PART I

The Qualitative Perspective

In Part I of this edition of *Nursing Research: A Qualitative Perspective*, I invite you to contemplate the emergence of qualitative research in nursing, from the past to this most exciting time in our ever expanding history of qualitative research, where there seems to be a heightened search for meaning and understanding within the context of being. Today, more than ever, we see how individual meaning and understanding are fundamental to the caring and compassionate practice of nursing. In this section, the "why" of this will become explicit to you.

The chapters in this section provide you with the essential philosophical, epistemological, and contextual foundations critical to the doing of qualitative research. From the first chapter, which is a brush stroke of the landscape of qualitative research, to the last chapter of this section, which discusses contemporary postmodern philosophical thought, you should become grounded in the historical, the linguistic, the "how we come to know things" of epistemology and the philosophical underpinnings that comprise the qualitative research perspective. In the beginning of this section, you might encounter a newness of perception that might require you to reread different parts to gain a better understanding. The philosophical underpinnings of qualitative research does require a shift in perception from the positivist perspective. I think you will find it a most dynamic and humanistic shift!

I hope you will immerse yourself in these four chapters to the extent that you can actually feel what it means to be coming from a qualitative perspective. The paradigm shift in your thinking or worldview will be palpable! When you hear or perhaps you say, "I am coming from a qualitative perspective," you will understand the meanings underpinning this very profound way of seeing and understanding being and experience.

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The Landscape of Qualitative Research in Nursing

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I want to welcome you, the student, as well as the faculty member who is guiding this study, to the landscape of qualitative research in nursing. Oftentimes when reading a text such as this the first question one might legitimately ask is, "What is qualitative research?" In this volume you will find many definitions, perhaps each differing in some ways, reflecting the many ways of defining or perceiving qualitative research. In fact each method included in this book will have a definition for the specific method. However, characteristics of qualitative research, or tenets, if you like, follow through all qualitative methods. I like this way of perceiving qualitative research because I have long supported the proposition that definitions limit possibilities. Definitions can box people into a formula, which is the antithesis of qualitative research.

What I hope to do as I describe the landscape of qualitative research as I perceive it to be lived today is to include in this discussion the various components, beliefs, values, and characteristics that comprise qualitative research. So, there will not be a one-sentence definition but instead an evolving sense of what qualitative research is, demonstrated throughout this chapter. When I write something that is not from a qualitative perspective, I will call your attention to it as distinct and probably belonging to the quantitative methods of research. Otherwise, this chapter is a reflection of the qualitative perspective, which shows itself through the content.

My intention in this chapter is to provide a holistic description and explanation—to the extent that one chapter can permit—of the qualitative research

perspective in nursing and relate the discussion to your own world. I encourage you to begin thinking from a qualitative perspective as you read because this will help you understand the following chapters. Try to incorporate the concept being discussed into your thinking to other instances of a particular idea or activity.

For example, have you noticed that the first person "I" is being used? Qualitative research is known for giving voice to people, to hearing people's own personal narrative and using the *language of our participants* in research. Often, this is distinct from quantitative research, where, for example, a questionnaire might be derived from a theory developed by a researcher (for example, the Myers-Briggs Type Indicator). The outcome of this test, like other psychological measurement, results in the language of the researcher in the form of a category, stage, or type as a result of answers provided by participants. The voice of the person is for all practical purposes lost. So, in this class, if that is the case, or while reading this text, give yourself voice by using *I*: I see the world this way and I interpret the experience this way. Give your subjective experience voice. In this way you will also learn to give your research participants their voice, encouraging them to use their "I" and seeing through their eyes.

This chapter includes many cross-references to other chapters that explain specific concepts in greater depth. I want to reassure you that ideas discussed in Chapter 1 are further elaborated upon throughout the entire book. So, in reading this introductory chapter, please know that concepts that may seem puzzling now are covered in later chapters.

The Irreducible You

In this chapter and throughout the book, I hope you find the landscape you are traveling across interesting and stimulating, the methods challenging, and the exemplars revealing as well as quite meaningful. But let's begin with you, a place where thinking qualitatively is a natural place to start.

This might be your second or third course in nursing research, and you may have been introduced to qualitative research methods in your first course, which I assume was an overview. Here, I would like to emphasize one of the most important characteristics of qualitative research: Do not make assumptions! To demonstrate how assumptions made at the very beginning of a study could lead to erroneous findings, let's examine what might be wrong with this paragraph.

First, I do not know how many courses in research you have already had, if any! A second erroneous assumption I have made is that you may have had an overview of qualitative research. Preparing this chapter, I found many fundamentals of nursing research textbooks that did not address in any way qualitative research (which, of course, I find very distressful for many reasons, the

most important of which is that it deprives you of the possibilities, pleasures, authenticity, and meaningfulness that come from qualitative research).

I suggest that not making assumptions is a very good idea for any endeavor in which you are involved. The practice of not making assumptions indicates that qualitative research is very close to real-life experiences, not ones that are assumed, which often means not based on anything but conjecture. Sometimes assumptions can reflect prejudice, biases, and stereotypes that, when acted upon, can be very unjust, unfair, and lead to all sorts of poor judgments. That is the downside of assumptions. Sometimes people make positive assumptions. Be wary of these, too!

Many introductory nursing research courses emphasize the scientific method, sometimes referred to as quantitative methods. You might remember discussions of independent variables and dependent variables, sampling techniques, statistical methods of analyzing data, and rules for reliability and validity, among other essentials of the scientific method.

Can you remember the difference between an independent variable and a dependent variable? For some reason, students find this distinction troublesome, perhaps because it does not actually follow real-life experiences. Experience is so multifaceted that breaking it down into parts, such as independent and dependent variables, does little to contribute to understanding the whole. David Bohm (1985), who calls this the implicate order of organisms, states: "The word implicate means to enfold, in Latin, to fold inward. In the implicate order, everything is folded into everything" (p. 12).

The Irreducible Whole

Another critical component of qualitative research is its emphasis on holism and what Bohm (1985) calls the constraining grip of objectivity as a myth. Not only is an individual a holistic system, but he or she is much more than that: The individual is engaged in the world of others, in interacting worlds of experience. We come to see that qualitative research does not practice reductionism, does not reduce human beings or experiences to parts that require separate investigation. That we leave to quantitative researchers, who do remember the difference between independent and dependent variables! Variables are parts that, in the strict scientific worldview, influence other parts and are reduced from the whole. An example might be when we ask, "Is there a relationship between exercise and obesity?" A simple quantitative research project would distinguish two variables. Objectivity would play an important part in choosing the sample population so it is homogeneous and results can be generalized, meaning they can be applied to other like individuals.

In contrast, a qualitative researcher might even call this project the experience of obesity and view obesity as a holistic phenomenon of not only embodiment,

the unity of body and mind, but also the *unity of self with others and the environment*. What is very interesting and very distinctive is the focus of qualitative research on subjectivity and intersubjectivity. Stolorow and Atwood (2002) describe this as: "the subjective world of the individual as its central theoretical concept, envisioning the world as evolving organically from the person's encounter with critical experiences that constitute his unique life history . . . the perspective toward being" (p. 2). What does this mean? We know what it means because we subconsciously think this way and our lives unfold this way. We just may not have reflected on subjectivity and intersubjectivity before as concepts. As individuals we each have a perspective of ourselves and the world. This is the reason why we might agree or disagree with others, because others also have a perspective, or a subjective world, their own subjective perspective. Other words to describe this perspective might be a worldview or paradigm (discussed in Chapters 2, 3, and 5).

Our own subjective world evolves from all our previous experiences: our experiences as a child; our relationship with parents, siblings, and friends; the culture we grew up in or are currently a part of; the time in history we are situated in; the country, state, and town we are living in; our age; and the list goes on. The subjective perspective is the result of our experiences and forms the context of where we are at present. This is sometimes called the *situated context*, another critical consideration in qualitative research. Taking into consideration the situated context of participants in a study is imperative. Who they are is taken very seriously. More than just demographics, they are people who differ because of their subjective perspective, which evolved from their experiences. Considering the situated context demonstrates respect for these individuals by acknowledging their uniqueness and taking into consideration their personal narratives (an illustration of two subjective worlds can be found in Chapter 6).

The Situated Context

I would like to demonstrate a situated context that might apply to you and your colleagues. Let us begin with the personal and your probable context, the place you find yourself right now. Most likely, part of your context is that you are studying at the master's or doctoral level of nursing. I acknowledge here all the assumptions I am making, and this is not how I would conduct qualitative research, I would instead want to know the authentic situated context of the participants in my study. Actually, authors make all sorts of assumptions about readers (like I am doing); in fact, it is essential to ensuring that a book will be useful to its audience. Paradoxically, though, it does not always work out correctly because readers most often have had different experiences, even if they have been classmates for the past 3 years. Most important, students are different from one another, learn differently, and remember what they value

most, which varies from individual to individual. I emphasize this more when we discuss right-sided and left-sided brain dominance; more and more brain research seems to bear out very different characteristics of each side of the brain.

In Chapter 5 on the phenomenological method, I argue that one needs to "be" phenomenological to conduct that kind of research. But as you can see, one might "be" qualitative in perspective when writing, speaking, and most importantly delivering nursing care, whether as faculty, administrator, or practitioner so actually "being" phenomenological has implications far beyond research. Thinking qualitatively is thinking of holistic beings that cannot be understood by reducing them to parts; each has a distinct situated context that will influence the individual's subjective world, perspective, and use of language. Perhaps this stance can be summed up by Bohm (1985) as he discusses enfoldment: "Language is implicit in feelings and thoughts . . . and words . . . move towards mutual enfoldment. Thoughts and feelings also enfold intentions" (p. 16).

For instance, it was not my "intention" to digress from considering your situated context, but obviously I kept writing words and using language that was in the moment reflecting thoughts and feelings that led to an intention to discuss "thinking qualitatively" which I thought was important. Now I return to your situated context!

Your Situated Context

When you first started your undergraduate education, I imagine you were not aware that nurses conduct research. I wonder how many of you went into nursing to do research! If you had a sister or friend, you may have had advance knowledge, but for the most part you did not enter the profession of nursing to become a researcher. And here you are, most likely in a class studying research and perhaps preparing now to do research.

Congratulations! Research is so exciting and rewarding when you contemplate the wondrous idea that something not known is going to be found out by you or by the group you are working with. You are actually going to be creating and contributing knowledge to the discipline of nursing. You have the opportunity to improve the quality of life for others, to prevent hardship, to liberate people, to further understanding of life's mysteries of experience . . . indeed these are tasks of no small consequence.

If you had entered a field such as physics or chemistry, you would have known at the outset that you were going to become a scientist, and indeed that would have been your dream. You would have already developed a propensity for logic and the rationality of the scientific method. You would have had visions of yourself in a white lab coat with microscopes and measuring tools around you. This would have been a focused choice for you: a vision of yourself

more grounded in the expectations of your chosen field. Yes, you might also teach as a scientist, but you also knew you would be doing research. This is a field you could enter if you wanted or indeed were excited about doing research.

How different, then, for you and your colleagues in nursing. You enter the nursing profession with visions very different from our physics and chemistry friends. For the most part, you're not aware that nurses do research, and when you happen to hear that you are required to take nursing research courses, you could not imagine what nurses research. So, the initial socialization of nurses, from the perception of others (guidance counselors, peers, parents), is that nursing usually does not include research.

In your class ask how many of your colleagues, when they said, "I am going to be a nurse," heard, "Oh, that is wonderful—perhaps you will become a nurse researcher!" What most incoming nursing students envision is caring for people in need. It is not trite to say that the reason I went into nursing is that I wanted to help people. I think most students picture a more hands-on profession, perhaps encouraged by the media. I don't recall any episodes of hospital dramas showing nurses going off to do research, or nurses announcing that they are ready to start a research project. Way back when I was younger, there was a book series about a nurse, Cherry Ames . . . she was many things, but never *Cherry Ames: Nurse Researcher*!

At the undergraduate level, when you were introduced to the reality of research in nursing, the standard research textbooks, which are larger than this one, included perhaps 1 chapter out of 30 on qualitative research. A situated context had been created for you in which entering nursing students do not have awareness that research is a part of the nursing role. And then, when the research role is introduced, the scientific method of the natural sciences seems to be the method of choice for research. You have probably found that the most prevalent worldview, paradigm, or model for research in nursing is the scientific method.

A Fluke

Now another fluke that makes nursing students different in regard to research is that most will not make a career in research, unlike the aforementioned physics and chemistry students. Few will ever be solely nurse researchers, and those who do research will share their time between other responsibilities, such as being a faculty member. Because of these differences, your educational preparation does not include the inherent faculty–student expectation of research mentorship, where research is often the primary goal of education, as it is in the natural sciences. This is also part of your situated context.

Yet, research has become one of the many goals of your nursing education. Nurse educators expect you to read, critique, and utilize nursing research, and

indeed the quality and effectiveness of your practice depend on keeping abreast of the new knowledge in the field.

However, is it realistic to think that graduates of undergraduate schools can understand and critique research? Especially if it is presented in an advanced mathematical format, which the student has had little preparation to understand? One course in research at the undergraduate level, not to mention statistics, usually conjures up confusing memories for most graduates. This I have observed many times, so it is not an assumption, so to speak! However, it does not apply to everyone (another point about assumptions, even if they appear well grounded).

You now find yourself in graduate school. You are finding research discussed and focused on in much greater depth. You are told that you are the future nurse researchers and are the ones who will make the changes necessary to address the critical problems that individuals at all developmental stages and throughout the healthcare delivery system present.

In this textbook, you will be introduced in much greater depth and detail to qualitative research, the philosophical underpinnings, methods, outcomes, and how critical this perspective of research is to our understanding of human experience. This book represents a continuing conversation on qualitative research, which started before 1987, the year in which the first edition of this book was published. The interest, growth, and recognition of the value of qualitative methods for nursing research are evident in the enlarging conversation, which has grown from an original 288 pages of the first edition to the 584 pages of this fifth edition. Today we have journals, conferences, and classes specifically focusing on qualitative research. The acceptance of qualitative research as legitimate in the discipline of nursing was not an easy task to accomplish, and even today some nurse researchers, journals, and granting agencies still place paramount importance on the scientific method and its worldview, even though I (and many others) have argued often that they are not congruent with our philosophy (see Chapters 2 and 3). However, I do believe that the Scientific Method, with capital letters, has its place in nursing research, as I do believe Qualitative Research Methods have. They lead us to different places, ask different kinds of questions, and together can provide a multifaceted view of human experience.

Broadening the Landscape

You might wonder what characteristics of qualitative research are different from the scientific method (from this point on, the capital letters are removed to indicate it is just one more method to be used, not *the* method). We have mentioned a few, such as not making assumptions, the concept of holism, the critical importance of the situated context, and the all-important worlds of subjectivity and intersubjectivity.

The qualitative research perspective recognizes the influences of a dynamic reality rather than a static one with the following five points, as articulated by Beneloiel (1984). These five points will help you differentiate between the scientific method approach and qualitative approach:

> Social life is the shared creativity of individuals and their perceptions.
> The character of the social world is dynamic and changing.
> There are multiple realities and frameworks for viewing the world: The world is not independent of humankind and objectively identifiable.
> Human beings are active agents who construct their own realities.
> No response sets are highly predictable. (p. 4)

Furthermore, in distinguishing between the two paradigms, it is important to understand that nursing is a human science. According to Dilthey (1926), the human sciences are to be distinguished from the natural sciences because of critical and fundamental differences in attitude toward their respective phenomena of research. Stated simply, *the natural sciences investigate objects from the outside to the inside, whereas the human sciences depend on a perspective from the inside to the outside.* The most important concern in the human sciences is that of meaning. Meaning exists within human subjectivity rather than in material nature. Thus, the aims of the two sciences are different. The natural sciences seek causal explanation, prediction, and control. The human sciences seek understanding, interpretation, and meaning.

Remember, this chapter is an introduction, and all these ideas are discussed in much greater detail as you go through the various chapters. In other words, if some of this sounds a bit foreign as far as research is concerned, it will be further clarified. However, for most of you, the preceding five characteristics will sound familiar because this is often how human beings are conceptualized in nursing philosophies and theories. You might wonder why it does not always follow into nursing research. It does, in qualitative nursing research, making much of nursing philosophy, theory, and research, philosophically and linguistically congruent.

So much difference goes unacknowledged as we try earnestly to create human laboratory systems untainted by the outside world. Then the human being must eventually return to the outside world, to the entire context and all the contingencies of his or her life. These are some of the important concerns of the qualitative researcher:

> Meanings within context for the individual person
> Interpretations by the individual person
> How a person narrates his or her own story
> How a self is socially constructed
> How truth is an interpretation

The significance of meaning as an antecedent or precedent for change and understanding
The critique to improve well-being through understanding
The emancipation of those oppressed

Which leads to a different perspective of "truth". These two different worldviews, the natural science perspective and the human science perspective, have not only different philosophical approaches underpinning their research methods but also a different interpretation of truth.

Seeking Truth

Truth arrived at by numbers is often held suspect by qualitative researchers because they worry about all the variables that were not factored into the equations. They also worry about how individual people interpret words differently and assign different values to numbers. Qualitative researchers have a different propensity and different worldview. Given the freedom to grow and develop in their methods, they can provide to the profession understanding, description, theory, interpretation, and direction concerned with the intricacy and interconnectedness of being in this world that is not one but many in perception; a world that is not one but many in language. One language has many languages within that language, as does one culture. Qualitative researchers search for the differences not only between cultures but also within cultures. They challenge stereotypes, presuppositions, and assumptions.

Qualitative researchers break new ground by revealing what had been concealed because they look beyond appearance. They provide the reconstruction or deconstruction that time demands of us, as the sands shift and the known is no longer valid. In their quest for discovery, qualitative researchers legitimate the existence of others in their differences. Conformity is not the object; we know that a universal concept of meaning is not possible and doubt that it is desirable.

Since publication of the first edition of this book in 1987 nursing research has burgeoned. Doctoral programs for nursing, research journals, research conferences, and courses continue to expand. Research and the concomitant dissemination of results are required of faculty and are essential for promotion and tenure. You, as a graduate student, might write a research proposal; some of you will complete a master's thesis; and, of course, a dissertation must be completed for the doctoral degree. A profession that, 45 years ago, was once housed in 3-year diploma schools affiliated with hospitals is now ensconced in the university setting and has responsibly taken on the values of an academic profession.

One of the most important values in the academy is the search for truth. Broadly speaking, this search for truth is a search for new knowledge for the

profession. One of the most remarkable changes since 1987 is what is sometimes called "the knowledge explosion," which is concurrent with the explosion of technology. Technology has enabled advances in the health sciences, changes in the healthcare system, and the rapid communication of knowledge moment to moment.

Today when we embark on a research project, we see a change more in how we believe something than in what we believe. There are shifts in belief about belief, questioning the idea of absolute truth and *acknowledging the possibility of many truths* (Anderson, 1995). Before the introduction of qualitative methods of research in nursing, the profession embraced the scientific method as the paradigm for nursing research. The reasons for this are discussed in Chapters 2 and 3 of this text. However, some nurse researchers had a bent, so to speak, to look for other ways of coming to know and other ways to search for truth or many truths.

Other Disciplines' Methods

Other disciplines, other than the natural sciences, had methods that interested nurse researchers*. For those pioneers of qualitative research in nursing, the rationale for their use was as strong and compelling as the use of a natural science method. As with most new ideas—and we need to remember that the pursuit of qualitative research was a new idea for nursing research—some conflict ensued. Professional legitimacy was seen as affiliation with the "hard" sciences. Linear progress, absolute truths, and rationality were all thought to be ideals for a science. Before nursing entered the academy, it was popular to say that nursing was an art and a science, but, once in the academy, the art component was subsumed and the science component was elevated for reasons that were socially constructed within the situated context. To follow this trajectory this science component became the stimulus for adopting the scientific method as validation for "nursing as a science." This social construction is explained in the beginning chapters of this book.

The Sands of Science

The sands of science itself are shifting as more and more scientists, including nurse scientists, realize that science cannot be a field of absolute and final truth but is an endeavor focused on *illuminating an ever-changing body of ideas*.

* Here I am not discussing the nurse researchers that received doctorates in other fields prior to nursing having their own doctoral programs, which is discussed in Chapter 2.

For many, though, this focus is still not accepted and is considered a grievous loss; others find the shifting sands exhilarating and liberating. In 1987, few dissertations and publications indicated an acceptance of qualitative methods of inquiry in nursing. Ironically and unfortunately, in the year 2010, qualitative nurse researchers and quantitative nurse researchers, who often call themselves nurse scientists, do not garner the same prizes. The National Institute of Nursing Research, a branch of the National Institutes of Health, mostly rewards quantitative/scientific research proposals, though some encouraging changes are occurring.

Colleges of nursing pride themselves on establishing centers for nursing science or the science of nursing. Of course, a Center for Nursing Research would be more embracing, at least in name, of various approaches to the pursuit of knowledge. As you will read in this text, the situated context in which we live influences what we want to be "like" and how we wish to "appear" in the academic or medical setting. Qualitative research methods *are* indeed scientific in that they have their own paradigmatic philosophical underpinnings consistent with the qualitative worldview and methods that stay true to these beliefs and values. The evaluation strategies for qualitative research are real-world oriented, rather than mathematically determined, and are as rigorous as any for the scientific method.

From this perspective, qualitative methods are as scientific as quantitative methods; however, the capital S seems to belong to the Scientific Method. Qualitative researchers are indeed doing scientific research as the word science is generally understood.

I have yet to meet a qualitative nurse researcher who believes his or her method of doing research is the "only" and the most legitimate way of coming to know and advancing knowledge. I suppose this belief itself is reflective of the philosophical underpinnings of qualitative research methods so that it should not come as a surprise that here we see the difference about "how" we believe. Following are more concepts that characterize qualitative research:

Multiplicity of worldviews
Simultaneity of different worldviews
Perspectivity of phenomena
Polyvocality of many voices
Multiple realities held by individuals
Individual and cultural social construction of reality leading to multiple realities

All lend themselves to a broader acceptance of the many and different ways of being in the world and, in this case, nursing research. We see the same entity differently, interpret it differently, talk about it with different language, have varying perceptions about the same person or event and our situated context

and contingencies of our lives influence all these differences. Understanding this complexity actually makes understanding others possible!

The Multistoried World

It would certainly be unfair to portray all nursing scientists based in the natural science method as unreceptive to qualitative nurse researchers, but it would also be unfair to have you as a student of nursing research be unaware of the dichotomy that persists within the field. I am very encouraged that, in spite of what some may view as the superiority of the scientific method, more and more nurse researchers change their whole view of research once they become acquainted with this alternative paradigm. Some have said that they have found a home. They have found a home in this world of research.

Hence, the conversation enlarges and the possibility now includes you and your class. Perhaps this is true about the faculty member teaching this class.

Within the dialogue and within this text are many reasons to consider just how critical qualitative research methods are for a human science field, a profession dedicated to alleviating suffering and promoting well-being. The need for the scientific method is not in dispute here. In fact, it is celebrated for specific problems and questions. However, it is inappropriate for seeking answers and solutions to other problems and questions of equal if not greater significance to a human science.

Transitioning Within a Postmodern World

In today's world, we are acknowledging a multifaceted world embracing complexity, subjectivity, meaning heterogeneity, the myriad of perceptions, polyvocality, and the fact that we are overwhelmingly pluralistic and living multiple realities of experience, as mentioned earlier.

Science, with a capital S, fascinated us and was and still is an interesting story, but it is only one story to describe you and me and the world we inhabit. It is interesting to note that we discuss science in a somewhat dispassionate discourse, a statement of a discovery, a theory proved, a theory refuted, so to speak. And, though sometimes dispassionate, there are moments of passion when a cure for some terrible condition arrives and quality of life is improved. Ironically, many of these scientific discoveries are found by accident; while something else is being searched for, a serendipitous discovery is made. Thomas Kuhn (1970) in *The Structure of Scientific Revolutions* speaks of many discoveries as anomalies that lead to a new way of looking at a phenomenon. I think it is critical to read this work of Kuhn's, if you have not yet. You will really understand the nature of science as a process, a changing one, and a changing one that is not always rational!

As nurses, though, we have much to contribute to understanding the multistoried world, the diversity and the plurality of the people who we serve through other methods of science, through qualitative methods. I have seen the excitement of students when they come upon these methods. A body of students reflects this multistoried world within their individual situated contexts.

I would like to emphasize we are all blessedly pluralistic: students, faculty, patients, family, and the community. There is not one best answer and there is not one best way of doing research. For instance, because incoming nursing students are often not aware of the research component, when it is introduced students might separate into groups in which some seem mathematically inclined and the others seem linguistically inclined. It is imperative to sort that out, for ourselves and for our students.

Toward that end, our research endeavors become enlarged as we help to develop a multitalented group of students in their specific propensities. Because we have both the mathematically logic–minded student and the linguistically/philosophically interpretive–inclined student, our potential is magnified, as is our field of understanding. Those who are linguistically, interpretive, and philosophically inclined need our encouragement to develop their talents and propensities in their research endeavors. No one way is superior to another. Students and faculty alike might have noticed that many students develop a dislike for research. Perhaps this dislike is because only one language is spoken and those students need to hear and learn the other languages of discovery.

There is growing support for the idea that the left or right side of an individual's brain is dominant. We need both sides to function in this world, just like we need a science to indicate the hard sciences associated with strict adherence to the scientific method, and we need a science associated with qualitative methods, which are indeed scientific but more multidimensional.

The Problem with Generalizations

In our practice we are exposed to languages, semiotics, and beliefs of different cultures. We need to have nurses and nurse researchers who hear the differences and who question generalizations. These are additional characteristics of qualitative research. We need to have researchers who using qualitative research methods will assist people in interpreting the meaning of different realities and personal subjective realities, so that we can develop approaches for different individuals. We begin to understand the many meanings of experiences and the implications of these meanings. Such approaches then are based on respect and knowledge about individual perceptions and not based on preconceived protocols that provide a general way to proceed. Many if not most protocols are based on what is best for the average person. The average person

is a mathematical concept. Then we wonder why there are so many complications in healthcare delivery!

Let us distinguish again between someone who thinks from a quantitative paradigm and one who thinks from a qualitative paradigm in relation to the idea of a protocol. A protocol for patients with a specific condition is a prescription for action and process. You may not know the patient, but you have the protocol with which to treat the person based on his or her diagnosis.

For most qualitative nurse researchers, the idea of a protocol without emphasis on individual differences characteristic of qualitative research can be daunting. That is because qualitative researchers do not claim to generalize their findings—how could they when there is such emphasis on individual interpretation and subjectivity? Simply stated: One size or explanation cannot fit all! So protocols attempt to be a one-size or one-way approach to very complex conditions.

Sometimes following a protocol works; often it does not. When it does not, instead of questioning the protocol, often we assume there is something different about the patient and the result then becomes a complication. Of course, there is something different; generalizations made, for example, for wound healing cannot possibly take into account all the different variables in process for a particular person. Often it is said we cannot afford individualized care, so there must be protocols and procedures. *I believe with the cost of complications that we cannot afford not to have individualized care.* It is from the philosophical underpinnings of qualitative research and subsequent research that we come to see there are many truths and limitless possibilities to meet the differences that occur among our patients. We respect the person, and we respect that there are many truths and limitless possibilities.

Today there is an emphasis on evidence-based practice. We must realize that approximately every 5 years, new phrases call for the same response, have the same purpose, and mean very much the same. We have lived through an emphasis on theory-based practice, and this may be a good question for you to address with your class. What is the difference between theory-based practice and evidence-based practice? With theory-based practice, there was also a focus on developing taxonomies, nursing diagnoses, and interventions based on diagnoses. The interventions came from accepted scientific practice or newly developed protocols based on the newest research. Whatever system you are using—today it is evidence-based practice—as an advanced practice nurse, faculty member, administrator, or researcher, you need to be particularly focused on meaning: meaning of what a person may be experiencing, how a person might behave, what meaning a person gives to health, and even "meaningless" information. If a person believes that your evidence-based practice is meaningless to him or her, that belief should become meaningful to you. It changes your approach to the person. A current example is what

some believe to be occurring in the United States, and that is an obesity epidemic. We focus on all age groups but, for the sake of this example, consider: Do we have evidence-based practice means to reduce obesity specifically in adolescents? Without finding the meaning and motivation for why some adolescents may overeat, we may never understand this behavior and be able to design means to change it. Based on the philosophical underpinnings of qualitative research as well as postmodern thought we are very cognizant that we are not going to find *the* answer. We will find many answers congruent once again with a multi-storied world.

A critical component that differentiates quantitative, scientific method–driven research from qualitative (scientific) methods is the unequivocal focus on meaning. Without knowing the meaning of a patient's behavior, the evidence-based intervention that in some samples did change behaviors in certain circumstances will undoubtedly be meaningless for others.

This happens in hospitals and other healthcare settings. If the patient does not follow the practice or intervention, then the patient is labeled noncompliant, a negative judgment against the patient. Measures will be taken against such noncompliance, and they also will be doomed until a qualitative approach into the meaning of events or behavior of the patient is carried out. And this qualitative approach is done to acknowledge the plurality, the diversity, and the different ways of being that most nursing philosophies subscribe to in their descriptions of a human being.

Putting This "Thus Far" Together Qualitatively

> *"In the beginner's mind, there are many possibilities, but in the expert's mind there are few"*
>
> —(Suzuki, as quoted in Andersen, 2009, p. 68).

Zen master Shunryu Suzuki introduces us to the paradoxical nature of everything we have been taught. Knowledge is power; evidence-based nursing, protocols, and theories are other forms of knowledge. Quotations, to me are high in efficiency; they can succinctly express the wisest ideas to ponder. I also have great respect for people's narratives of their experiences in whatever context they may appear. Often these narratives lead to understanding new possibilities. Today's most popular literature is often first-person narratives of people's lives. Because they are "real," they grip us, hold us in awe or terror, and provide a path to understanding that I do not believe can be surpassed. The exemplars of the qualitative research methods reflect, the "realness" of people's lives. They grip us and hold us in awe. Some inspire great compassion. As you will read in Chapter 5, while narratives, stories, and culture are all part of our qualitative research, we are called upon as qualitative researchers to read through either

description or interpretation to critique what was found in our studies and suggest recommendations for individuals, researchers, policy makers, and, of course, nurses.

A description of narrative or the narrative itself, even if interpreted in any of the methods in this book, must be followed by the meaning of the study, the answer to "so what?" In Part I you will find discussions and explanations of the language and philosophical underpinnings of qualitative research. Understanding these underpinnings is often a challenge to those of us brought up on the scientific method. However, they must be understood at a level where you automatically "think" in a most fundamentally new way. To understand others though, you need the beginner's mind, which is a fun place to be because all sorts of possibilities for understanding open up to you, things you might not have *possibly* imagined. The following quotation also illustrates the idea that if we think we know something we do not look for answers. This I call premature closure to understanding an experience to its fullest, in its richest depth.

"The greatest obstacle to discovery is not ignorance but the illusion of knowledge"
(Boorstin, as quoted in Andersen, 2009, p. 68)

There is a song by Tom Petty and the Heartbreakers titled, "You don't know how it feels to be me." Every time I have given a workshop on phenomenology I start with this song. The chorus of the song is repeated quite often and conveys in great clarity, what qualitative research as a perspective attempts to resolve. The individuals we encounter often feel as though we do not understand how they feel—this will be illustrated shortly in an example.

Sometimes we do not understand our own self. We might say to a friend, "I don't understand why I did that or said that," so to add to the idea of not understanding how another person feels, we also struggle to understand ourselves. Carter (2008), in her book about multiplicity, argues that most of us believe we have a single self and deems that to be an illusion. Think of the different personalities you adopt during a day as you go from perhaps home, to a professional setting, to a meeting with your staff, to a discussion with a patient, to being a faculty member or a student, to being someone's partner or spouse, and on and on we change during the day. You might say it is still me, and yes it is you but each one of those personalities in a specific context holds varying viewpoints, goals, values, and investment (Carter, 2008). If you have any doubts about this perspective, think of when you last said *"I wasn't myself today,"* well, then who were you?

Often we see personality changes in our patients and instead of accepting those changes as a reflection of the multiplicity of that person we note it as a symptom! When we speak of pursuing understanding of individuals and self as well, we can see the influence of the context that person was in or that we

were in, we understand that contingencies change the self from day to day and within the day. Yes, we like to be stable but we are not robots. We respond to our environment and it shows itself in a different kind of self. All this is essential to understanding the complexity of human behavior and human "being" as well as to the work of the qualitative nurse researcher.

A Stirring Example

Here I provide a healthcare provider's own experience in thinking she understood herself and how this understanding of her self enabled her to predict understanding or what was best for her patients. Thinking she understood what was best for her patients while not understanding what her own *actual* reactions would be in a similar situation (another self in a different context), had what can be referenced as premature closure to other possibilities. Thus, she misunderstood many of her patients who in the end turned out to be much like her, the *her* she did not understand. Is this confusing? Let me make some qualitative philosophical points here about this convolution of misunderstanding. The healthcare provider was the knower as in Boorstin's quote and it prevented her from being enlightened by discovery—it closed off other possible knowledge.

She did not allow for the patient to be the knowledge holder, the knower. She did not understand what each person was about on an individual level. That was her personality at the time. She unfortunately experienced something (the actual details are coming next) that changed her personality (viewpoints, beliefs, values), and she became open to other ways of being and everything she had once believed was completely suspended as those beliefs did not apply to herself. This is an excellent example of our different selves responding to different contingencies.

The story appeared on the front page of *The New York Times,* with the headline: "Helping Patients Face Death, She Fought to Live" (Hartocollis, 2010). This physician was a leading expert in palliative care, counseling terminally ill patients regarding choices they made. She held a very strong belief that patients should confront their illness once deemed terminal, get their affairs in order, and spend their remaining time in comfort rather than unbearable pain or enduring interventions that would add to this pain with little or dubious promise. I think most of us are aware of the scenarios where patients are subjected or persuaded to undergo painful and questionable interventions with little hope of change. Their dying is prolonged, their last days spent in intractable pain and other horrendous conditions. We also know some of these patients are themselves ready to die and yet are encouraged to try one more procedure. Hospitals are not places patients come to die, so interventions continue to persist until the patient does die.

So here is this wonderful-meaning physician wanting to assist patients to achieve a peaceful, painless death. Then she herself unfortunately developed a terminal type of cancer, one that with treatment had only a 2% chance of survival. She was offered palliative care—her prescription for others. As we learn more about qualitative research we will learn to appreciate specific contexts and the nature of the lived body and temporality (do not fret if you do not know what that means right now). The temporality exemplified in this case is that she was 40 years old, so it was a powerful influence.

Her Discovery

The physician in our example refused palliative care and *with anger that this was suggested* to her despite the 2% survival rate with treatment that entailed a great deal of pain. Regardless, she wanted to fight the fight. While her work thus far had been helping patients accept death, this did not apply to her. She was a fighter. When her painful treatments failed she would find a doctor who would bombard her with more. No amount of pain and discomfort, no matter how excruciating would stop her pursuit. It came to a point where the interventions themselves were life threatening, but she insisted on them.

What This Has To Do with Qualitative Research

The "narrative" is replete with examples of what this has to do with qualitative research. Without qualitative research we do not know what the other person is thinking, we do not understand possible alternative interpretations by individuals; we do not let the patient be "the knower".

The most revealing part of the terminally ill physician being "the knowledge holder" and knowing what is best for the patient is that not only did it not apply to her, it did not apply to others she counseled for palliative care. Here is an illustrative quote:

> She remembered patients who complained to her *that she did not know them well enough* to recognize that they were stronger than she thought. Now she discovered that she felt the same way about her own doctors. "I think they underestimated me." (italics added, p. A1)

What is critical in this example is that we have a moral imperative to understand what it is our patients want even if we are fairly sure that there is little to gain in continuing treatment (cost considerations are excluded here) that some patients would rather fight to the very end. Dr. Desiree Pardi died on September 6, 2009 in what one healthcare provider described as, "unfortunately quite a painful scenario. Many people would not have chosen that route" (p. A2).

However, she was an autonomous being and we do not know the meaning of her choice, but most of us probably believe she had the right to make her own decisions. The question though still remains: Did she allow or give permission to others to pursue that same path—the ones who felt misunderstood and said, "that she did not know them well enough"?

This Is Why We Do Qualitative Research

Each person we encounter can help us discover what is best for him or her. The other person, not us, is truly the expert knower of himself or herself. We acknowledge the importance of the above, that we need to know our patients well enough before intervening. We often try in nursing and with patient care or community service to fit individuals or cultures into our theory when actually it is the individual and/or the culture that should provide direction for a particular individualizing of any theory. Once we understand the interior (subjective) world of the individual or culture, we have accomplished the first step of knowing the truth, the meaning, and the interpretation from the source. That source is not our textbooks or courses. That source of knowledge comes from the knower and the people who are the "knowers" provide the outcomes of qualitative research. This book is about gaining that understanding from first-person narratives, stories, and researching cultures. Qualitative researchers want to know what happened to the person, how it is for that individual person, what they feel like, how they experienced the event, and from the example given earlier, what it is they want. The latter is so critical. Healthcare providers, as well as any human service profession, must respect what the individual wants, their autonomy. Nurses profess to protect patient's autonomy. Yet, we often have definitive plans and protocols made and implemented before we "know" the patient.

The idea that professionals know what is best for a person comes from having knowledge. Individualizing patient care has been considered a critical value in nursing care. You will actually learn a new way of doing that when you come to understand the philosophical underpinnings of qualitative research.

Of course I hope you become inspired by reading about qualitative research, the methods and the actual exemplars, where experiences become so vivid and the need for change so apparent for qualitative research. As this chapter explains some of you might be (since you too are an individual!) more inclined to do quantitative research, especially if you are left-side brain dominant. Quantitative research is needed and in fact that is where many qualitative studies should lead as is described in Chapter 3 as the cyclical continuum. However, alluding to what is written in Chapter 5 about *becoming phenomenological,* this book can assist you and provide you a way of thinking about "knowing" and "unknowing." Learning the importance of the subjective world of individuals

and the intersubjective world when we engage with one another, you might change profoundly in ways that will give your life and work new meaning. What I am hoping for you is that what you can learn in this book, whether you do qualitative research or not, will be of great influence to you in your life and in your practice.

Understanding the Other: The Third Ear

I would like to write about the idea of listening with the third ear because undergirding all qualitative research is the art of listening. Undergirding all effective communication is the art of listening. Understanding another in the deepest ways comes from the art of listening. This does not only mean listening attentively—that is only part of it! Yes, you need to do that, but there are other components that are essential to really hearing what the other person is saying and what they mean.

Have you ever noticed all the misunderstandings you experience just in one day? From home to the workplace to the classroom, these misunderstandings contribute to frustration, conflict, powerlessness, feeling like an object, inaccurate interpretation of others, feelings of isolation, prejudice, and oppression. On some critical occasions misunderstandings have had disastrous results, such as a violent outcome in the home, more frequently now in our schools, and of course in the world, a world where we take war as a given. Less dramatic perhaps but extremely damaging misunderstandings in the workplace or school can lead to labeling, gossiping, criticism, ostracism, and now I am right back to dramatic and tragic outcomes, suicide or homicide. When you hear or read the responses of individuals after a tragedy, there often were signs and things were said, but did anyone hear those hints with the third ear?

I am attempting to make a strong case in the promotion of listening with the aim of truly understanding the other, the foundation not only of qualitative research but apparently a safer, more humane world. So how do we listen with the third ear, which is different or more than listening attentively?

What is critical, in order to understand another *is to suspend our assumptions, presuppositions, even our book knowledge and listen with what has been called the "third ear," the ear that is completely open, the ear that is opened to discovery and possibilities.* Let's imagine this ear is always clear of noise, the noise of "knowing."

We place what we think or think we know on the shelf, in a box, someplace out of the way of influencing our listening. In the example with the physician, the way some patients described, it sounds as though she listened to her patients from the perspective that they will be best served with palliative care. This did not make her a bad person, she truly believed in the value of what she was promoting. However, some patients did not feel heard.

Listening with the third ear, she would have listened to them, the way she wanted to be listened to, the way she wanted to be heard in spite of all that was known about her condition. So the "known" is not a part of this type of listening, it is suspended as we come "to know" this individual. This does take practice and you can practice with a colleague or observe the frequency of phrases that are spoken indicating assumptions. We are speaking with what we know when we ask or say, "Don't you think?", "I understand, I was in the same situation," "There is a book out on that very topic," and perhaps you can identify other remarks that indicate the introduction of knowledge on the listener's part. Recall the quotation in this chapter about the *illusion of knowledge as the greatest obstacle to discovery*, or where in the *experts mind there are few possibilities* because they are filled with knowing. In qualitative research we adopt a perspective of unknowing and let our research subjects/participants be the knowers, the knowledge holders, the holders of meaning in their experience.

Listening and Interviewing

In qualitative research, interviews or conversations are often the way qualitative researchers collect material from research participants. There is much written on interviewing and new researchers take this step very seriously with interview schedules of questions that often contradict the very intention of listening with third ear and being "unknowing." The questions contain content, theory, and the researcher's hunches.

If you were to adopt the "unknowing" stance you would not write interview questions with content information. They would all reflect that you are the "unknower" almost unable to know what questions would be relevant. Questions without content include: "Could you tell me about _____?" "What is it like for you?" ("was" if in the past), "What meaning did this experience have for you?" OK, here is a quiz question for you. What is wrong with that last question? It assumes that the person attributed meaning to an experience. Often people do not always think of the meaning of experience in a conscious way. When asked they reflect and then often come upon the meaning. That question would be better asked: "Does this (or "did this") experience have meaning for you?" Open-ended questions without subtle guiding in a direction toward openness are critical to "hearing" authentic language.

I think the best interview or conversation for qualitative research studies are started with one question, "Could you tell me what this is like for you?" ("what it was like", if in the past) and from then on, prompting with, "Go on", some encouragement, "That sounds _____" to mirror what the individual seems to be conveying, and "Tell me more about that." I would like to emphasize the importance of mirroring the person you are interviewing, paying important attention to non-verbal cues, such as facial expressions and body

language. Then you are able to comment in a question that includes empathy such as: "that sounds so difficult for you." This acknowledgment of your sensitivity to their feelings will gain you trust.

Since this is an introductory chapter you will be coming to many examples and more content about interviewing, especially from a stance of "unknowing."

Other Ideas You Will Be Reading About for Understanding

Throughout this book you will read how critical it is to take into account the contingencies of the lives of individuals we are attempting to understand. The contingencies and the context from which the individual or group is situated is another reason why a predetermined intervention or protocol might not be successful or result in a "complication." When we do qualitative research we are cognizant of what we call the life worlds of individuals, how they perceive time and the history they are living through, how their bodies give them access to experience, the relationships they have with others, and the world and the space in which they are located. This is amplified in Chapter 5. The qualitative researcher knows that understanding does not exist in a vacuum, like the individual, it is embedded in experience, the context and the world.

Now the Crux: Understanding Another

> *"Sit down before fact like a little child, and be prepared to give up every preconceived notion, following humbly wherever and to whatever abyss nature leads, or you shall learn nothing"*
>
> (Huxley, as quoted in Dossey, 1982, p. 225).

To understand another and even yourself, it is essential to acknowledge your preconceptions, beliefs, intuitions, motives, biases, knowledge base and to be open to a whole new perception of another or yourself. This is also a critical component of the phenomenological perspective. As I say in the introductory remarks to Part II, I believe that this perspective and phenomenological philosophy guides and forms the underpinnings of most qualitative research methods. To conduct a study from any of the many qualitative methods it is essential to have an understanding of this philosophy. Critiques of qualitative studies often point to this lack. I think, what a shame, because understanding phenomenological philosophy is so very interesting and compelling. I would suggest at the outset of your study of qualitative research to make a commitment to understanding the philosophical underpinnings of phenomenology so that they show in your research study. That the reasoning of your study flows phenomenologically and is evident. I do not pretend to be a philosopher. I can even imagine a philosopher having a field day with my presentation. However I have tried to take very complex thinking to a place where the intent is understandable to most of us who have not been educated in philosophy.

Phenomenology is a philosophy that can not only guide your research but your interactions with others, your understanding of yourself and others, and can guide your practice as well. So in this introductory chapter I am just going to give you a taste of what is to come, going along with the metaphor, hoping to whet your appetite!

Underpinning Qualitative Research

The Phenomenological Perspective: The Study of the Meaning of Experience

I consider myself privileged to have had the opportunity through different venues to present and explain phenomenology and help make the underpinnings assessable to nurses, many of whom actually came to embrace this perspective. They often embrace it for research but also as a perspective for living and working. My own bias is that this philosophy is the foundation not only of qualitative research but also humanistic nursing practice. When I say assessable I mean, taking it from the arguments that the many philosophers make using language that often obfuscates rather than illuminates the underpinnings that can be useful to qualitative researchers. Philosophers themselves have accused Heidegger, one of these philosophers who is referenced often in this book, of incomprehensive writing.

My attempt in this book is to introduce you to the philosophy at an introductory level that is understandable without losing the richness of its complicatedness. Actually, I do not believe it is complicated like a calculus problem, rather it reflects life, and that life, of course, is complicated.

Not everyone as previously mentioned is going to do qualitative research. Many nurses are attracted to fact seeking, correlative, experimental, quantitatively oriented studies. And they are needed so this is not a conversion-seeking discussion. This is a philosophy that has as its central aim, to understand the meaning of experiences of other people, to understand how individuals are experiencing what they have been confronted with, both positive and negative. You will hear/read this in this book, especially in the exemplar chapters the voices of individuals and groups in their own contexts and language give voice to their experience. This is so very different than viewing something and reporting what you saw and coming to your own conclusions. This is research originating from the "knowers" themselves.

As nurses and nurse researchers we are often with people/patients at very vulnerable times and sometimes individuals are in fragile condition. The exemplars in the book include so many of those times: the experience of nurses during Katrina, Chapter 6; understanding the world of incarcerated women, Chapter 7; the experience of post-partum depression, Chapter 9; the experiences of low-income, urban, black mothers, Chapter 11; how the body grieves,

Chapter 13; understanding the value of nursing service, Chapter 15; how students experience practica, Chapter 17; and understanding what some of life is like for people with disabilities, Chapter 19.

It is critical that we learn the interior of these people and others like them. What is it that they are experiencing? This is based on the unique experience of the individual or group. This is based on understanding the individual and his or her needs. There are no textbooks or protocols that can predict how an individual will interpret his experience or reality. This is where we listen with the third ear. Using phenomenological philosophy as the basis of qualitative research is essential to grasping the meaning of these experiences.

The Road to Understanding: The Intersubjectiveness of "We-ness"

I do hope that the argument for the importance of understanding the uniqueness of another and their perception of an experience has been "understood." Part of phenomenological philosophy is the emphasis on perception and intersubjectivity, where two or more perceptions interact. This is an important part of qualitative research when we are attempting to understand others and also interpret our research material.

Perception

Perception is largely how we view the world and all its parts, how we view and think about phenomena, experiences, and the components of the world. Throughout the course of our individual development we have appropriated various beliefs, values, intuitions, preconceptions, assumptions, book knowledge, inherited knowledge from others, biases, and anything else that might add up to how we view anything in life, from the content of this book to the color blue. Perceptions that are built on prejudices and biases (also addressed in this book) can be extremely harmful. However, we all have biases and prejudices and this is important to acknowledge. When we attempt to understand another individual, everything mentioned that contributes to our perceptions, but especially prejudices and biases, are all to be held in abeyance. That is, to the extent possible for us, we disregard and place aside anything that has contributed to a perception. This step is essential, and for further emphasis I repeat essential to obtaining a true understanding of another person.

In addition "what *we* would do" in that person's situation also must be placed aside (this was exemplified in the example given in this chapter with palliative care for late stage cancer). What might be good for us, could be a disaster or inappropriate for another person.

So in phenomenological understanding, the *knower* is the person whom we are trying to understand. We should not question the validity of the knower. Whether we agree or disagree with their perception, our aim is to understand

how this individual is viewing the experience. Whether we agree or disagree we should not be thinking parallel to or comparing our own perceptions to the person talking with us.

Intersubjectivity

Each of us has a subjective world, our own subjective worldview, our own window to interpreting the world and once again all that it holds. Residing in our subjective world or the subjective part of our consciousness are our perceptions. The other part of our consciousness is sometimes referred to as an objective world. We might define objectivity as agreed upon facts. Once again philosophers have argued about objectivity or lack of it for eons. Objective facts are supposedly immutable so we don't have to argue about them like our subjective world. However, we do know how many objective facts have not held up through time so we must be cautious with "facts."

In our education we have been told to be objective or to give an objective opinion. From my perspective these two ideas are going to wind up being subjective, because in the end "objectivity is a subjective notion." Because some subjective being determines the objective stance, what it means to be objective is thus a subjective call.

Here though we are speaking about intersubjectivity. What this means is when two or more people come together there is a melding of the different subjectivities. So when we are conversing, each person speaks from their own subjective world with their respective perceptions.

Giving voice to another without your own overlap in an attempt to understand their experience means, you acknowledge your subjective consciousness and as with perceptions hold them in abeyance. Place your subjectivity on the shelf and listen without the noise of self and with your third ear. That is the phenomenological idea of the use of intersubjectivity in the pursuit of understanding the experience of another.

Listening to the interpretation by others of their experiences, spoken or through narratives, and responding with thoughtfulness, respect, kindness, compassion, generosity, caring, and authenticity is the path to individualized nursing practice and management and of course qualitative research. Using the phenomenological perspective to listen keeps the noise out, so that individual's voices are heard as they are spoken and interpreted by first the speaker.

A Cautionary Tale

Many activities we see in qualitative research studies actually evolve from the quest to appear scientific with the capital S. Usually, they can be quickly identified, such as lists of themes with frequencies and lists of words used with frequencies. The caution here is not that these activities are not part of the

process, but they must be accompanied with the variation of meanings. For example, when I say I have experienced anxiety over an event and someone else says she has as well, there is no way for a researcher to know anything more than that two people used the same word in a description. A qualitative researcher must explore the meaning and manifestations of what the perception of anxiety is to a particular person. Sometimes, for the sake of efficiency in communicating results, tables accomplish that; I certainly use tables when writing space is limited. But qualitative researchers should be careful that their reports are not numerical (numbers can be part of the overall results) but are interpretive and written mostly as narrative.

Choosing a Qualitative or Quantitative Research Study

Qualitative research in nursing in the 1980s was relatively new and was sometimes viewed skeptically. However the acceptance of its value and the number of nurse researchers who embrace qualitative research has been astounding. Science, with the capital "S", always seemed to be the goal, and it has been a long road for most nurse scholars to recognize the importance of qualitative research, which *is also scientific* in that there are as many, if not more, qualifications and characteristics to ascertain in effective and well-done qualitative research.

When qualitative research was first introduced into the field of nursing, many students erroneously thought that doing qualitative research might be easier and more manageable, especially for those who were more right-sided brain dominant. And for them, it would be easier only because they had the capacities. However, those who wanted "to finish as soon as possible" and mistakenly decided to do a qualitative study would think quite differently in retrospect. It is definitely not a contest in difficulty but should be a choice of intellectual fit. The difficulty of one or the other research method has more to do with one's propensity for the different ways of being, and those ways need to be considered paramount to choice.

Some of those unfortunate students who wanted to finish as soon as possible found themselves in the world of uncertainty, multiple interpretations, and mountains of interview notes or transcripts. Today, reflecting on your own best talents is the way to choose your method, and I hope that more faculty will develop the curriculum you need.

We used to say, and perhaps still do, that your method should be determined by your question. From more than 24 years of working with students on dissertations, I can see how some students seem natural doing either quantitative or qualitative research. The latest brain research supports why this is so. Today I would advise you *to start your research project with reflection on where your talents lie and capacities are at their best.* Your research interests can be studied from many perspectives, so choose the one that flows from the "how" you think, your worldview, your propensities, that is, what you do best!

Those who know they are definitely going to be quantitative researchers need to understand this alternative worldview and how their qualitative colleagues will approach objectivity and subjectivity, for instance. It makes for rich conversations and understanding of one another's work because both worldviews are equally essential to nursing research.

Earlier I mentioned how the conversation on qualitative research expands in each new edition of this textbook. One critical question I want to discuss here (and in Chapter 5) is the question of the significance of qualitative research.

The Significance of Qualitative Research

Part of the intrigue of qualitative research is understanding a "newness," a very different negotiation of meaning. What I value about qualitative research is that I am constantly amazed about and awakened to new ways of being. I find that through the beginning stance of qualitative research, the "unknowing" stance, often what I "knew" cannot be substantiated, that preconceptions are often biased, that assumptions have been nothing but myth or prejudice upholding them, and that practice thought scientific is just ordinary tradition without evidence to support the practice. Qualitative research seeks new possibilities, frees us from the bonds of biases, allows us to understand what was a mystery beforehand and searches for the significance and the meaning of being.

Qualitative research methods have the potential to free us from these erroneous preconceptions, raise our consciousness, encourage emancipation, and even lift many from oppression (the exemplar chapters all have implications of oppression resulting from being misunderstood). How can I communicate how critical qualitative research is when it has all this potential? Here, my own language fails me. A paradigm that searches for meaning from the perspective of the individual or searches for what can give meaning to an experience sometimes defies description. *It is almost ethereal*, while maintaining the rigor of science.

Qualitative nurse researchers return the following through their research to practice, among many other things:

Caring for the individual
Legitimization
Understanding of experience
Acceptance
Change
Emancipation
Compassion
Understanding of meaning, whether experiential or spiritual
Empathy

Understanding the needs of individuals and groups
Critical needs for policy and healthcare changes
Meaning, description, and interpretation to generate hypotheses
Generation of theory from the source, the individual or their culture

Qualitative nurse researchers want to provide the following to the knowledge base of nursing, among other things:

Discovery
Description
Explanation
Interpretation
Critique
Justice and Equality for Health and Social Policy
Understanding
Sensitization
Emancipation
The meaning of being within and among various cultures, genders, and religions
Grounded theory
Direction toward improving the quality of life for all people

The work of qualitative nurse researchers offers to us, through the interpretation of meaning and experience, as well as the critique of the researcher's own results, an expanding and wakeful consciousness of others and the self.

I would suggest to you, that after you read each exemplar chapter of a specific method in this text, as well as other qualitative research reports, you ask yourself, "What did this qualitative study result in?" Here, I do not mean for you to specify the specific results, but to decide whether there was an increase in understanding, a different way of perceiving an experience unknown to you prior to reading the study, a critique of an accepted practice, and/or an interpretation of experience otherwise not known to you. *We search for a significance*, different from statistical, that raises the consciousness to meaning. This meaning has the capacity to change the quality of life for all concerned. The significance of our research informs us how to make this world a better, more ethical, safe, equalitarian, and humane place for all of us.

Postscript

Remember what was written in the Prologue, and go back to other editions of this text for different interpretations of methods and different exemplars. Also recall, the beginner's mind as a place where endless creativity and openness to new and exciting possibilities can change the way you view understanding others and yourself, as well. Enjoy!

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