

Focus on Qualitative Methods

Interpretive Description: A Noncategorical Qualitative Alternative for Developing Nursing Knowledge

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Abstract: Despite nursing's enthusiastic endorsement of the applicability of qualitative research approaches to answering relevant clinical questions, many nurse researchers have been hesitant to depart from traditional qualitative research methods. While various derivations of phenomenology, grounded theory, and ethnography have been popularized within qualitative nursing research, the methodological principles upon which these approaches are based reflect the foundations and objectives of disciplines whose aims are sometimes quite distinct from nursing's domain of inquiry. Thus, as many nurse researchers have discovered, nursing's unique knowledge mandate may not always be well served by strict adherence to traditional methods as the "gold standard" for qualitative nursing research. The authors present the point of view that a noncategorical description, drawing on principles grounded in nursing's epistemological mandate, may be an appropriate methodological alternative for credible research toward the development of nursing science. They propose a coherent set of strategies for conceptual orientation, sampling, data construction, analysis, and reporting by which nurses can use an interpretive descriptive approach to develop knowledge about human health and illness experience phenomena without sacrificing the theoretical or methodological integrity that the traditional qualitative approaches provide. © 1997 John Wiley & Sons, Inc. *Res Nurs Health* 20: 169–177, 1997

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The history and tradition within qualitative nursing research originates in the methodologies of several different disciplinary traditions. Just as quantitative scientific approaches proved insufficient for answering all of nursing's theoretical and practical questions, the qualitative approaches derived from other disciplines have not always met

the unique demands of nurse researchers. We examine some of the reasons that nurse researchers have felt compelled to depart from traditional methods, despite a concurrent concern for retaining methodological integrity in their work. We take the position that it may be an appropriate time in our history to consider noncategorical qualita-

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tive research approaches that are derived from an understanding of nursing's philosophical and theoretical foundations as credible and legitimate ways to access knowledge for nursing. In this context, we propose *interpretive description* as one such method.

LIMITATIONS IN TRADITIONAL (QUANTITATIVE) SCIENCE

To a considerable extent, the popularity of qualitative research approaches within nursing science can be attributed to nursing's increasingly confident critique of the limits of traditional science for developing the kinds of knowledge that are required for nursing practice. Nursing's practice questions typically challenge us in the direction of two equally compelling dimensions: knowing that which is shared by persons in similar situations, and knowing that which is particular to the lived experience of an individual person (Colaizzi, 1975; Coward, 1990). Because traditional science orients itself entirely toward the shared components of experience, it permits searching for population patterns, correlations, and tendencies among aggregates, redirecting our focus away from a sense of individuals in context (Dzurec, 1989). In the search for knowledge that can be applied in the practice context, nurses have demanded forms of inquiry that reveal processes for applying aggregated knowledge to individual cases. Nursing theory has been one mechanism facilitating such inquiry (Mitchell & Cody, 1992).

At the same time, a forceful critique of normal science, in general and in the human health field, has created a climate in which researchers are increasingly aware that quantitative approaches systematically discount certain species of knowledge, reveal assumptions about essential truths that may not be shared by all in the discipline, and rely on rules of science that are dependent upon those patterns and assumptions (Newman, 1992). As a consequence, a climate more tolerant or supportive of qualitative research approaches has emerged in the health sciences where it did not exist in previous decades (Kidd & Morrison, 1988).

Because of the dominance of normal science approaches within the culture of nursing academia, the early qualitative nursing researchers were compelled to engage in elaborate defenses of the theoretical and methodological foundations of their research methods (Leininger, 1985). It should be remembered that, within the traditional empirical science domain, description served as

the crudest form of inquiry, and even its rules were dominated by the same fundamental assumptions. Thus, for example, a description in this tradition was inherently better if it represented large rather than small numbers of cases, if the sample excluded rather than included outliers, and if rigid strategies were used to ensure that data gathered from all subjects were as identical as possible. On the basis of these principles, the better data were those that could be quantified and, therefore, reduced to mathematical probability logic (Leininger, 1985). Having followed all of these rules, high quality description would typically be decontextualized to the point that it was almost devoid of human subjectivity. If qualitative ("soft") data were included in a final report, they would be reported almost apologetically, with care to avoid any possible accusation that the researcher had been influenced ("biased") by them in the analytic process. Thus, attempts to answer nursing's questions about health and illness experience within the quantitative descriptive tradition were somewhat limited in their scope and depth, and did not always satisfy the requirements of a holistic, interpretive, relational practice discipline.

LIMITATIONS IN THE QUALITATIVE TRADITION

Despite a passion for engaging in describing elements of the human condition in health and illness, pioneering qualitative researchers were understandably reluctant to align themselves with the descriptive tradition of quantitative scientific methods. They astutely recognized that the most effective way to distance themselves from this tradition was to locate their science within the legitimized philosophical and methodological projects of other disciplines (Morse, 1994b). As has been explained elsewhere (Thorne, 1991), these qualitative nurse researchers generally sought epistemological credibility in three primary directions: the phenomenological project within philosophy, the grounded social theory project within sociology, and the ethnographic project within cultural anthropology. Formal study of any of these three disciplinary traditions reveals that there are complex relationships between the methodological standards and the larger objectives of the discipline (Atkinson, 1995). For example, ethnography's rules derive not only from the desire to document human variation, but also from the passion for discovering human universals. Phenomenology's methods assume the general philosophical stance that there is essential structure to human ex-

perience. Grounded theory methodology is dependent upon the assumption that human social processes beyond individual consciousness constrain and explain human behavior. In order to place their research within the context of established scientific inquiry, most early qualitative nursing researchers of any caliber aligned with the coherent logic of one or another of these approaches, as is evidenced by a generation of nurse phenomenologists, ethnographers, and grounded theorists (Mitchell & Cody, 1993).

Within the academic establishment, methodological variation from these traditions by nurse researchers was not encouraged. When it occurred, it was often demeaned as "mixed methods" (Leininger, 1992; Morse, 1989a), "method slurring" (Baker, Wuest, & Stern, 1992), and in general considered "sloppy" research (Morse, 1989a). Indeed, a researcher claiming to "do phenomenology" to reveal lived experience but using ethnographic interview methods and applying grounded theory analytic approaches such as constant comparative analysis did seem to have missed the point and thereupon joined the "minions of mediocrity" (Stern, 1994).

However, a generation of qualitative nurse researchers has learned its craft outside of the constrained academic climate forced upon its predecessors. Because of the interdisciplinarity inherent in nursing science and the availability of doctoral study in nursing, nurses are less commonly pressed into the disciplinary alliances of those who took their doctorates in philosophy, sociology, or anthropology. Therefore, they may feel more freedom to examine methodological questions in the context of the overall objectives of nursing science instead of following the methodological dictates of other disciplines. The nature of nursing knowledge is such that nurse researchers often find departures from the traditional qualitative approaches to be necessary and appropriate (Dreher, 1994). Seeking methods that are specifically suited to answering the kinds of research questions that will advance nursing theory and science, they have made considerable advances in the development of some of these traditional qualitative methodological approaches. Some examples include the work of Sandelowski (1991) in narrative analysis, Swanson and Chapman (1994) in qualitative evaluation, and Carey (1994) in focus group research. In most instances, these efforts have not been articulated as nursing science methodologies but rather as adaptations of the methods pioneered within other disciplines.

Where methods are depicted as unique to nursing [such as Leininger's ethn nursing (1991) and

Parse's methodology (1990)], they tend to be quite restricted in focus and aligned with the advancement of one or another theoretical position. However, as Morse (1989a) points out, there are a number of nurses who are doing legitimate qualitative research for which there is as yet no name. Often, such research involves description of and interpretation about a shared health or illness phenomenon from the perspective of those who live it. Such descriptions can be considered a quintessentially nursing form of science in that they reflect a respect for knowledge about aggregates in a manner that does not render the individual case invisible.

In this more eclectic and less rigid disciplinary academic climate, nurse scholars have also discovered that postmodern thinking provides a challenge to traditional assumptions about "truth" within all of the sciences, and provides a broad foundation for inquiry that respects the dialectic between the general and particular, between commonality and individuality, between truth and perception, between theory and practice (Moccia, 1988; Watson, 1995). Unlike many other sciences, nursing has the distinct advantage of being an applied or practical science, and, therefore, nurse theorists have never assumed that their scholarship was simply theoretical. Concurrent with a science of the general, practice scholars have generated a significant body of work on the particular (how nurses come to "know" their patients, how intuition and pattern recognition develop in expert practice, how unrestricted awareness of possibilities enhances the processes of clinical reasoning, how nurses practice the art of nursing). Thus, we have a practice and scholarship climate within nursing that is clamoring for general knowledge of the sort that enhances particularization in practice (Dzurec, 1989).

The qualitative species of knowledge that nursing practice theory demands can be quite different in its nature from the kind of knowledge that traditional quantitative descriptive research was designed to access (Carter, 1985). To illustrate, where a quantitative descriptive study would have evaluated levels or correlates of anxiety in relation to a particular diagnostic test, the qualitative researcher might explore ways in which that anxiety was manifested, subjective perceptions about its origins, or patterns with which it might be intensified or alleviated throughout the procedure. The quantitative descriptive approach assumed that a fundamental law of nature explained elements of the phenomenon of anxiety in diagnostic testing, and that the descriptive findings would bring science one step closer to identifying and classifying

that law (Packard & Polifroni, 1992). In direct contrast, a qualitative descriptive approach would assume that, while patterns within human behavior might be explicable using one or another theoretical proposition, recognition that they might occur was more important than explanation in the clinical application domain. Thus, qualitative researchers maintained their distance from traditional description while, at the same time, loosening the bonds that tied them to the rigid methodologies of the other disciplines. However, unlike researchers in the field of education, who have unselfconsciously developed and named their own qualitative research traditions (such as the naturalistic inquiry of Lincoln and Guba, 1985) for their own unique disciplinary projects (such as evaluating programs), qualitative research approaches tailored to nursing's distinctive aims have not yet been articulated. It is our view that nursing's uniqueness has gradually shifted the priorities within our research enterprise to the point that we can begin to build methods that are grounded in our own epistemological foundations, adhere to the systematic reasoning of our own discipline, and yield legitimate knowledge for our practice. We put forward interpretive description as one of many possible "generic" nursing approaches.

METHODOLOGICAL APPLICATIONS FOR NURSING RESEARCH

Because nurse researchers increasingly are drawn by virtue of their understanding of nursing knowledge to methodological applications that are not directly borrowed from one or another of the predominant qualitative research traditions, it is important that a body of scholarship be developed and applied to the question of standards and credibility measures for such research. Those schooled in traditional qualitative approaches will recognize that respect for the philosophical and disciplinary traditions has been an integral aspect of sound methodological reasoning within our nursing qualitative research tradition. In fact, we might collectively be accused of an obsession about methodological integrity—what Janesick (1994) refers to as *methodolatry*, or what Atkinson (1995) has called *fetishizing* method.

Although there have been some attempts within our literature to simplify and codify qualitative methods (e.g., Strauss & Corbin, 1990), we have generally adopted the understanding that coherent logic within the analytic frame and a traceable audit trail for the inductive reasoning process are re-

quirements for trustworthy research reports (Lincoln & Guba, 1985; Sandelowski, 1986). Without them, we can justly be accused of sloppy science. It is apparent that simple recipes for qualitative research will not replace sound methodological reasoning, and qualitative researchers will continue to require solid theoretical foundations upon which to build new or adapted research approaches. Instead of claiming a hollow allegiance to the accepted methodological positions when their work reflects a uniquely nursing adaptation, we strongly encourage qualitative nurse researchers to make explicit their departures from tradition, to name them as distinct methodological approaches and, thereby, to begin the process of legitimizing them within our scholarly discourse.

As nurses push past the limits of traditional methods, embrace new possibilities, and create new blends of strategy, their thoughtful attention to the theoretical traditions from which the common qualitative methods were derived and the philosophical claims upon which nursing is based can help them build a distinctly nursing research logic for studying human health and illness experience questions. Among the foundations of nursing knowledge underlying such methods will be a recognition that human health and illness experiences are comprised of complex interactions between psychosocial and biological phenomena, that common patterns within such experiences represent the core of our disciplinary practice knowledge, and that the practical application of principles derived from such common patterns will always be individualizable in the context of a particular case. In contrast to its logical empiricist epistemological origins, today's nursing science seeks as its "truths" a set of ideas that have application potential, but remain amenable to reconsideration in the light of varying contexts, new concepts, new ways of understanding, and new meanings. The qualitative nursing research approach suggested here is grounded in an interpretive orientation that acknowledges the constructed and contextual nature of much of the health-illness experience, yet also allows for shared realities. As such, it differs from eclectic approaches that "slur" methods without regard for the coherence of their epistemological foundations.

INTERPRETIVE DESCRIPTION OF HEALTH AND ILLNESS EXPERIENCES

In this spirit, we put forth an argument for *interpretive description* as one approach that can be ap-

plied to qualitative inquiry into human health and illness experiences for the purpose of developing nursing knowledge. We believe that qualitative nursing research following certain general principles for analytic frameworks, sample selection, data sources, data analysis, and rigor represents a credible means by which to develop clinical knowledge with significant nursing science applications. Therefore, we present considerations of each of these components of qualitative inquiry in a manner that we believe reflects a solid grounding in the nature of practice knowledge and nursing science. Following the logic of these general principles, we believe that nurses can create sound interpretive description that contributes directly to our understanding of how people experience their health and illness and what nursing can do to make a difference. In our view, interpretive descriptions of increasing complexity and interrelatedness represent the foundation for nursing's theoretical structure and its substantive body of knowledge.

Analytic Frameworks

In contrast to traditional phenomenological inquiry, nursing's interpretive description ought to be located within the existing knowledge so that findings can be constructed on the basis of thoughtful linkages to the work of others in the field (Mitchell & Cody, 1993). In the past, some qualitative nurse researchers have defended their absence of a theoretical foundation with the claim that "nothing is known" about certain illness experiences. While formal research into a phenomenon might not have been published, such claims typically ignore a body of clinical knowledge that may have equal value. Therefore, for the purposes of an interpretive description, we suggest that what is known, whether by virtue of formal research or of clinical interpretation, should be considered foundational forestructure to a new inquiry (Schultz & Meleis, 1988). Like Morse (1994a), we argue that "going in blind" can be counterproductive to nursing's scientific knowledge development. However, in contrast to traditional descriptive research, in which a formal conceptual framework would be required, an analytic framework constructed on the basis of critical analysis of the existing knowledge represents an appropriate platform on which to build a qualitative design. Such a framework orients the inquiry, provides a rationale for its anticipated boundaries, and makes explicit the theoretical assumptions, biases, and preconceptions that will drive the design decisions (May, 1989). Because it represents a beginning point rather than an organizing structure

for what is found in the inquiry, it typically will be challenged as the inductive analysis proceeds. However, because it is explicit in the description of the work, it also will provide a solid basis upon which the design logic and the inductive reasoning in interpreting meanings within the data can be judged (May, 1989). As time passes and new meanings emerge in our theoretical literature, an explicit analytic forestructure in the records of our research will permit nurse scholars to make sense of the findings and develop increasingly complex interpretations of how they contribute to our science.

Sample Selection

The general principle of theoretical sampling makes a useful contribution to the design of an interpretive description for the purposes of nursing knowledge development. In its most simplistic form, theoretical sampling encourages us to sample from the most predictable variations within the theme we are studying (Morse, 1995). However, much of the available qualitative research is quite limited in its appreciation for the variables on which such sampling is conducted. While an initial analytic framework can provide some useful direction for preliminary decisions, we would argue that the principle is most appropriately applied to the notion of obtaining maximal variation on the themes that emerge from the inductive analysis itself (Glaser, 1978; Sandelowski, 1995). Usually, the positions or experiences that each participant or informant might represent cannot be known until data collection is well underway. For example, while our initial framework might have told us that married and single subjects could have different experiences in relation to emotional support, our developing analysis might suggest that various gender role assumptions within marriage represent an equally critical variable determining whether a woman is comfortable in seeking support outside the marriage. We might then actively sample among women with varying views on their role within the marriage in order to develop a more complex interpretation of patterns relevant to emotional support.

Further, caution must be applied to the use of single representatives of a specific position in our attempts to achieve maximal variation on any theme. Because no research subject ever represents the essence of a single variable and none other, serious errors can be made if we misinterpret the contributions of individual participants. Following on the example given above, a married woman who overtly ascribes to traditional gender

relations within marriage may well feel absolute control over her own choices in life, while a woman claiming hers to be a “liberated” marital relationship may crave the passive dependence portrayed in romance novels. In order to do justice to a description that has explanatory power for understanding what might be shared or common within a phenomenon such as emotional support, the researcher would need a sufficiently strong database upon which to make confident claims about commonalities and differences across all of the variables that are central to the analysis (Morse, 1995). If such a foundation is not possible (as in a small preliminary study), understanding the principle of theoretical sampling can guide us in articulation of probable limitations to how we might interpret the meaning of the findings.

Data Sources

In keeping with many qualitative researchers, we contend that people who have lived with certain experiences are often the best source of expert knowledge about those experiences (Morse, 1989b). However, we would also argue that not all people who have such experiences will make good research participants (Morse, 1989a). In our experience, some subjects are articulate, thoughtful, and eager to share their abstractions and analyses of a situation, while others tend to be more concrete and more comfortable with events than interpretations. Complicating the situation further, it is important to recognize that many people weave their recollections of subjective experience into the preexisting tapestry that is their life narrative. Such narratives may take on an infinite number of themes, but some common ones that may be familiar to the reader include “life has never been fair to me,” “behind every cloud is a silver lining,” or “suffering always makes us strong.” It can become almost impossible for a researcher to untangle the shared component of a subjective experience from the narratives that people place them in, and so qualitative research tends to require thoughtful analysis of the relationship between the data sources and the findings that derive from them. Thus, we believe that an interpretive description that is meant to generate nursing practice knowledge will require purposeful selection of research participants whose accounts reveal elements that are to some degree shared by others. Not all of the data derived from those who have experienced a phenomenon will reflect this common nature, and an effective interpretive description will be one that distinguishes eccentricities from commonalities within its process and outcome.

Intensive interviewing and participant observation are notoriously time consuming and expensive. Despite this, many qualitative nursing studies rely exclusively on these techniques (Hutchinson & Wilson, 1994; May, 1989). For the purposes of interpretive description, we believe that appropriate collateral data sources often are available for qualitative nurse researchers interested in expanding the scope of their inquiry, broadening the reach of their theoretical sample, without incurring excessive costs. In relation to many health and illness experiences, a body of lay print or other media information as well as nursing case reports and clinical papers is often readily available, and can provide a strong backbone of support for qualitative nursing inquiries. At the very least, such materials can provide a testing ground for the developing insights that emerge in the data analysis. If the conceptualizations would not match the anecdotal reports beyond the influence of the researcher and the data-gathering procedures, then the researcher ought to be able to explain why not. Thus, we believe that the judicious application of a range of data sources can add considerable strength to the usual data sources of interviews and observations for the purposes of generating practice knowledge for nursing.

Data Analysis

In the qualitative tradition, inductive rather than deductive analysis is required and, therefore, we recommend that techniques that inhibit the former are generally to be avoided. Examples of deductively derived analytic techniques might include predetermined analytic strategies, such as content analysis, and overly small units of analysis, such as words or phrases. Premature coding, arising from an eagerness not to let data gathering get out of hand, can privilege superficial understandings at the expense of deeper and more meaningful analytic interpretations. Further, it is our view that complex coding systems, such as those that encourage multiple codings for all pieces of raw data, often overwhelm the researcher with detail to the point that inductive interpretation becomes almost inconceivable. Lowenberg (1993) attributes these problems to an emphasis on the technical rather than the theoretical or epistemological aspects of the method. From our perspective, struggling to apprehend the overall picture with questions such as “what is happening here?” and “what am I learning about this?” will typically stimulate more coherent analytic frameworks for interpretive description than will sorting, filing, and combining vast quantities of small data units, regard-

less of the mechanical techniques or computer software employed. Effective qualitative research requires endurance and patience, and it is the rare researcher who will be able to discard an extensive data sorting scheme because a more appropriate abstraction to represent the whole becomes apparent.

Thus, we would recommend analytic techniques such as the adaptations explicated by Giorgi (1985), Knafl and Webster (1988), or Lincoln and Guba (1985) that encourage repeated immersion in the data prior to beginning coding, classifying, or creating linkages. These analytic procedures capitalize on such processes as synthesizing, theorizing, and recontextualizing rather than simply sorting and coding (Morse, 1994b). Further, strategic periods of immersion in the field interspersed with periods of immersion in the data seem ideally suited to research endeavors that require refining the inquiry, testing the developing conceptualizations, and challenging the abstractions that emerge with strategic theoretical sampling (Lofland, 1976; Strauss, 1987). Because they address the dialectic between individual cases and common patterns, nursing studies can also capitalize on this strategy. Interpretive description in nursing requires that nurse researchers come to know individual cases intimately, abstract relevant common themes from within these individual cases, and produce a species of knowledge that will itself be applied back to individual cases. In order to do this effectively, they must engage in both the ethereal abstractions of theorizing and the earth-bound concrete realities of the practice context in order to produce sound and usable knowledge.

Rigor

Because the design in qualitative research will necessarily be somewhat emergent (Brink & Wood, 1989; Sandelowski, Davis, & Harris, 1989), attention to rigor in the process and the reporting of that process is critical to an interpretive description. Attempts to eliminate all biases are naive; therefore, the researcher must explicitly account for the influence of bias upon the research findings as much as possible (Dreher, 1994). In addition to the individual or substantive biases that a researcher may bring to a study, we believe that there may be inherent biases in research that takes a nursing perspective. Such biases might include convictions about the value of a common social good, the belief that suffering can be ameliorated, or the view that all people are deserving of the resources for health. Because they are so integral to nursing philosophy, such perspectives can be in-

visible as factors in shaping our research interpretations. However, their influence upon the questions we ask, the way we ask them, and the methods by which we seek to answer them are undeniable.

Many researchers find a reflective journal a valuable asset to guiding as well as documenting the reactive processes of interpreting or countering bias within the research process (Lamb & Huttlinger, 1989; Lincoln & Guba, 1985; Paterson, 1994). Field notes that record the context of all data-gathering episodes and link those contexts to the phenomena under study are also extremely useful (Dreher, 1994). In our view, an interpretive description will require some such means by which to retrace the development of abstractions and to ensure that the analytic directions are defensible. While the limits of most scholarly publications preclude detailed descriptions of methods (Thorne, 1994), sufficient information must be available in research reports for readers to follow the analytic reasoning process and to judge the degree to which the analysis is grounded within the data. For example, the logic of theoretical sampling and the variables about which the researcher makes confident claims must be explicit in the report to make an interpretive description of the phenomenon convincing.

While attention to such process issues creates some confidence in the findings, the truth value (or theoretical validity) of qualitative research results also requires that steps be taken to ensure that researcher bias or overenthusiasm has not systematically skewed the findings of the study (Brink, 1989). Typically, repeated interviewing, in which developing conceptualizations can be subjected to challenges or refinements is built into the design of an interpretive description. In our view, taking the raw data (such as transcripts) back to participants for a credibility check is generally insufficient for these purposes and may, as Sandelowski (1993) points out, create contradictions within the process of developing knowledge. Instead, it is our view that beginning conceptualizations, representing the entire sample rather than the individual research subject, are more usefully brought to individual research participants for their critical consideration. Often, more important insights about a conceptualization can be formulated from people's perceptions of why it does not quite fit than why it does! Such a strategy creates optimal conditions for challenging the emergent theorizing and refining the theoretical linkages. Because of this, it permits the nurse researcher to come away with confidence that the conceptualizations are, indeed, grounded in data and representative of

shared realities rather than an artifact of design or instrument (researcher) error. From our perspective, a caring discipline such as nursing has a special obligation to ensure that the rigor of its research findings are above reproach. While our inherent appreciation for subjectivity can be a tremendous asset in our practice as well as our science, we cannot fulfill our social mandate on the basis of a scholarship that ignores objectivity and competing truth claims.

CONCLUSION

We have taken the view that there is considerable room for nursing to advance qualitative research methodology beyond the approaches designed for the purposes of other academic disciplines and to develop its own distinct traditions and conventions. Although our literature reveals that nurse researchers have creatively applied established methods from other disciplines, it seems that they have been somewhat reluctant to claim and name qualitative research approaches that reflect a distinctly nursing orientation. In keeping with the work of those in other disciplines to shape new conventions within the interpretivist and naturalistic traditions (Guba, 1990; Lowenberg, 1993; Schwandt, 1994), it seems time to recognize our collective strengths in this sort of enterprise. By virtue of the nature of the phenomena in which nursing is interested as well as nursing's practice mandate, nurse researchers are ideally placed to thoughtfully modify established methods and develop inquiry approaches that better align with our unique philosophical foundations, interpretive themes, and disciplinary objectives. Interpretive description may be one such means by which nurses can derive clinical knowledge applicable to developing their practice science. We have articulated general principles of an interpretive descriptive approach that we believe reflects nursing's unique mandate and epistemological foundations. It is our hope that, in their quest to develop practice knowledge, qualitative nurse researchers will continue to develop rigorous and credible methodologic adaptations for which the gold standard is not simply adherence to the rules of a traditional method but a coherent logic derived from the philosophy and science of nursing.

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