What Can Qualitative Research Offer in a World Where Evidence Drives Decisions?

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Sally Thorne, RN, PhD, FAAN, FCAHS
University of British Columbia, Canada
Evidence Based Practice

“Without best available evidence, practice risks becoming rapidly out of date” (Sackett et al., 1996)
But What Constitutes Evidence?
All the legal means, exclusive of mere argument, which tend to prove or disprove any matter of fact, the truth of which is submitted to judicial investigation.

[Osborne’s Concise Law Dictionary]
A claim that explicitly references a synthesis process whereby that which can be known has been systematically analyzed and interpreted within a public context.
Nursing’s Confusion around Evidence

- Facts?
- Truths?
- Probable truths?
- Theories?
- Clinical patterns?
Perhaps evidence is a rigorous study?
Or evidence is whatever we agree on?
Clinical experience as a form of evidence?

“Evidence-based practice recognizes that the best evidence may not be research based but, in fact, may be the evidence of clinical experts in the field.”

[In Potter & Perry Fundamentals of Nursing, 3rd ed.]
"When I use a word," Humpty Dumpty said in rather a scornful tone, "it means just what I choose it to mean — neither more not less."

[Carroll, L. (1872\1974). Through the looking glass. London: The Bodley Head (p. 179).]
Risks of Staying with this Confusion?

- Threats to Professional Credibility
- Limits to Scientific Contributions
- Harm to Patients
Engaging with the Informed Patient
The evidence clearly shows.....
Scientific studies prove.....
CANNABIS OIL
#BlackStuff

A DROP A DAY KEEPS THE CANCER AT BAY

...AND DIABETES, AND SEIZURES, CHRON’S, ASTHMA, PTSD, ADD, ARTHRITIS, CHRONIC PAIN, NEUROPATHY, MULTIPLE SCLEROSIS, GLAUCOMA AND THE LIST GOES ON AND ON AND ON...
Scientific evidence that honey is a natural Cancer Vaccine is growing. Among the mechanisms on how honey fights cancer are inhibition of cancer cell proliferation, induction of apoptosis, and cell-cycle arrest.

~ Evidence-Based Complementary and Alternative Medicine, 2012
What Explains Nursing Thinking Around Evidence?
Wholes and Parts
Commonalities and Differences
Experiences and Ideas
In Dynamic Context

- Community Supports/Support Groups
- Administrative/Clinical Support Staff
- Radiation Therapists
- Pharmacists
- Dieticians
- Nursing
- Diagnostics/Support Programs
- Volunteers
- Radiation/Medical Oncologists/Hematologist
- Dosimetrists/Therapeutic Physics
- Social Workers
Nursing’s uniqueness

General knowledge

Particular case
We Don’t Assume Knowledge Should be Factual/Fixed

Relevant understandings will be
- Processual
- Systematic
- Flexible
- Infinitely Adaptive
The promise of qualitative research for expanding nursing knowledge
Capturing what quantitative science misses/ or misrepresents

- That which defies quantification
- That which behaves in ways that cannot be regularized
- That which changes outside the context of its natural complexity
But many of our methods steer us in different directions

Natural philosophy
Natural science
Science
Social science

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<thead>
<tr>
<th>Anthropology</th>
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<td>Ethnography</td>
<td>Grounded Theory</td>
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Answering theoretical – not applied questions

- Discovering laws and principles
- Discerning human universals
- Solving real life practice problems
Result = Methodological Muddles
Outcome of these disconnects
A body of qualitative material with:

- Too many small studies
- Confusion over role of theory
- Overuse of metaphor
- Too much or too little generalization

Good intentions but not meeting nursing’s knowledge needs
Newer Applied Qualitative Methods
Informing insight around patient experience to enhance patient care
Providing subjective and experiential insight into policy decision making
Illuminating complexity
Inspiring empathy
Filling the gaps where population research (quantitative findings) cannot provide explanation
Approaches that:

1. Emphasize Applied Knowledge

Creating design logic according to:

- Questions of concern to the discipline
- Answers that meet the knowledge needs of the disciplinary audience
2. Focus on Diversities/Complexities

Not
- What is THE “lived experience” of...?
- What is THE “social process” of ....?

But instead
- What can be learned from the experiences of....?
3. Allow for Justifiable Creativity

- Design decisions draw from the universe of great technique
- Critical reflection on implications of design for knowledge users
4. Envision KT from the Outset

- Logical reasoning from the question through to the answer
Qualitative Research Findings ≠ Evidence

- Help us interpret evidence for practice
- Help us see what the evidence obscures
- Help us know whether evidence is applicable in individual cases
Example of Cancer Care Communication

- Persistent high priority patient concern
- Ubiquity & complexity of communication
- Undeniable evidence of impact (+ & -)
Conventional research oriented around:

- What is amenable to measurement?
- What patterns are recognizable within populations?
- What interventions can be tested?
- What outcomes ought to be measured?
But humans are not robots
Physiology
Expressions
Posture
Gestures

“Good Morning”

Tonality
Tone
Tempo
Timbre

Words
Predicates
Tone
Key words

Communication
Reasons for Considering Complexity

- Subjective
- Humanly experienced
- Nuanced
- Dynamic
- Particular challenge of illness context
Qualitative Contribution?

- What’s wrong with our assumptions?
- What other layers of complexity might enrich our understanding toward enhancing practice knowledge?
Shifting our Perspective

Trying to Define Good Communication

Understanding Poor Communication
From patient stories we developed

**Typology of Communication Errors**
1. Occasional Misses

- Misinterpreting information needs
- Misjudging level of anxiety
2. Systemic Misjudgments

- Faulty assumptions
- Conflicting agendas
- Competing accountabilities
- Gaps in patient perspective knowledge
3. Repeat Offenders

- Language
- Demeanor
- Voice tone
- Attitude
A Healthy Communication Environment

= a Matter of Patient Safety
1. Current orientation toward occasional misses
2. Patient perspective research in targeted areas to surface systemic assumptions and refine capacity for human variation
3. System level solutions for persistent communication problems
Enabling System Flaws vs Advocating for our Patients

Buffering
- Interpreter
- Connector/navigator
- Primary point of ongoing contact

Protecting
- Name it as harm and act on it

Educating/Managing
- Just as we don’t give up on our patients, we should not give up on our colleagues.
Direct our focus of inquiry toward those aspects of cancer experience and cancer care that are only made visible from a nursing angle of vision.

Study what nurses need to be able to “see”
Optimizing Nursing Impact on Evidence-Informed Practice

International Society of Nurses in Cancer Care