with a traditional theory placement in a quantitative manuscript and highlighted the integral and scholarly nature of the conceptual orientation shared in qualitative work. The

qualitative researcher’s conceptual orientation is revealed in a myriad of ways; the ways in which the problem under study is framed and the literature presented in the background section provide an orienting framework.

### The Context of the Study

One essential concept in all qualitative designs is the context, the natural setting in which the phenomenon or clinical issue of interest is examined. The setting matters because, when an individual is removed from the natural setting in which the problem of interest occurs, it changes. For example, if the topic of interest is how individuals cope with side effects at home, observations and interviews would be made in the home setting. A qualitative study rarely would be done in a laboratory setting; therefore, the plan is to collect data in the natural or field setting. Underlying these design and data collection choices is the conceptual foundation of the importance of context in gaining an understanding of the phenomenon of interest. Closely related to context, a holistic orientation is often present in qualitative research. This conceptual orientation rests on the premise that the whole is greater than the sum of its parts. An understanding of a phenomenon does not come from studying its individual parts. The concepts of holistic orientation and

context often ring true with nurses because they are implicit in the practice of caring for individuals and are seen as core components of the practice of nursing.

### Relationship of Researcher to Participant

In qualitative designs, the relationship of the researcher to the research is explicitly thought about, the researcher is not a detached or blinded objective observer. Rather, the researchers are aware that their presence is influencing the participant or the context of the clinical problem they are seeking to understand. This is one reason that field notes or memos are included—to record the researchers' responses during the conduct of research. Thoughtful consideration is given to what the researchers are thinking or feeling while they are observing or interviewing that may influence their interpretation of the data collected. This relationship often is explicitly stated in qualitative manuscripts, and actions to understand the potential influence on the study findings are examined. *Reflexivity* means that researchers continually examine how their preconceived notions—what they already know—are influencing the study of the clinical phenomenon (Powers & Knapp, 2006).

In some qualitative traditions, researchers may “bracket” what they know about the phenomenon under study. Preconceptions about what is being studied, the a priori knowledge that the researcher holds, are identified and set aside or bracketed so that an unbiased understanding can be obtained.

Bracketing specifically is associated with phenomenology, although philosophers and researchers differ on whether they believe this is actually achievable or helpful to understanding. Sandelowski (1993) argued that this position has led to a mistaken belief that qualitative research is atheoretical.

### The Voice of the Participant

Another underlying core concept is to capture the participant's own words and voice in understanding the clinical problem. Therefore, open-ended, long, and, sometimes, serial interviews are used. Using any standardized measures or questionnaires would be unusual. The study is not designed with a preexisting theory because what is important to know will be revealed through the participants. Excerpts of participants' descriptions often are included in the results to support themes that have been identified by the researcher.

### Sampling

The sampling plan and sample size in qualitative research often reveal a specific conceptual orientation. Specifically, the sample size often is estimated but not precisely predetermined. This is because the conceptual orientation to the data is that what is going to be found is not known until it is found. The sampling method often is used to seek out individuals who have knowledge and experience of the clinical problem under examination and who are able to speak about the experience (or allow observation). When the goal is to reveal

patterns in the findings, how many individuals or observations will be required to reveal the pattern cannot be predetermined.

### Conclusion

The breadth and range of potential designs in the broad field of qualitative research make the identification of shared conceptual foundations challenging. The content presented is meant to stimulate thinking about concepts while reading research from this tradition. As an ongoing column for *Oncology Nursing Forum* readers, submissions from qualitative researchers that can add depth and specificity to the conversation about the conceptual foundations of specific qualitative traditions and designs are welcome.

### References

- Denzin, N.K., & Lincoln, Y.S. (Eds.). (2000). *Handbook of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Powers, B.A., & Knapp, T.R. (2006). *Dictionary of nursing theory and research* (3rd ed.). New York, NY: Springer.
- Sandelowski, M. (1993). Theory unmasked: The uses and guises of theory in qualitative research. *Research in Nursing and Health*, 16, 213–218. doi:10.1002/nur.4770160308

### Authorship Opportunity

Conceptual Foundations provides readers with an overview of the role of conceptual frameworks in the research process. Materials or inquiries should be directed to Associate Editor Marie Flannery, PhD, RN, AOCN®, at Marie\_Flannery@URMC.Rochester.edu.