



Qualitative Research in Nursing: Is it “Fact or Just Fiction?” What is the Reality?

Manfred Mortell*

School of Nursing and Allied Health Professions, University of the Bahamas, Bahamas

***Corresponding Author:** Manfred Mortell, School of Nursing and Allied Health Professions, University of the Bahamas, Bahamas.

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Abstract

Research in healthcare is essentially a methodical inquiry with an intention to generate trustworthy evidence about phenomena in the fields of nursing, medicine, and paramedical team collaboration. The focus of this article will provide an acumen about qualitative research methods and vindication regarding generic fallacies and challenges encountered by nursing researchers when conducting qualitative research. The repetitive myths and misconceptions pertaining to qualitative approaches are that they are non-scientific, subjective, not verifiable, or non-factual and as such are not beneficial or practical unless supported by quantitative data, such as statistics. Criticism is also directed at a lack of researcher's objectivity and neutrality that quantitative scholars maintain affects validity and reliability, and consequently makes data untrustworthy. They also declare that qualitative research findings cannot be generalized to a broader community, as sample sizes are characteristically small in number and therefore do not represent the broader and/or global population. In addition to the belief that with small sample sizes the perceptions of a minority do not epitomize the opinions of the overall population, that being the majority. Furthermore, in respect to healthcare, as illness and disease is global, only evidence-based findings that are generalizable can inform nursing policies and clinical practices? Last, but not least, those academics who endorse a quantitative paradigm also contend that qualitative data collection and analysis is simple, straightforward, undemanding, and that interviewing subjects is the sole skill that is required and employed to collect research data. That being the case, any person is capable of doing it. Therefore, this article will revisit and provide an insight about qualitative research methods and a justification regarding generic fallacies and challenges encountered by nursing researchers when conducting qualitative research.

Keywords: Nursing; Misconception; Qualitative; Research; Rigor; Subjective; Trustworthy

Introduction

During my professional career as a nurse, I have encountered numerous pessimistic opinions and stances concerning the qualitative research paradigm. “Qualy” or “Quanty” were terms that I was introduced to early in my career, and I never used the terms myself, as these jargons were somehow offensive to me as a “budding” academic interested in research. As an undergraduate nursing student and a postgraduate nurse my passion and motivation were to provide wholistic, patient focused, evidence-based care. However, the body of knowledge, at that time was primarily quantitative, with statistical data, and coupled with my professional inexperience did not encourage my pursuit for evidence-based information. As a PhD candidate my dissertation proposed, defended, and evolved utilizing a pure qualitative design, which was a first for my university at that time. My supervisor's advisement at that time was discouraging, as they counseled me to employ a quantitative or mixed method approach, which was the norm at

my chosen university. However, I elected to continue with my chosen “pure” qualitative methodology, which was grounded theory, as my objective was to study a specific phenomenon and create a new theory [1]. Therefore, on reflection, the term “Qualy” despite being jargon, was actually appropriate and valid for qualitative research as it subjectively inferred quality to me. Despite the realization that there is an extensive body of knowledge pertaining to research approaches, which is inclusive of the qualitative paradigms. The issues, reviewed in this article, may involve a lack of familiarity with the methodology or unwillingness to adopt the approach due to challenges and myths, which are perceived globally. This critique will expectantly attempt to clarify and reaffirm the importance and potential utility of qualitative research findings as evidence in the body of knowledge for nurses, and the profession of nursing. In addition to, providing an insight into the qualitative research approach, the common misconceptions and the challenges encountered by nurse researchers, including myself, when conducting

qualitative research. Qualitative research is vital for providing exploratory and explanatory data and ensures that the participants’ voices are “heard”, and their experiences inform nursing and other health professions. When in-depth participant perspectives are required, qualitative approaches are often the best methodological choice, as it ensures individuals as participants and populations have their viewpoints and experiences made transparent. Nonetheless, there are often multidimensional challenges with this research methodology, which involve sample sizes, sampling strategies, and data collection approaches.

Why would you as a researcher consider employing a Qualitative methodology?

The logic and justification for employing a qualitative methodology is that it provides nurse researchers with an understanding of the lived experience of their patient’s “reality”. The patients’ “reality” therefore provides an understanding of their lived experiences and is essential for the provision of effective, culturally sensitive, and safe healthcare. One of the unique benefits of qualitative research is that it allows the researcher to construct a realistic, empathetic understanding of the participants as human beings, and not as a numeric or a statistic. Qualitative research requires that the investigator to engage with participants as human beings, not “things” and as such researchers are required to foster and encourage a rapport to make participants secure and therefore willing and able to express their thoughts, opinions, feelings, and beliefs about the humanistic phenomenon under investigation. Due to the flexibility and relevance of qualitative methods in healthcare, there has been a significant increase in healthcare research studies utilizing a qualitative methodology [2,3].

Within the “scientific discipline” of nursing, qualitative research reveals phenomena, which patients’ experience, what it means to experience those phenomena, and therefore, takes into consideration how and why people think or act, in addition too, how they comprehend their thoughts and actions within their lives.

Reevaluate the hypothetical shortcomings of Qualitative research

Qualitative research has several perceived disadvantages, which may be seen as limitations by accusatory researchers, even when conducted appropriately for a specified qualitative approach. Claims of methodology flaws from the scientific community are that the volume of data makes analysis and interpretation time consuming, and difficult to illustrate visually. Therefore, this could be a contributing factor as to why the approach is not as accepted, as is quantitative research. What is also considered a fault in qualitative research is the researcher’s omnipresence, which is unavoidable as the researcher is often the primary tool for data collection. However, it should be noted that no research approach,

qualitative or quantitative, is neutral, and as such can affect the participants’ responses. A final concern, and potential limitation, which is frequently vocalized by quantitative academics, is that rigor is more difficult to maintain, assess, and demonstrate, as the research quality is dependent on the individual skills of the researcher and is therefore easily influenced by the researcher’s personal biases and idiosyncrasies. However, the same argument could be directed at the reliability and validity pertaining to a quantitative approach, which often requires meticulous adherence to a systematic approach, and a proficient statistician to assess, construct and endorse the numerical findings.

What then is Qualitative research?

Qualitative research denotes a method of investigation in which the researcher serves as the data collection tool and searches for answers to questions concerning “*how and why*” a specific phenomenon transpires, not the “cause-why did it happen and-effect-what happened when it did happen” model as in the quantitative paradigm [4]. Qualitative research employs questions about human lived experiences and realities which are far-reaching, within the individual or population in their “natural” typical setting and as such produces rich, dense, descriptive data that expedites understanding of that individual’s or population’s experiences” [5].

The qualitative research method encompasses a diverse range of methodological approaches, and should not, be considered a limitation, but a manifestation of the lengthy and sometimes challenging past history in the evolution and acceptance of this “holistic” research approach. An unpretentious depiction of qualitative research is that it acknowledges the “voice” of individuals and groups to be included in research, contemplates what and why these individuals or groups think or behave the way that they do.

A study about the “Barriers deterring patient advocacy in a Saudi Arabian Islamic critical care setting”, revealed unique religious and cultural information [6]. Different academic and non-academic disciplines utilize qualitative research as a method of inquiry to understand human behaviors and experiences [7,8]. The predominant strength of a generic qualitative research approach rests in the breadth and depth of the exploration, description, and evaluation that it requires. The fundamental categories of qualitative research designs that most researchers are familiar with are narrative research, which utilizes an individual’s stories to describe the nuances of events or experiences of a particular phenomenon, phenomenological research that employs an in-depth approach to studying a phenomenon about lived experiences. Grounded theory research offers a trustworthy design choice when the goal of the research is to generate a theory [9]. Ethnographic research, historical research, qualitative descriptive and case study research that

all have advantages for investigating idiosyncratic and subjective issues. Sandelowski’s (2000) publication, “What happened to qualitative description” endures to this day, as a classic and one of the most highly cited qualitative methods papers, with more than 13,000 citations [10]. In healthcare research, these qualitative methods are deemed and respected as truly humanistic, and a patient/person centered strategy to determine and reveal the beliefs, thoughts, and actions of human beings.

Condemnation of qualitative research methodologies

Qualitative research rigor has often; been declared as an inferior proxy to quantitative research because the researcher is the primary instrument of data collection and analysis, which biases the study, making it less rigorous and trustworthy in comparison to quantitative research. A recurrent statement made regarding rigor and qualitative research is that findings lack validity and reliability, are subjective and not scientific. In quantitative research the measurement variables are predetermined, rigid specifications, state statistical p values and are therefore considered valid [11]. However, it should be noted, qualitative research has evolved over the past four decades, standards for rigor have evolved. Qualitative academics have created specifications to guide the process of validating rigor of qualitative findings [12]. Consequently, contemporary methodological innovations pertaining to sample sizes, sampling strategies, and techniques for integrating mixed-methods studies have advanced the qualitative approach to research. Lincoln and Guba originally offered a definitive criterion to evaluate qualitative research. Classically, it is often referred to, as “standards of trustworthiness of qualitative research”, The four components of the criteria are credibility, transferability, dependability, and confirmability [13]. The first of the four criterion is credibility, which denotes confidence in the ‘truth value’ of the data, its interpretation and is sourced to determine whether the findings are believable. Credibility is comparable to the “internal validity” utilized in quantitative research [14,15]. The second criterion, transferability, establishes trustworthiness of qualitative research. Transferability signifies the extent to which the qualitative findings are applicable to other participants, populations, settings, or contexts and is the equivalent to the “external validity” employed in quantitative research [16]. Qualitative academics advocate authors to present sufficient points so that applicability of data in other contexts can be transparently evaluated [13]. Dependability is the criterion that relates to the assumption of “repeatability or replicability” of the study findings and is analogous to that of “reliability” in quantitative research. Essentially, dependability asks whether the study findings can be repeated or duplicated with the same or a similar cohort of participants and setting or context [14,15]. Confirmability is the fourth criterion in a qualitative research project and is analogous to the “objectivity” in a quantitative research study. It refers to the extent or degree to which the research study findings

can be confirmed or corroborated by other researchers. To validate confirmability the data must exhibit and therefore reflect the participants’ experiences and not the bias, motivations, or imaginations of the researcher as the inquirer [2,14,15]. In spite of this, experts in the discipline strive for consensus regarding generic norms to evaluate rigor in qualitative studies. Concurring, numerous academics, state, that no universal criteria can homogeneously address rigor in the countless methods utilized in qualitative research. In essence then, rigor, and as such quality, differs from one qualitative method to the next and academics prefer that the rigor of qualitative research studies be evaluated based on the specific criteria related to the method being employed [17,18].

In view of the controversies related to rigor and qualitative research methods, researchers must ensure that the research study is conducted with sufficient quality, employ transparent strategies which; communicate the processes employed to validate the trustworthiness of the study [2]. Qualitative research strategies that validate rigor can include triangulation, which refers to the use of multiple methods or data sources in qualitative research to develop a comprehensive understanding of phenomena [19]. For example, if you were studying how nurses perceive the role of patient advocacy, the researcher could collect data using surveys, interviews, focus groups, reflective journals and content analysis of nursing journal articles to get a comprehensive understanding of the phenomenon or issue. The Constant comparative method is a process developed by Glaser and Strauss; and uses coding where the researcher classifies and categorizes raw data into groups according to attributes and then arranges those groups in a structured way to formulate a new theory [20]. The four stages of the constant comparative method are comparing events applicable to each category, integrating categories and their properties, delimiting the theory, and writing the theory. For example, a researcher collecting data about patient advocacy might use constant comparative analysis to assess responses to interview questions, such as protector, defender, guardian, safe guarder, and mother, father that in turn creates categories according to the perspectives expressed, such as protection, custodian, and sentinel. By examining similar and dissimilar codes or themes and combining categories or revising their properties, provides insights about the phenomena before formulating a theory. For example, an evolving theory could be “the role of a patient advocate is to protect vulnerable patients”. Data saturation as an element of rigor; also validates qualitative studies and occurs when a researcher has arrived at the point where sufficient data has been collected to illustrate requisite conclusions. Any further data collection at this time will not produce value-added insights [19]. Interestingly, data saturation is often not emphasized in qualitative studies, despite being an important concept and process in qualitative research. Consider an ineffectually planned qualitative study, with resources for a limited number of interviews. The pro-

posed research study, anticipates that data saturation would be achieved with a set number of participants. However, data saturation may not be achieved as anticipated, which results in the study being terminated, and essentially invalidates the findings [21].

Academic debates also imply that qualitative methodologies are a simple research approach that anyone can do. Nevertheless, it can be argued that qualitative approaches are **labor-intensive due to volumes of collected data and despite available** software that can be used to manage and record large amounts of data text, data analysis often has to be checked, and rechecked and performed manually. Another adverse criticism pertaining to qualitative findings, is that it has “**limited generalizability**” which despite rigorous analysis procedures, is difficult to draw generalizable conclusions because the data may be unrepresentative of the wider population. There is a distinction between the generalizability of quantitative findings compared to that of qualitative findings, if in fact this term is actually applicable to qualitative findings. In respect to quantitative findings, generalization is depicted by instituting universal laws for populations, grounded on data from samples regarded to be comparable to those populations, which cannot, nor is it meant to, be achieved with qualitative findings. Qualitative findings are not generalizable in the conventional substance of the word, meaning that the findings do not provide laws or relationships that can be acquired from a single sample and applied to an entire population. Instead, the findings are generalizable in a manner that is relevant to nursing practice, in that there is an expectancy that evidence-based findings, and nursing science, be personalized, patient centered to unique populations in their distinctive contexts. Explicitly, qualitative research findings make available knowledge about human experiences, which is concrete, individual, or unique to *academics*, and clinicians who can apply qualitative findings to the care of individuals that are in situations similar to that of those in the sample from which findings came [22]. Qualitative findings do not aim to provide data which for generalization, which essentially means that the findings from a small sample cannot be credible if compared to the overall generic population. Yet, it should be emphasized that qualitative findings are not intended to be generalized to a universal population or setting. However, they may provide insights that are useful for nurses and healthcare professionals in comparable settings. For example, in a study by Mortell, the findings of the study were specific to the sample population of Muslim critical care nurses in Riyadh, Saudi Arabia, but could certainly provide insights that were useful for clinicians in similar acute and non-acute care settings [6].

Has the Qualitative approach made an impact as a research methodology?

Perception and appreciation of the depth, capability and complexity of human behavior is the foundation of qualitative research.

The qualitative approach as a method of investigation explores and examines the ‘how’ and ‘why’, in contrast to the ‘when’, ‘what’, and ‘where’ employed in a quantitative approach [26]. Distinguishing from quantitative methods, the intent of qualitative research as a mode of inquiry is to explore, explain, and describe the phenomena under examination and grasp the multilayered reality. In doing so, healthcare mediations, healthcare models, and medical-nursing-social theories could be established or developed as an outcome of qualitative research [27]. Kearney made transparent claims regarding the methods in which qualitative research could influence nursing practice, asserting that qualitative research findings precede *clinical insightfulness and meaningful understanding for nurses* [28]. Therefore, a qualitative mode of disclosure provides nurses with an opportunity to understand “what it feels like to be a patient”, the diverse states that a patient may view illness, and their role as a patient advocate [29]. Qualitative research findings augment the nursing process, in that it contributes and complements a holistic *assessment of a patient’s condition, which appends improvement and a positive prognosis*. Findings that reveal a course of ill health or care related to that infirmity can initiate the advancement of clinical tools for individual patients or a specific particular patient population. For example, if a palliative care nurse identifies from the qualitative body of knowledge in a different domain, such as the ICU, that in order to be an effective patient advocate, five categories of advocacy must be identified, understood, and employed [1]. Then, the qualitative findings from a critical care domain could realistically be generalized and applied to another patient population such as oncology and palliative care. This offers a research focus on what patients and nurses might require and how others nurses have described that experience. The findings then provide a collaborative pathway, which could be employed by nurses in diverse specialties required for this advocacy application.

Qualitative research and nursing “fact or fiction”

Generic fallacies, or misconceptions regarding qualitative research, include the following allegations. That it is not objective and therefore not scientific, and as such is subjective, which compromises rigor, validity, and reliability, creating biases, which makes the data untrustworthy. Allegations also imply that qualitative research findings lack generalizability, as sample sizes are characteristically small in number and therefore do not represent the general population. The opinions and perceptions of a minority sample do not represent the majority. Generalizable evidence-based research findings are the only valid source that should inform nursing policies and clinical practice and are only useful when supported by statistics and numerical findings. Overall, there appears to be a consensus that qualitative data collection and analysis are easy and undemanding; and as such, anyone is able to accomplish it. By default, this inaccurate belief creates a credence that qualitative research cannot exist as a credible research methodology [22].

“Fact or fiction” Lacks objectivity

Numerous academics state that qualitative studies are subjective with an absence of clear guidelines in sampling as well as the issue of a lack of generalizability of the study findings.

They also presume that the findings of qualitative assessments are unreliable and corrupted by the viewpoints and preferences of the enquirer, due to researcher bias, as the role of the researcher is as a data collection instrument, and the principal tool employed for data analysis [30]. The drawback with this logic is that no investigation or appraisal approach, whether quantitative, historical, qualitative, or mixed method, can be objective, as there is no value-free or bias-free design [31].

“Fact or fiction” Subjectivity compromises accuracy and trustworthiness

Because the nurse as a researcher is the primary instrument of data collection and analysis [30], qualitative inquiry cannot produce neutral reports of the phenomena and related experiences being studied. However, as mentioned previously, Janesick stated that there is no value-free or bias-free design, which refutes the myth that credible research is completely objective [31]. Although complete objectivity in a research study is impossible regardless of the inquiry approach employed, this does not mean that truthful explanations of phenomena realities and participants’ lived experiences are unattainable. To guarantee that qualitative data delivered unbiased, truthful participant accounts, Lincoln, and Guba offered four criteria to evaluate rigor in qualitative research. Those four criteria being credibility, transferability, dependability, and confirmability [32]. These criteria replace the typical positivist criteria of internal and external validity, reliability, and objectivity [33].

“Fact or fiction” The perspectives of few do not represent the views of the many

Some academics refute qualitative methods for representative assessment findings due to the small purposive sample size, which has limited numbers of participants from whom information can be collected. The presumption is that if data are collected from a small, nonrandomized section of a population, the results cannot represent the experiences of other individuals and populations. To challenge this view, consider, for example, if ten Muslim intensive care unit (ICU) nurses describe the phenomenon of patient advocacy [1], the likelihood is that they are not the only Muslim nurses or non-Muslim nurses regardless of their specialty field who believe and feel as do the sample group of ICU nurses.

“Fact or fiction” Only generalizable results can be considered for evidence-based practice

As with the objectivity expectation, it is unrealistic to assume that assessment data in any form is thought generalizable for all populations or other institutions. Qualitative methods enrich the descriptions and understandings of phenomena in a given context and under diverse settings. Donmoyer, challenged that alternate approaches of theorizing generalizability are desirable, as educators, administrators, and therefore, all professionals, especially those in healthcare must be concerned with phenomena related to what transpires to individuals, not just the masses as aggregates [34].

“Fact or fiction” Qualitative data are useful only when corroborated by statistics/numbers

A convincing argument for the use of mixed methods as a research approach was made by Howard and Borland, but qualitative studies do not require a quantitative stamp of approval to endorse their findings as trustworthy [35]. In fact, Creswell argued it should be a research question or questions that validate the selection of appropriate research method [36]. Per se, selected questions advance themselves solely to qualitative approaches. Moreover, qualitative research findings have the facility to prevail on their own merits and stipulate constructive insights about the phenomenon in question to guide organizational policy, clinical practice, and evidence-based decision making [37], or to unpretentiously to augment quantitative findings with the participants’ voices [38]. However, it should be noted that qualitative studies do not require quantitative verification.

“Fact or fiction” Qualitative data are easy to collect and analyze; anyone can do it!

The qualitative researcher is considered the primary instrument of data collection and analysis [30]. The integrity of qualitative data depends on the competence of the data collection instrument, the researcher. That said, the collected data are only as reliable and trustworthy as the aptitudes and skills of the researcher [39]. As per quantitative researchers recognize sophisticated statistical processes require complex preparation in quantitative research methods. This too is the circumstance with approaches to qualitative designs and analysis. The paramount data becomes apparent when employing a systematic, meticulous, and rigorous process for which methodological principles, guidelines and conventions have been recommended for qualitative approaches.

“Fact or fiction” interviewing is the only qualitative data collection strategy

Qualitative data collection is repeatedly viewed tantamount with interviews and focus groups. While these methods are nor-

mally exploited, they are only two of the numerous selections that can hypothetically generate insightful and enlightening data about the phenomena under investigation. Diverse qualitative data collection methods originate from and reflect diverse philosophical underpinnings and practices that originate from five research traditions, Narrative research, Phenomenology, Grounded theory, Ethnography, and case studies [36]. Denzin and Lincoln, describe a span of methodological selections, which includes, face to face interviews, focus groups, observations, document analyses, and reflective journaling, all of which have applications for data collection in qualitative research [8]. For example, the analysis of reflective journalling can provide rich information about the participants’ reflections about the phenomena in a quiet, non-threatening environment, as it allows participants to communicate their written reflective after-thoughts clearly and credibly [1].

What then is the nature of reality or “truth”?

Qualitative research explores, in a holistic approach, the intricate reality constructed by individuals in the setting of their everyday world. Qualitative research is grounded in the subjective, and views intangible human realities instead of the tangible realities of things or matter. When conducting a qualitative study, the researcher is a partner in the study and is, in fact, the research instrument. The qualitative researcher adopts the ontological assumption of multiple truths, multiple realities, and recognizes that people comprehend reality in diverse, atypical, and often unique ways that reflect their individual viewpoints. A presumption primary to a qualitative approach is that reality is socially constructed, but on an individual basis [36,40]. For example, when looking at the moon at night, some may marvel at it as an incredible celestial body, others may consider it a romantic feature which is appreciated with a loved one, while others think that it is made of green cheese and houses the man in the moon. Each view has its own “reality”.

Qualitative research as a method of enquiry embraces a heterogeneous range of theoretical and methodological strategies. Heterogenous methods of qualitative research include grounded theory, phenomenology, ethnography, case studies, and narrative description. Each of these methods states unique assumptions and principles, rationales and the applicable method is selected based on the research question. For example, a nurse researcher investigating the existence of a phenomenon such as patient advocacy in a health care setting would most likely choose grounded theory [1]. While a nurse researcher concerned about the meaning of the phenomenon, advocacy would employ phenomenology [41].

Prior to commencing a research study, the researcher must choose the appropriate methodology, which will answer the research question. Amongst the concepts of research methodology,

there exist two distinguishing philosophies known as “Ontology and Epistemology”. These philosophical belief systems are fundamental components of any research and, as such, need to be transparently explained prior to choosing the research methodology. Irrespective of the qualitative method employed, participants in the research study are purposefully selected based on their knowledge, familiarity, and experience with the phenomenon being explored. Data are generally collected utilizing one or a combination of five methods, which may include, Surveys with questionnaires, interviews, focus groups, observations, records, reflective journalling and archival reviews. Data is analyzed inductively employing explicit, rigorous techniques and is then systematized in an approach which answers the research question in a superlative manner [42]. Notably, the objective of qualitative research is not the amassing of information, but the development of understanding about the phenomena under investigation [22].

Explaining the philosophies of ontology and epistemology

Academic researchers consider the world with a set of philosophies and notions about ontology or “the nature of being”, reality and truth. This asks questions about “what is knowledge” and the relationship of the knower to “what is known” or epistemology, which determines how the researcher conducts their research study [43]. They regarded ontology or the ontological philosophies in the form of questions, such as “What is the form and nature of reality?” also “What is the relationship between the knower and what can be known?” and “What strategies need to be used to discover what there is to be known?” [43]. However, the psychological view of reality is meaning, as originally theorized, was of an expression of sensations, feelings, memories, ideas, attitudes, and motives that are in action and connected to a person’s perceptions. Reality or meaning occurs in a process of communication, collaboration, and interaction and is not constant; it is flexible, changeable, and open to re-evaluation [44]. The significance of meaning or reality can therefore be understood utilizing two aspects of philosophy, those of ontology and epistemology. Crotty stated that, “Ontology is the study of being” which “raises basic questions about the nature of reality and the nature of the human being in the world” [45]. Yet, according to Guba and Lincoln, ontology refers to assumptions made about the form and nature of “reality”, and establishes assumptions about reality, whether external to the individual or a product of their consciousness [43].

An ontology is a philosophical belief system about the nature of social reality, truth and what can be known and how it is known. Is the social world patterned and predictable, as in positivism, or quantitative paradigm, where the researcher believes that there is a single reality or truth that one can find with research? For example, an apple is just an apple, which is the truth or reality. On the other hand, is the social world constructed through human in-

teractions and rituals with multiple realities or truths as proposed by researchers that employ qualitative approaches? For example, is an apple just an apple, or can it be a golden delicious, Fuji, granny smith, gala, empire and more. These assumptions represent two very different ontological perspectives and ask a central question of whether social entities should be perceived as objective or subjective. A researcher's ontological assumptions consequently influence the research topic choice, the construction of the research questions, and strategies employed to conduct the research [40]. Therefore, it is essential that the researcher understands the research ontology; otherwise, the researcher may not choose the correct research methodology. Epistemology, in contrast, refers to assertions about the information that is valid knowledge and how it should be acquired and interpreted [46]. Simplified, it is the researcher's viewpoint of the quality of knowledge that will influence their research methodology [45]. According to Denzin and Lincoln, epistemology and epistemological analysis contemplates the liaison between the knower/researcher and the knowledge/research. If the researcher perceives knowledge as objective, neutral, rigid, factual, real, and touchable, then a quantitative method will be their probable choice [33]. However, if knowledge is seen as subjective, personal, and unique, the researcher will almost certainly select a qualitative approach for their descriptive study [47]. Based on these accounts, there are two types of epistemologies, which are fundamental to academic research. They include the objectivist and constructivist stances. The objective viewpoint on epistemology claims that it is possible to discover human knowledge which is objective and is for that reason is considered unbiased [45]. In opposition, Charmaz, declared that the constructivist viewpoint on epistemology predictably rejects the objectivist's claim, challenging, that there is no objective truth-awaiting discovery [6]. A constructivist epistemology contends that truth exists because of interaction with the realities of the world, and is therefore constructed by people, it is not discovered. Constructivism also acknowledges that different people in society may have lived through similar situations or events but have a different interpretation or construction of it [6]. For example, where some people may see admission to hospital as a positive medical event, others may view it as a negative and fearful situation to acquire a hospital acquired medical error or infection. An ontological stance directs the researcher to determine which research epistemology, the epistemology speaks to the researcher how, and what approach to employ to find the truth. Ontology and epistemology are the “heart” of a research paradigm; therefore, a researcher cannot adopt a research methodology without understanding both these philosophical concepts.

Conclusion

Unquestionably, qualitative methods have become a generic tool for nurse researchers to generate knowledge relevant to nursing

practices and patient care. Consequently, nurses as can willingly be exposed to qualitative body of knowledge available as a resource and as a researcher. However, the problem with nurses accessing the available qualitative literature or attempting to utilize the approach may be their lack of familiarity with the methodology or unwillingness to adopt the approach due to challenges and myths discussed. This article has optimistically attempted to illuminate the importance and potential utility of qualitative findings as evidence in the body of knowledge for nurses, and the profession of nursing. Qualitative research is rigorous and systematic, but it has different goals compared to that of quantitative research methods.

Qualitative research informs and enlightens the problematic gap in the body of knowledge with data about human lived experiences, and it is true that sample sizes are typically smaller than those required for quantitative experiments and research. However, the rationale for the small samples is because the objective for the study isn't to suggest that the sampled participants will represent the whole populations proportionally; instead, qualitative researchers aim to discover problems, identify needs, and improve designs. A wide-ranging selection of inquiry approaches have been established over the centuries to address diverse questions and subjects related to all manner of phenomena. Therefore, it is no revelation that qualitative methods would emerge to evaluate phenomena in respect to healthcare and the patient-centered population. Despite the negative rhetoric related to qualitative approaches to research, they are being more positively acknowledged and recognized in health care practice, which exemplifies that these methods generate evidence that informs clinical practice and concerns. Qualitative research facilitates nurses as HCP to comprehend and appreciate the patterns of healthcare behaviors, describe patients' illness experiences, propose evidence-based healthcare interventions, and create healthcare models and theories. The definitive strength of the qualitative research approach for the nursing profession resides in the dense, richness of the data and the descriptions which are revealed about the phenomena under investigation. Consequently, qualitative research methods and the holistic attributes of the nursing profession are inseparable, as both are deemed humanistic, person-centered and reflect the thoughts and actions of human beings.

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