

RESEARCH METHODOLOGY: DISCUSSION PAPER – METHODOLOGY

Building qualitative study design using nursing's disciplinary epistemology

Sally Thorne, Jennifer Stephens & Tracy Truant

Accepted for publication 24 August 2015

Correspondence to S. Thorne:
e-mail: sally.thorne@nursing.ubc.ca

Sally Thorne PhD RN
Professor/Associate Dean
School of Nursing, University of British
Columbia, Vancouver, British Columbia,
Canada
Faculty of Applied Science, University of
British Columbia, Vancouver, British
Columbia, Canada
@salthorne

Jennifer Stephens RN
Doctoral Candidate
School of Nursing, University of British
Columbia, Vancouver, British Columbia,
Canada

Tracy Truant RN
Doctoral Candidate
School of Nursing, University of British
Columbia, Vancouver, British Columbia,
Canada

THORNE S., STEPHENS J. & TRUANT T. (2016) Building qualitative study design using nursing's disciplinary epistemology. *Journal of Advanced Nursing* 72 (2), 451–460. doi: 10.1111/jan.12822

Abstract

Aim. To discuss the implications of drawing on core nursing knowledge as theoretical scaffolding for qualitative nursing enquiry.

Background. Although nurse scholars have been using qualitative methods for decades, much of their methodological direction derives from conventional approaches developed for answering questions in the social sciences. The quality of available knowledge to inform practice can be enhanced through the selection of study design options informed by an appreciation for the nature of nursing knowledge.

Design. Discussion paper.

Data sources. Drawing on the body of extant literature dealing with nursing's theoretical and qualitative research traditions, we consider contextual factors that have shaped the application of qualitative research approaches in nursing, including prior attempts to align method with the structure and form of disciplinary knowledge. On this basis, we critically reflect on design considerations that would follow logically from core features associated with a nursing epistemology.

Implications for nursing. The substantive knowledge used by nurses to inform their practice includes both aspects developed at the level of the general and also that which pertains to application in the unique context of the particular. It must be contextually relevant to a fluid and dynamic healthcare environment and adaptable to distinctive patient conditions. Finally, it must align with nursing's moral mandate and action imperative.

Conclusion. Qualitative research design components informed by nursing's disciplinary epistemology will help ensure a logical line of reasoning in our enquiries that remains true to the nature and structure of practice knowledge.

Keywords: applied research, epistemology, methodology, nursing knowledge, qualitative research, theoretical framework

Why is this research or review needed?

- Trying to adhere to conventional qualitative methodological principles, some qualitative nurse researchers generate findings that have little relevance to disciplinary knowledge needs or to the practice of nursing.
- The assumption that an external theoretical framework is mandatory in a qualitative study can compromise the logical integrity of a nursing research product.

What are the key findings?

- The intellectual underpinnings of nursing disciplinary knowledge can provide an effective framework where qualitative technique can be aligned.
- There is much valuable knowledge to be obtained from qualitative studies designed with an understanding of disciplinary nursing logic.

How should the findings be used to influence policy/practice/research/education?

- Nurses have a professional mandate to develop knowledge that can inform the practice environment.
- Asking research questions and building study design on the basis of an understanding of applied disciplinary epistemology can enhance our body of qualitatively derived nursing knowledge.
- A renewal of interest in core disciplinary nursing knowledge can contribute greatly to the advancement of methodological technique in applied health research fields such as nursing.

Introduction

From the earliest efforts to apply qualitative research to the development of knowledge for practice, nursing scholars have recognized the necessity of making strategic adaptations to the conventional social science methodological traditions to generate the form and nature of findings that optimally serve the discipline's needs (Morse 1989, Thorne 1991). Proponents of qualitative research approaches have enthusiastically embraced the array of techniques and tools developed in the social sciences to advance the distinctive theoretical projects of those disciplines. However, it is also apparent in the methodological writings over the past three decades that several qualitatively inclined nurse scholars have encountered significant and meaningful disjunctures between methods convention and their disciplinary orientation. What qualitative

research purists portray as appropriate steps towards design structure and rigour can sometimes stand in direct contrast with nurse researchers' compelling instincts about the kinds of knowledge their colleagues will need to solve the very real and pressing problems with which they are faced (Johnson *et al.* 2001, Holloway & Todres 2003, Thorne 2011).

In this discussion paper, we highlight the points of tension for nursing associated with uncritical adoption of conventional approaches to qualitative study design and implementation, focusing particular attention on the role of theory and theorizing that differentiates social science research from that which is explicitly intended for applied purposes. We align these tensions with the more recent 'applied qualitative methodology' movement, which seeks to re-frame qualitative method in a manner that more fully fits the design logic of the distinctive intellectual projects of the applied disciplines. We then turn to the specific problem of theorizing in qualitative nursing research and propose a renewed engagement with the nature and structure of core nursing knowledge – the epistemology of the discipline – as a highly effective theoretical scaffolding on which to design applied clinical studies. Reflecting on what we consider to be a consensus of the foundational ideas on which nursing disciplinary knowledge rests, we propose qualitative research design choices based on congruence with components of that epistemology.

We see nursing as well positioned to assume full ownership of its intellectual future by solidly grounding its efforts at knowledge generation in the discipline's philosophical core. In developing its substantive research enterprise in alignment with its disciplinary aims, it can move beyond theoretical frameworks that inherently limit the scope of eventual uptake and application. By aligning our qualitative design options with nursing's 'ways of thinking', it becomes possible to strengthen the interior logic, quality and relevance of our qualitatively derived products in the larger context of implementation science. Towards this end, we encourage nurses to revisit the philosophical core of disciplinary knowledge as a viable standpoint where qualitative investigations can be meaningfully and productively positioned. Taking up core nursing knowledge in this manner, we argue that nursing can discard the constraints associated with overreliance on a theoretical social science tradition and expand its capacity to generate qualitative products that will meaningfully shape our practice world and enhance the lives of the people and populations we aim to serve.

Background

Origins in the social science tradition

Although qualitative methodology from the social sciences attracted an immediate appeal when nursing began to take up qualitative research in earnest in the 1980s, there were early signs that the fit between the intellectual projects of the methodological originators and those for which nursing was seeking enquiry technique were not quite perfect (Yegdich 2000). For example, although ethnography offered a way of extracting knowledge of various explanatory models of health and illness from interview and observation, nurses rarely sought to interpret these in the broader context of whole cultural systems (Germain 1986, Omery 1988, Aamodt 1989). While grounded theory provided an appealing mechanism for formalizing processes of clinical pattern recognition for knowledge development, it also privileged tacit or unconscious social processes over aspects of a clinical phenomenon that might be accessible to the typical sense and thoughtful human subject (Stern 1985, Chenitz & Swanson 1986b, Hutchinson 1986). In contrast, although phenomenology seemed to permit a focus on subjectively experienced aspects of human health and illness phenomena, it also guided analytic thinking towards essential and homogenizing structures of such experience rather than the intricate variations on which nurses insisted in their efforts to reflect the human diversity they saw in the real world of practice (Oiler 1986, Artinian 1988, Anderson 1989).

As nurses wrestled with limitations arising from the available methods in those early years, they were caught between the opposing forces of methodological rigidity (Sandelowski 1986, 1993a) and reasonable adaptation to answer the pressing questions confronting the discipline (Thorne 1991). Some leading scholars advocated close adherence to the tenets of a singular formal approach to preserve the integrity of an established qualitative methodology (Leininger 1985, Parse *et al.* 1985, Morse 1989). Others began to point out that nursing's pragmatic aims required somewhat different qualitative research approaches than those developed for the purposes of the more theoretically grounded disciplines, such as sociology or anthropology (Carter 1985, Meleis 1987, Schultz & Meleis 1988, Woods & Catanzaro 1988, Dreher 1994). Indeed, nurses more concerned with tackling the urgent nursing problems of the day than conforming to methodological orthodoxy began to push the boundaries of what constituted conventional method (Thorne 1991). However, inroads into such departures placed them at risk for allegations of 'method slurring' (Baker *et al.* 1992), being 'intellectually sloppy'

(Morse 1989) or having joined the 'minions of mediocrity' (Stern 1994) because, beyond the formal design conventions, there seemed little on which to base a warrant for methodological credibility and rigour (Johnson *et al.* 2001, Sandberg 2005, Rolfe 2006b, Travers 2009).

As a result of these tensions associated with using methods outside of the context for which they were originally designed, new arguments started to emerge for legitimate and credible applied qualitative approaches that could meet the needs of applied disciplines. The field of education was early off the mark in this regard. New qualitative methods approaches were published by educational scholars such as Lincoln and Guba (1985) and Patton (1987), working out modifications on grounded theory for the distinctive context of evaluating educational systems. However, qualitative researchers in the applied health disciplines seemed considerably more reluctant to embrace approaches that might further disadvantage the tenuous position of qualitative research in the face of the evidence-based practice imperative (Ray & Mayan 2001, Thorne 2011). Although a close critical reading of the published qualitative research over the period reveals some nurse scholars making strategic design adjustments to achieve coherent findings from their studies, for the most part, the discipline continued to position its methodological designs as simply a version of one of the conventional options (Thorne 2008).

The emergence of a nursing voice

Despite the ever-present credibility challenge in the dominantly post-positivist epistemological orientation of western biomedical science, an active advocacy began to emerge for qualitative methodological options unfettered by the theoretical baggage of the social sciences and more tailored to the demands of the disciplinary projects nurses were struggling to justify. Authors variously articulated these approaches using such terms as 'generic qualitative research' (Caelli *et al.* 2003) or 'qualitative description' (Sandelowski 2000, 2010), arguing that it was quite possible to conceptualize meaningful work that did not conform to the full set of quality criteria associated with the 'named' methods. It was apparent that a credible version of qualitative enquiry for which there was as yet 'no name' was actually alive and well in the discipline (Morse 1989, Thorne 2001).

To open up discussion on this unnamed form of qualitative study, in 1997 Thorne and colleagues proposed an explicitly 'non-categorical' approach to nursing research solidly positioned in the intellectual structure of the discipline and explicitly referenced nursing's 'philosophical foundations, interpretive themes and disciplinary objectives'

(Thorne *et al.* 1997a) [p. 176]. Termed ‘interpretive description’ to reflect the most theoretically neutral depiction these authors could devise in the available English lexicon, this approach envisioned an eventual gold standard for such work based on the coherent logic of a philosophy and science of nursing, much as had been envisioned in the plea by Schultz and Meleis (1988):

If we agree that there are different ways of knowing, different unknowns to be known, different propensities of knowers for knowing and different aspects to be known about the same phenomenon, then perhaps we can develop appropriate criteria for knowing from what we do know and, then, for knowing what we want to know (p. 220).

The idea that nursing itself might offer sufficiently coherent direction to guide rigorous qualitative methodology was certainly not a new one; it had been proposed earlier in the context of efforts to develop nursing conceptual models and frameworks. The most notable of these were ‘ethnonursing’, which was aligned with Leininger’s *Culture Care Theory* (Leininger 1991) and ‘Parse methodology’ (later termed ‘human becoming methodology’) associated with Parse’s *Theory of Human Becoming* (Parse 1990, 1999). However, as these conceptual framework projects were quite polarizing enterprises in the nursing theoretical world (Thorne & Sawatzky 2014), they understandably found little general uptake in the discipline.

The interpretive description project evolved over time, as nurses were clearly hungry for methodological options that would allow them to accurately and legitimately describe what they were doing in terms of a qualitative research design logic that matched their disciplinary understanding of how practice knowledge operates (Annells 2007, Hunt 2009, Neergaard *et al.* 2009). Its primary emphasis became the development of rational arguments to support study design sequence and technique decisions consistent with credible and relevant studies in applied disciplines generally (Thorne 2008, 2013). Among the arguments it put forward was the idea that disciplinary epistemology itself, rather than the more typical ‘theoretical framework’ borrowed from other disciplinary traditions, would be the more appropriate scaffolding where the intellectual fore-structure of an applied study ought to be positioned. It called on the applied researcher to account for the manner knowledge works in their discipline, and the structure and nature of the questions and concerns of the intended disciplinary audience, in selecting among a menu of possible ideas from which to frame, conduct and conclude their studies.

The idea of drawing on nursing’s disciplinary epistemology for direction in the development of coherent

approaches to qualitative research design has attracted the attention of many scholars over recent decades. It resonates with the foundational understandings of those who advocate prioritizing substance over method (Pesut & Johnson 2008) and recognizes the key contributions made by those who have been wrestling with reformulating their study designs in the context of quality criteria that make disciplinary sense (Risjord 2010). However, delineating and articulating that disciplinary epistemology for the purposes of structuring good nursing enquiry seems no easy task (Munhall 2011). Despite a shared conviction that nursing is characterized by a coherent philosophical core that unifies it across an almost infinite range of practices, settings and contexts, many have also acknowledged that the inherent complexity and nature of nursing make it exceptionally difficult to pin down or define with any degree of precision (Johnson & Ratner 1977, Kikuchi & Simmons 1996, Sandelowski 1996, Liaschenko & Fisher 1999). Thus, the grand philosophical project of making explicit exactly what nursing epistemology entails – in the general sense let alone for the purposes of scaffolding research design – remains a work in progress.

Although we lay no claim to definitive articulation of this fundamental nursing epistemology, we too are firmly convinced that it exists and is recognized among members of the discipline as a shared and unifying understanding and that it is possible to identify common attributes or properties consistent with it. On the basis of these assumptions about the nature of nursing knowledge, we propose ideas about how nursing disciplinary epistemology can serve as the intellectual scaffolding for coherent and high quality design decisions in the context of meaningful and relevant qualitative nursing research.

Data sources

This discussion paper is based on the first author’s thirty year experience of conducting, wrestling with, critically reading and writing about qualitative method, informed by extensive epistemological and theoretical analyses by the co-authors.

Discussion

The overarching attributes of the ‘core disciplinary knowledge’ of nursing offer considerable potential for determining qualitative research design options that will best serve the discipline and its unique role in the healthcare domain. In this discussion, we explore various aspects of what design implications might entail were nursing scholars to con-

sciously adopt nursing disciplinary epistemology as a theoretical scaffold for qualitative investigations.

Positioning for an internal moral imperative

Nursing disciplinary epistemology orients its scholars towards favouring knowledge that can be put to use rather than being of primarily theoretical interest. Nurses, as thoughtful global citizens, may well be curious about the full spectrum of ideas. However, those ideas that pertain to nurses' disciplinary enquiry always derive from an informed perspective of why a question might be relevant to the profession, to the target of its action, or to the society where matters influencing the health of people and populations are shaped. A nursing research question is never context-free, but instead arises on the basis of critical reflection, informed by a conscious awareness of the limitations of current knowledge for the practice of the profession. It is always temporally located, situating ideas with a recognition that what the discipline knows now is shaped by what went before and will inform what will come. And it assumes an inherently praxis orientation in the sense that the dialectic between knowledge and the action on which it is based will ultimately determine its utility and value (Reed 2006).

Nurses inherently enter their enquiries informed by an angle of vision consistent with their distinct professional knowledge and a commitment to the use of that knowledge towards an understood societal mandate of improving or supporting the health of people or populations. Although there is useful wisdom in the methodological traditions from which we draw to guard against recreating prior assumptions in an inductive research process, it is difficult to argue a basis on which a nurse researcher would ever deny or set aside the influences of that professional moral imperative (Sellman 2011). Thus, the *tabula rasa* ('blank slate') towards which some social science traditions aspire when entering a qualitative enquiry are inappropriate to our purposes (Holloway & Wheeler 2010). Rather, we expect a deliberative and authoritative accounting for what it is that the discipline knows about the phenomenon in question and the basis on which it knows it, including not only available qualitative and quantitative empirical science, but also extant clinical wisdom such as 'best practices' in the field. Thus, 'nothing is known' is rarely a convincing justification underlying a proposed qualitative nursing study; rather it may be more appropriately asserted that a critically reflective examination of the nature of the available knowledge confirms that what is known would benefit from development in some clearly articulated dimension.

Taking this line of reasoning one step further, it seems evident that the form of the research question with which we enter a study should be explicitly informed by nursing's normative direction. Because its enduring motivation is to envision action, which requires interpretive reflection or explanation, nursing is rarely satisfied with engaging in pure description. To illustrate, we do not simply observe suffering; however, we might observe some aspect of suffering for the explicit purpose of gaining a better understanding as an initial step prior to exploring our mandate in relation to it. The wording of a nursing research question also ought to reflect the discipline's fundamental relationship with knowledge. Just as we do not educate neophyte practitioners to assume what they understand, a particular individual's meaning frame without an actual assessment, research questions that imply the existence of a common experience – such as 'what is the lived experience of...?' or 'what is the basic social process of...?' become quite problematic. While they are typically used as a way to justify locating a study in a particular methodological tradition, they may also lead researchers to assume that they have actually captured a common and integrating whole. And so the form of the findings that all too commonly appear in the qualitative nursing literature becomes far too general, conclusive and simplistic for meaningful practice application.

When we move beyond the available 'conventional' methods, we can devise options for more appropriately framing out research questions in a manner that better preserves both disciplinary logic and methodological integrity. For example we might ask such questions as: 'what knowledge can we gain about patterns and diversities across experiences of a phenomenon that will help us achieve better insight into how to work with individuals?' or perhaps: 'what general and particular insights can we derive from patient explanations of their experience with this phenomenon?'

Another core element of the framing of a qualitative study is the theoretical framework. Using an interpretive description approach to enquiry, we suggest that extant theoretical frameworks – most particularly theories borrowed from other disciplines – ought to be brought into the research design with the utmost of caution, if at all. In the social science world, the theoretical framework is an essential design element in that it informs us as to which conversation we are in. Conversely, in nursing research it all too often becomes a distraction, inserted because it is expected in the interdisciplinary qualitative health research world, where social science gatekeepers still claim authority over particular methods as their own brand of disciplinary integrity. However, in qualitative nursing studies, theoretic-

cal frameworks are frequently associated with two particular forms of abuse. Either they summarily disappear from sight after they have been duly named in the methodological description, or they are overused to the extent that they overwhelm any evidence of inductively derived findings (Sandelowski 1993b). As theories used for framing studies inevitably pose the potential of privileging some findings and obscuring others (Thorne *et al.* 2002), the assumption that one must always borrow something from an existing theoretical source to justify a nursing enquiry complicates the internal logic of a study design. And, as we are suggesting, the core of nursing disciplinary knowledge, brought into the light and used as the research framework, itself provides a robust, coherent and authentic scaffolding alternative.

Respecting a distinction between the particular and the general

Regardless of various positions in the spectrum of formal nursing theorizing and philosophizing, one can confidently argue that nursing epistemology is always concerned with both individual human experience and with knowledge that can be derived from populations (Thorne & Sawatzky 2014). Nursing's reverence for the primacy of human expression leads it to seek diversities among the commonalities it encounters and about which it builds clinical wisdom (Leinger 1991). This iterative dialectic between general or population knowledge and the individual case shapes the form and structure of the kinds of knowledge that will have relevance for nursing practice (Newman 2002).

This important relationship between the general and the particular has meaningful implications for the construction of a study sample, recruitment of study participants and an interpretation of such matters as appropriate sample size. Justification of proposed sample size and nature is a fundamental requirement. However, in contrast to the quantitative world where one can draw on complex mathematical formulae to substantiate sample size decisions, there is nothing comparable in the qualitative spectrum. Instead of stretching credibility by referencing artificial benchmarks or defaulting to the limits of time and resources (Sandelowski 1995b), we argue that it is far more appropriate to locate sampling decisions in how disciplinary knowledge is understood. As it is inherent in a nursing lens to anticipate that any phenomenon may be expressed in infinite individual variation (Rolfe 2006a), it seems disingenuous to claim that having observed a certain number of cases, no new variation would be expected. Rather, it behoves us to consider how many instances of a thing ought to be

included in our observations and interpretations in order that our findings can have meaning to the audiences for whom we are conducting the research (Thorne 2008). In some instances, a deep exploration of a single case might illuminate something of substantive relevance to the discipline; in others, credibility for our practice audience would be contingent on demonstrating a realistic range of predictable variance. Thus, it seems quite reasonable to base our sample size on the suggestion that a proposed number of cases likely allows for at least a beginning consideration of the more probable commonalities, along with some instances of the inevitable variations with which professional practitioners are likely to be confronted.

Beyond sample size, disciplinary knowledge can also offer much to the determination of a sample's nature. It orients us to variance beyond the more usual demographic features and into the realm of differences that may be far more clinically meaningful. For example, because nursing considers appreciation of context as essential to an understanding of individual cases, sampling for variation may be much more appropriately applied to the tension between social determinants of health and patient autonomy than a focus on issues of gender, social status or ethnicity in isolation. Furthermore, an informed conjectural projection of the clinical contexts where findings might and might not find application can effectively serve to substantiate a determination of variance adequacy with respect to the question under consideration (McPherson & Thorne 2006). Having staked sample construction decisions on the assumption that there will be inevitable variants beyond the typical, the researcher brings that insight forward into the data analysis and interpretation, avoiding the generalizations that too frequently arise when a researcher is overconfident of sample size adequacy.

An important study design offshoot of this general and particular iterative in nursing epistemology is the problematic of stating a rational justification for concluding data collection. Claiming some form of data or theoretical 'saturation' has become the ubiquitous argument for leaving the field in most conventional social science methods traditions (Caelli *et al.* 2003). This typically entails an assertion that one has found sufficient coherence across cases to predict that new cases will yield no new relevant information. However, nursing disciplinary logic inevitably holds that, no matter how many cases of a phenomenon one has seen, the commitment to the needs of individuals demands an assumption that each new case may represent new conditions that the nurse is morally obliged to try to discover. Consequently, this interpretation of saturation is antithetical to a sound nursing orientation (Thorne & Dar-

byshire 2005). As with sample size claims, nursing requires alternative exit justifications more consistent with a disciplinary understanding of the phenomenon under study and the needs of the target audience, such as commentary on the extent to which the study population seems to have captured some of the kinds of diversities nurses encounter in their various practice contexts.

Attending to the influence of naturalistic context

Nursing knowledge always operates in the somewhat ambiguous context of an individualized experiential holistic subjectivity in tension with a socially constructed set of structures and ideas where people experience their health and illness (Rodney *et al.* 2013). Most of what nurses seek to understand cannot be meaningfully studied outside of its embeddedness in distinctive naturalistic contexts (Doane & Varcoe 2015). This positioning reminds us that the realities we study are both phenomenal and meta-physical and inherently vulnerable to social constructions. Thus, orienting data collection around subjective truths, for example, inherently also includes matters of the ethical and ideological environment where those truths are individually formulated (Rodney *et al.* 2013). Assuming that there is no singular truth with respect to health phenomena, nursing epistemology also alerts us to the importance of multiple knowledge sources. Nurse researchers would therefore be inherently cautious about general claims based on findings from any overly narrow focus of vision – such as interview without observation, or narrative without interpretation. We would recognize that, because public and private reflection capitalizes on different components of a whole, individual interview, family interview or focus group must necessarily serve different purposes and be understood as distinct ways of extracting insights. Decisions about data sources are, therefore, most usefully derived from a thoughtful consideration of what each source can possibly offer in answer to the question that drives the enquiry.

That a preponderance of what we know qualitatively has relied on the individual ‘conversational’ interview is well recognized in the literature (Silverman 1998, Nunkoosing 2005). One would expect that nurses, hardwired for vigilance across all of the senses, would also appreciate the value of observation and the interpretation of conversational material in the social, spatial and environmental context where it is produced. Consequently, just as one would construct clinical certainties on a combination of observable signs and available biomarkers, some triangulation of enquiry perspective fits the nursing angle of vision. Nursing would not typically assume narrative accounts to reflect

absolute truths, but rather that they represent expressions of meaning in context. A key element of that context in qualitative enquiry is the relational spaces where the study data are constructed and the study findings will be enacted. The form of qualitative nursing research findings and reports must therefore be amenable to the kind of fluid, dynamic and processual context where they will be read.

Engaging with a knowledge and action dialectic

In contrast to the ethos of a more theoretically oriented discipline, nurse researchers must assume that any potentially useable ideas they express as findings might actually be taken up by their practice colleagues regardless of any claims they make about the methodological limitations in how they were derived. Nurses are pragmatic, operating under an action imperative such that they cannot cease care delivery regardless of the level and quality of the knowledge base on which their actions are informed. Thus, nursing knowledge claims recognize that ideas imply potential and indeed a moral mandate, for action (Newham 2013) and such action inevitably occurs in health and healthcare contexts that are processual, dynamic and fluid (Doane & Varcoe 2015). Knowledge for nursing is therefore always understood as partial and evolving. Best practices reflect the state of an unfolding base of knowledge and never perfect answers. In recognition of this inherent dialectic, thoughtful qualitative nurse researchers express their study findings in a manner that allows for the advancement of current thinking on the basis of new angles of possibility, or novel insights for practice, rather than new truths. While the work of discerning pattern may well be enhanced by some thematic analysis along the way, simply naming themes or categories cannot constitute a meaningful advancement in a nursing epistemological tradition (Sandelowski 2007). In keeping with its mandate for action and the fluidity of the dynamic context where action occurs, the syntax of nursing knowledge is structured not around ‘facts’ but around ‘patterns’ (Newman 2002).

Acknowledging that pattern recognition becomes the form where nursing knowledge will be integrated into the practice context, syntactical choices (such as people ‘seem to...’ rather than ‘do...’ or ‘are...’) can realistically express the inductively derived insights from a qualitative nursing study. This form of reporting allows for critical engagement of the findings with prior understandings rather than competing with them. Considering the possible meanings and interpretations of findings arising in the course of a qualitative study in the larger body of scientific and clinical wisdom is therefore an essential component of what constitutes epistemological integrity in a pragmatic practice

discipline. As, as we have argued, evidence has become the dominant ideological driver of healthcare delivery in our times, credible qualitative nurse researchers must be able to demonstrate what their findings bring to a consideration of that full range of available relevant science.

Despite their differing ways of expressing what it entails and how one attains it, all nurses uphold a conception of health as a form of theoretically achievable balance towards which people – the primary target of their actions – are constantly striving. Further, they serve these people in the context of what are moveable truths being guided by a remarkably stable set of fundamental disciplinary values and beliefs associated with dignity, holism, agency and context. Qualitative nursing research expands on and strengthens the core disciplinary epistemological wisdom on which nurses enact that service.

Implications for nursing

The universe of qualitative methods offers nurse researchers a vast range of marvellous technique and design possibilities. However, when used uncritically in an effort to be faithful to their original social science traditions, the methods conventions can produce findings of a form and structure that is less than useful to the discipline. Interpretive Description becomes one option for moving beyond the inflexibility and theoretical directionality the traditional social science approaches can inspire without sacrificing freedom to capitalize on the full spectrum of wonderful technique that has evolved in the genre. Qualitative technique propelled not by an extant framework but by nursing epistemology as its theoretical scaffolding requires careful attention to the logic with which ‘course redirections’ to methodological convention are positioned. And, in the end, that capacity to own and work in a nursing orientation will differentiate a sloppy project from one that systematically and thoughtfully follows an auditable line of reasoning through to an informed understanding of a quality and nature that will have meaning for its intended disciplinary audience.

Conclusions

The epistemological underpinnings that make nursing a unique and complex discipline make uncritical application of the methodological traditions of social science disciplines whose core mandate is oriented towards theorizing rather than application problematic. Despite enduring debate over agreement on a common definition of who we are and what we do, nursing constitutes a sufficient set of fundamental

ideas and commitments to form a useful design logic that can serve as a credible frame for our applied qualitative research. We believe it is time for nursing to become critically aware of the value and power of its disciplinary epistemology as the kind of intellectual scaffolding that can shape meaningful and necessary applied qualitative studies. We need not set our methods in opposition to that heritage, but rather draw from it what still works and bend the remainder to our purpose. Nursing desperately needs the kind of knowledge that will support it in enacting its mission in the messy and difficult complexities of human lives and societal conditions. In that context, the potential contribution of strategically adapted qualitative enquiries seems infinite.

Funding

Development of the ideas for this manuscript involved no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Conflict of interest

No conflict of interest has been declared by the authors.

Author contributions

All authors have agreed on the final version and meet at least one of the following criteria [recommended by the ICMJE (<http://www.icmje.org/recommendations/>)]:

- substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

References

- Aamodt A.M. (1989) Ethnography and epistemology: generating nursing knowledge. In *Qualitative Nursing Research: A Contemporary Dialogue* (Morse J.M., ed.), Aspen, Rockville, MD, pp. 29–40.
- Anderson J.M. (1989) The phenomenological perspective. In *Qualitative Nursing Research: A Contemporary Dialogue* (Morse J.M., ed.), Aspen, Rockville, MD, pp. 15–26.
- Annells M. (2007) Guest editorial: what’s common with qualitative nursing research these days? *Journal of Clinical Nursing* 16(2), 223–224.
- Artinian B.A. (1988) Qualitative modes of inquiry. *Western Journal of Nursing Research* 10, 138–149.
- Baker C., Wuest J. & Stern P.N. (1992) Method slurring: the phenomenological/grounded theory example. *Journal of Advanced Nursing* 17, 1355–1360.

- Caelli K., Ray L. & Mill J. (2003) 'Clear as mud': toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods* 2(2). Article 1. Retrieved from https://www.ualberta.ca/~iiqm/backissues/2_2/pdf/caellietal.pdf on 27 August 2015.
- Carter M.A. (1985) The philosophical dimensions of qualitative nursing science research. In *Qualitative Research Methods in Nursing* (Leininger M.M., ed.), Grune & Stratton, Orlando, FL, pp. 27–32.
- Chenitz W.C. & Swanson J.M. (1986b) Qualitative research using grounded theory. In *From Practice to Grounded Theory: Qualitative Research in Nursing* (Chenitz W.C. & Swanson J.M., eds), Addison-Wesley, Menlo Park, CA, pp. 3–15.
- Doane G.H. & Varcoe C. (2015) *How to Nurse: Relational Inquiry with Individuals and Families in Changing Health and Health Care Contexts*. Lippincott, Williams & Wilkins, Philadelphia, PA.
- Dreher M. (1994) Qualitative research methods from the reviewer's perspective. In *Critical Issues in Qualitative Research Methods* (Morse J.M., ed.), Sage, Thousand Oaks, CA, pp. 281–297.
- Germain C. (1986) Ethnography: the method. In *Nursing Research: A Qualitative Perspective* (Munhall P.L. & Oiler C.J., eds), Appleton-Century-Crofts, Norwalk, CT, pp. 147–162.
- Holloway I. & Todres L. (2003) The status of method: flexibility, consistency and coherence. *Qualitative Research* 3, 345–357.
- Holloway I. & Wheeler S. (2010) *Qualitative Research in Nursing and Healthcare*. Wiley-Blackwell, Oxford.
- Hunt M. (2009) Strengths and challenges in the use of interpretive description: reflections arising from a study of the moral experience of health professionals in humanitarian work. *Qualitative Health Research* 19(9), 1284–1292.
- Hutchinson S. (1986) Grounded theory: the method. In *Nursing Research: A Qualitative Perspective* (Munhall P.L. & Oiler C.J., eds), Appleton-Century-Crofts, Norwalk, CT, pp. 111–130.
- Johnson J.L. & Ratner P.A. (1977) The nature of knowledge used in nursing practice. In *Nursing Praxis: Knowledge and Action* (Thorne S.E. & Hayes V.E., eds), Sage, Thousand Oaks, CA, pp. 3–22.
- Johnson M., Long T. & White A. (2001) Arguments for 'British pluralism' in qualitative health research. *Journal of Advanced Nursing* 33(2), 243–249.
- Kikuchi J.F. & Simmons H. (1996) The whole truth and progress in nursing knowledge development. In *Truth in Nursing Inquiry* (Kikuchi J.F., Simmons H. & Romyn D., eds), Sage, Thousand Oaks, CA, pp. 5–17.
- Leinger M.M. (1991) *Culture Care Diversity and Universality: A Theory of Nursing*. National League for Nursing Press, New York.
- Leininger M.M. (1985) Nature, rationale and importance of qualitative research methods in nursing. In *Qualitative Research Methods in Nursing* (Leininger M.M., ed.), Grune & Stratton, New York, pp. 1–25.
- Leininger M.M. (1991) Ethnonursing: a research method with enablers to study the theory of culture care. In *Culture Care Diversity and Universality: A Theory of Nursing* (Leinger M.M., ed.), National League for Nursing Press, New York, pp. 73–117.
- Liaschenko J. & Fisher A. (1999) Theorising the knowledge that nurses use in the context of their work. *Scholarly Inquiry for Nursing Practice* 13, 29–41.
- Lincoln Y.S. & Guba E.G. (1985) *Naturalistic Inquiry*. Sage, Beverly Hills, CA.
- McPherson G. & Thorne S. (2006) Exploiting exceptions to enhance interpretive qualitative health research: insights from a study of cancer communication. *International Journal of Qualitative Methods* 5 (2). Retrieved from http://www.ualberta.ca/~iiqm/backissues/5_2/html/mcpherson.htm on 27 August 2015.
- Meleis A.I. (1987) ReVisions in knowledge development: a passion for substance. *Advances in Nursing Science* 5(1), 17–25.
- Morse J.M. (1989) Qualitative nursing research: a free-for-all? In *Qualitative Nursing Research: A Contemporary Dialogue* (Morse J.M., ed.), Aspen, Rockville, MD, pp. 3–10.
- Munhall P.L. (2011) Epistemology in nursing. In *Nursing Research: A Qualitative Perspective*, 5th edn (Munhall P.L., ed.), Jones & Bartlett, Sudbury, MA, pp. 69–94.
- Neergaard M., Olesen F., Andersen R. & Sondergaard J. (2009) Qualitative description: the poor cousin of health research? *BMC Medical Research Methodology* 9(52), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2717117/>. doi:10.1186/1471-2288-9-52.
- Newham R.A. (2013) An internal morality of nursing: what it can and cannot do. *Nursing Philosophy* 14, 109–116.
- Newman M.A. (2002) The pattern that connects. *Advances in Nursing Science* 24(3), 1–7.
- Nunokoosing K. (2005) The problem with interviews. *Qualitative Health Research* 15(4), 698–706.
- Oiler C.J. (1986) Phenomenology: the method. In *Nursing Research: A Qualitative Perspective* (Munhall P.L. & Oiler C.J., eds), Appleton-Century-Crofts, Norwalk, CT, pp. 69–84.
- Omery A. (1988) Ethnography. In *Paths to Knowledge: Innovative Research Methods for Nursing* (Sarter B., ed.), National League for Nursing, New York, pp. 17–31.
- Parse R.R. (1990) Parse's research methodology with an illustration of the lived experience of hope. *Nursing Science Quarterly* 3, 9–17.
- Parse R.R. (1999) The human becoming practice methodology. In *Illuminations: The Human Becoming Theory in Practice and Research* (Parse R.R., ed.), Jones & Bartlett, Sudbury, MA, pp. 115–133.
- Parse R.R., Coyne A.B. & Smith M.J. (1985) *Nursing Research: Qualitative Methods*. Brady, Bowie, MD.
- Patton M.Q. (1987) *Creative Evaluation*. Sage, Newbury Park, CA.
- Pesut B. & Johnson J. (2008) Reinstating the 'Queen': understanding philosophical inquiry in nursing. *Journal of Advanced Nursing* 61(1), 115–121.
- Ray L.D. & Mayan M. (2001) Who decides what counts as evidence? In *The Nature of Qualitative Evidence* (Morse J.M., Swanson J.M. & Kuzel A.J., eds), Sage, Thousand Oaks, CA, pp. 50–73.
- Reed P.G. (2006) The practice turn in nursing epistemology. *Nursing Science Quarterly* 19(1), 1–3.
- Risjord M. (2010) *Nursing Knowledge: Science, Practice and Philosophy*. Wiley-Blackwell, Oxford.
- Rodney P., D'Agincourt Canning L., McPherson G., Anderson J., McDonald M., Pauly B.M., Burgess M. & Phillips J.C. (2013) Working within the landscape: ethics in practice. In *Toward a Moral Horizon: Nursing Ethics for Leadership and Practice* (Sorch J.L., Rodney P. & Starzomski R., eds), Pearson Canada Inc., Toronto, pp. 254–281.

- Rolfe G. (2006a) Nursing praxis and the science of the unique. *Nursing Science Quarterly* 19(1), 4–8.
- Rolfe G. (2006b) Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Journal of Advanced Nursing* 53(3), 304–310.
- Sandberg J. (2005) How do we justify knowledge produced within interpretive approaches? *Organizational Research Methods* 8(1), 41–68.
- Sandelowski M. (1986) The problem of rigor in qualitative research. *Advances in Nursing Science* 3, 27–37.
- Sandelowski M. (1993a) Rigor or rigor mortis: the problem of rigor in qualitative research revisited. *Advances in Nursing Science* 16(2), 1–8.
- Sandelowski M. (1993b) Theory unmasked: the uses and guises of theory in qualitative research. *Research in Nursing & Health* 16, 213–218.
- Sandelowski M. (1995b) Sample size in qualitative research. *Research in Nursing & Health* 18, 179–183.
- Sandelowski M. (1996) Truth/storytelling in nursing inquiry. In *Truth in Nursing Inquiry* (Kikuchi J.F., Simmons H. & Romyn D., eds), Sage, Thousand Oaks, CA, pp. 111–124.
- Sandelowski M. (2000) Whatever happened to qualitative description? *Research in Nursing & Health* 23, 334–340.
- Sandelowski M. (2007) Words that should be seen but not written. *Research in Nursing & Health* 30, 129–130.
- Sandelowski M. (2010) What's in a name? Qualitative description revisited. *Research in Nursing & Health* 33(1), 77–84.
- Schultz P.R. & Meleis A.I. (1988) Nursing epistemology: traditions, insights, questions. *Image: The Journal of Nursing Scholarship* 20, 217–221.
- Sellman D. (2011) *What Makes a Good Nurse? Why the Virtues are Important for Nurses*. Jessica Kingsley Publishers, London.
- Silverman D. (1998) The quality of qualitative health research: the open-ended interview and its alternatives. *Social Sciences in Health* 4(2), 104–118.
- Stern P.N. (1985) Using grounded theory method in nursing research. In *Qualitative Research Methods in Nursing* (Leininger M.M., ed.), Grune & Stratton, Orlando, FL, pp. 149–160.
- Stern P.N. (1994) Eroding grounded theory. In *Critical Issues in Qualitative Research Methods* (Morse J.M., ed.), Sage, Thousand Oaks, CA, pp. 212–223.
- Thorne S.E. (1991) Methodological orthodoxy in qualitative nursing research: analysis of the issues. *Qualitative Health Research* 1(2), 178–199.
- Thorne S.E. (2001) The implications of disciplinary agenda on quality criteria for qualitative research. In *The Nature of Qualitative Evidence* (Morse J.M., Swanson J. & Kuzel A., eds), Sage, Thousand Oaks, CA, pp. 141–159.
- Thorne S. (2008) *Interpretive Description*. Left Coast Press, Walnut Creek, CA.
- Thorne S. (2011) Toward methodological emancipation in applied health research. *Qualitative Health Research* 4, 443–453.
- Thorne S. (2013) Interpretive description. In *Routledge International Handbook of Qualitative Nursing Research* (Beck C., ed.), Taylor & Francis, New York, pp. 295–306.
- Thorne S. & Darbyshire P. (2005) Landmines in the field: a modest proposal for improving the craft of qualitative health research. *Qualitative Health Research* 15, 1105–1113.
- Thorne S. & Sawatzky R. (2014) Particularizing the general: sustaining theoretical integrity in the context of an evidence-based practice agenda. *Advances in Nursing Science* 27(1), 5–18.
- Thorne S., Reimer Kirkham S. & MacDonald-Emes J. (1997a) Interpretive description: a non-categorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health* 20(2), 169–177.
- Thorne S., Joachim G., Paterson B. & Canam C. (2002) Influence of the research frame on qualitatively derived health science knowledge. *International Journal of Qualitative Methods* 1(1). Retrieved from <https://ejournals.library.ualberta.ca/index.php/IJQM/article/view/4611/3760> on 27 August 2015.
- Travers M. (2009) New methods, old problems: a sceptical view of innovation in qualitative research. *Qualitative Research* 9(2), 161–179.
- Woods N.F. & Catanzaro M. (1988) Generating nursing science. In *Nursing Research: Theory and Practice* (Woods N. & Catanzaro M., eds), Mosby, St. Louis, pp. 3–17.
- Yeglich T. (2000) In the name of Husserl: nursing in pursuit of the things-in-themselves. *Nursing Inquiry* 7(1), 29–40.

The *Journal of Advanced Nursing (JAN)* is an international, peer-reviewed, scientific journal. *JAN* contributes to the advancement of evidence-based nursing, midwifery and health care by disseminating high quality research and scholarship of contemporary relevance and with potential to advance knowledge for practice, education, management or policy. *JAN* publishes research reviews, original research reports and methodological and theoretical papers.

For further information, please visit *JAN* on the Wiley Online Library website: www.wileyonlinelibrary.com/journal/jan

Reasons to publish your work in *JAN*:

- **High-impact forum:** the world's most cited nursing journal, with an Impact Factor of 1.527 – ranked 14/101 in the 2012 ISI Journal Citation Reports © (Nursing (Social Science)).
- **Most read nursing journal in the world:** over 3 million articles downloaded online per year and accessible in over 10,000 libraries worldwide (including over 3,500 in developing countries with free or low cost access).
- **Fast and easy online submission:** online submission at <http://mc.manuscriptcentral.com/jan>.
- **Positive publishing experience:** rapid double-blind peer review with constructive feedback.
- **Rapid online publication in five weeks:** average time from final manuscript arriving in production to online publication.
- **Online Open:** the option to pay to make your article freely and openly accessible to non-subscribers upon publication on Wiley Online Library, as well as the option to deposit the article in your own or your funding agency's preferred archive (e.g. PubMed).