

Nursing Leadership in Qualitative Health Research

di Susan M. Jack*

There is undisputable, robust empirical evidence that supports the conclusion that immunizing infants and young children with the measles, mumps, rubella (MMR) vaccination does not cause autism. In Europe, the most recent evidence comes from a nationwide cohort study of 657,461 children born in Denmark between 1999 and 2010 which concluded that MMR vaccination is not associated with any clustering of new cases of autism following vaccination and that it does not increase any child's risk for autism (Hviid, Hansen, Frish & Melbye, 2019). Increasingly however, across primary, acute, community and long-term care contexts, registered nurses are encountering individuals who are hesitant to immunize, despite the evidence of vaccine effectiveness and implementation of national immunization programs. Vaccine hesitancy, as well as low vaccination coverage rates, are well documented throughout Europe, whether it be among women recommended to receive influenza and pertussis vaccination during pregnancy (Wilson, Paterson, & Larson, 2019), adolescents eligible to receive the Human Papillomavirus (HPV) vaccine (Karafillakis et al., 2019), or health care professionals and the uptake of the seasonal influenza vaccination (Gilardi et al., 2018). Recently, the World Health Organization (2019) identified vaccine hesitancy as one of the top-ten threats to global health.

This global threat makes it apparent that in addition to quantitative studies that provide information about the effectiveness of vaccines and measures of vaccination coverage, nurses and other health care professionals need answers to equally important questions, such as: "What organizational or health system factors influence the successful uptake of immunization programs?" "What are individuals' values and beliefs towards vaccinations?" or "How do individuals make the decision to vaccinate (or not)?" The answers to these questions can be found through the conduct and use of **qualitative health research**.

There is a long history of applying qualitative methods such as phenomenology, ethnography, or grounded theory developed respectively in the fields of philosophy, anthropology, and sociology to answer health-related questions. However, nurse researchers have been leaders and innovators in developing and advancing the discipline of qualitative health research. The aim of qualitative health research is on the description and examination of individuals' experiences of health and illness, and the nature of their interactions with health care professionals within different health care systems and organizations (Morse, 2012). The qualitative health research lens can also be turned toward healthcare professionals, to examine their practices and needs which results in the development and refinement of disciplinary knowledge. The delivery and receipt of health care, as well as individuals' health behaviours and illness trajectories, are also inherently shaped and influenced by the context in which they occur; qualitative health research thus allows us to document and understand the complex social, political, organizational, cultural, and geographic contextual influences on the health phenomena under study. We are at a critical point in the evolution of nursing science, where we need to be advocating for, and utilizing research methods developed or advanced within our discipline that provide us with pragmatic strategies to understand and respond to the complex problems that we encounter in every day practice.

Nurse researchers are well positioned to advocate for the need to conduct qualitative health research studies as well as to integrate them into mixed methods intervention or program evaluations. In this area of health research, there are significant opportunities for nurses to provide leadership in: 1) ensuring that high-quality training about qualitative health research methods is provided in both undergraduate and graduate nursing education and given equal priority to the current emphasis on quantitative methods; 2) providing consultation to research ethics boards to ensure that board members are aware of the unique ethical considerations that must be applied to this form of naturalistic inquiry that often involves the exploration of sensitive issues experienced by marginalized or vulnerable individuals or populations; and 3) ensuring that the individuals with qualitative health research expertise are included in the peer review process of submitted protocols for funding or manuscripts for publication.

In certain health disciplines and their affiliated journals, there is a history of publishing qualitative studies that are methodologically weak. One of the most common design flaws is the complete lack of an articulated design. Instead of identifying and describing the study design (e.g., a case study or focused ethnography), many authors resort to just describing the methods by the strategy used to generate data (e.g., "a focus group study"). Alternatively, if a design is identified, it is not uncommon for readers to encounter methodological incongruence between the stated design and the sampling, data generation and analytic techniques then employed. If these types of methodologically flawed qualitative studies continue to be published, then the result is reduced credibility of the evidence, a lack of confidence in the findings and a perpetuation of the "myth" that qualitative research is "soft science."

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To build nurse capacity in conducting rigorous qualitative health research as well as appraising and applying the findings in practice, four articles will be published in *Professioni Infermieristiche*. In this issue, Luciani and colleagues (2019) provide an introduction to qualitative health research, including a summary of how this type of research can be used in evidence-informed decision-making. The second and third articles in the series will outline a detailed process for “how-to” design a qualitative health research study and will include guidance on how to select an appropriate research design, write an overarching qualitative research question, develop a purposeful sampling strategy, and develop a plan for data generation, management, and analysis. The final article will focus on the critical appraisal of qualitative health research studies and include information on available appraisal tools. It is our hope that this series of articles will help build nurses’ confidence in creating or utilizing qualitative health research that applies to their practice area.

REFERENCES

- Gilardi, F., Gattinara, G.C., Vinci, M.R., Ciofi Degli Atti, M., Santilli, V., Brugaletta, R., Santoro, A., Montanaro, R., Lavorato, L., Raponi, M., & Zaffina, S. (2018). Seasonal influenza vaccination in health care workers: A pre-post intervention study in an Italian pediatric hospital. *International Journal of Environmental Research and Public Health*, 15(5), 841.
- Hviid, A., Hansen, J.V., Frisch, M., & Melbye, M. (2019). Measles, mumps, rubella vaccination and autism: A nationwide cohort study. *Annals of Internal Medicine*, [Epub ahead of print] doi:10.7326/M18-2010
- Karafillakis, E., Simas, C., Jarrett, C., Verger, P., Peretti-Watel, P., Dib, F., De Angelis, S., Takacs, J., Adel Ali, K., Pastore Celentano, L., & Larson, H. (2019). HPV vaccination in a context of public mistrust and uncertainty: A systematic literature review of determinants of HPV vaccine hesitancy in Europe. *Human Vaccines & Immunotherapeutics*, [Epub ahead of print] doi:10.1080/21645515.2018.1564436
- Luciani, M., Jack, S.M., Cambell, K., Orr, E., Durepos, P., Li, L., Strachan, P., & Di Mauro, S. (2019). An introduction to qualitative health research. *Professioni Infermieristiche*, 72 (1)
- Morse, J. M. (2012). *Qualitative Health Research: Creating a New Discipline*. Walnut Creek, CA: Routledge.
- Wilson, R., Paterson, P., & Larson, H.J. (2019). Strategies to improve maternal vaccination acceptance. *BMC Public Health*, 19, 342. doi.org/10.1186/s12889-019-6655-y
- World Health Organization (2019). Ten threats to global health in 2019. [Accessed online 2019 April 3] <https://www.who.int/emergencies/ten-threats-to-global-health-in-2019>