

# An overview of the qualitative descriptive design within nursing research

## Louise Doyle

Associate Professor in Mental Health Nursing, School of Nursing and Midwifery, Trinity College Dublin, Ireland

## Catherine McCabe

Associate Professor in General Nursing, School of Nursing and Midwifery, Trinity College Dublin, Ireland

## Brian Keogh

Assistant Professor in Mental Health Nursing, School of Nursing and Midwifery, Trinity College Dublin, Ireland

## Annemarie Brady

Chair of Nursing and Chronic Illness, School of Nursing and Midwifery, Trinity College Dublin, Ireland

## Margaret McCann

Assistant Professor in General Nursing, School of Nursing and Midwifery, Trinity College Dublin, Ireland

## Abstract

**Background:** Qualitative descriptive designs are common in nursing and healthcare research due to their inherent simplicity, flexibility and utility in diverse healthcare contexts. However, the application of descriptive research is sometimes critiqued in terms of scientific rigor. Inconsistency in decision making within the research process coupled with a lack of transparency has created issues of credibility for this type of approach. It can be difficult to clearly differentiate what constitutes a descriptive research design from the range of other methodologies at the disposal of qualitative researchers.

**Aims:** This paper provides an overview of qualitative descriptive research, orientates to the underlying philosophical perspectives and key characteristics that define this approach and identifies the implications for healthcare practice and policy.

**Methods and results:** Using real-world examples from healthcare research, the paper provides insight to the practical application of descriptive research at all stages of the design process and identifies the critical elements that should be explicit when applying this approach.

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## Corresponding author:

Louise Doyle, School of Nursing and Midwifery, Trinity College Dublin, 24 D'Olier Street, Dublin 2, Ireland.

Email: Louise.doyle@tcd.ie

**Conclusions:** By adding to the existing knowledge base, this paper enhances the information available to researchers who wish to use the qualitative descriptive approach, influencing the standard of how this approach is employed in healthcare research.

**Keywords**

descriptive research, methodology, nursing research, qualitative research, research methods

## **Introduction**

Qualitative descriptive approaches to nursing and healthcare research provide a broad insight into particular phenomena and can be used in a variety of ways including as a standalone research design, as a precursor to larger qualitative studies and commonly as the qualitative component in mixed-methods studies. Despite the widespread use of descriptive approaches within nursing research, there is limited methodological guidance about this type of design in research texts or papers. The lack of adequate representation in research texts has at times resulted in novice researchers using other more complex qualitative designs including grounded theory or phenomenology without meeting the requirements of these approaches (Lambert and Lambert, 2012), or having an appropriate rationale for use of these approaches. This suggests there is a need to have more discussion about how and why descriptive approaches to qualitative research are used. This serves to not only provide information and guidance for researchers, but to ensure acceptable standards in how this approach is applied in healthcare research.

## **Rationale for qualitative descriptive research**

The selection of an appropriate approach to answer research questions is one of the most important stages of the research process; consequently, there is a requirement that researchers can clearly articulate and defend their selection. Those who wish to undertake qualitative research have a range of approaches available to them including grounded theory, phenomenology and ethnography. However, these designs may not be the most suitable for studies that do not require a deeply theoretical context and aim to stay close to and describe participants' experiences. The most frequently proposed rationale for the use of a descriptive approach is to provide straightforward descriptions of experiences and perceptions (Sandelowski, 2010), particularly in areas where little is known about the topic under investigation. A qualitative descriptive design may be deemed most appropriate as it recognises the subjective nature of the problem, the different experiences participants have and will present the findings in a way that directly reflects or closely resembles the terminology used in the initial research question (Bradshaw et al., 2017). This is particularly relevant in nursing and healthcare research, which is commonly concerned with how patients experience illness and associated healthcare interventions. The utilisation of a qualitative descriptive approach is often encouraged in Master's level nurse education programmes as it enables novice clinical nurse researchers explore important healthcare questions that have direct implications and impact for their specific healthcare setting (Colorafi and Evans, 2016). As a Master's level project is often the first piece of primary research undertaken by nurses, the use of a qualitative descriptive design provides an excellent method to address important clinical issues where the focus is not on increasing theoretical or conceptual understanding, but rather contributing to change and quality improvement in the practice setting (Chafe, 2017).

This design is also frequently used within mixed-methods studies where qualitative data can explain quantitative findings in explanatory studies, be used for questionnaire development in exploratory studies and validate and corroborate findings in convergent studies (Doyle et al., 2016). There has also been an increase in the use of qualitative descriptive research embedded in large-scale healthcare intervention studies, which can serve a number of purposes including identifying participants' perceptions of why an intervention worked or, just as importantly, did not work and how the intervention might be improved (Doyle et al., 2016). Using qualitative descriptive research in this manner can help to make the findings of intervention studies more clinically meaningful.

## **Philosophical and theoretical influences**

Qualitative descriptive research generates data that describe the 'who, what, and where of events or experiences' from a subjective perspective (Kim et al., 2017, p. 23). From a philosophical perspective, this approach to research is best aligned with constructionism and critical theories that use interpretative and naturalistic methods (Lincoln et al., 2017). These philosophical perspectives represent the view that reality exists within various contexts that are dynamic and perceived differently depending on the subject, therefore, reality is multiple and subjective (Lincoln et al., 2017). In qualitative descriptive research, this translates into researchers being concerned with understanding the individual human experience in its unique context. This type of inquiry requires flexible research processes that are inductive and dynamic but do not transform the data beyond recognition from the phenomenon being studied (Ormston et al., 2014; Sandelowski 2010). Descriptive qualitative research has also been aligned with pragmatism (Neergaard et al., 2009) where decisions are made about how the research should be conducted based on the aims or objectives and context of the study (Ormston et al., 2014). The pragmatist researcher is not aligned to one particular view of knowledge generation or one particular methodology. Instead they look to the concepts or phenomena being studied to guide decision making in the research process, facilitating the selection of the most appropriate methods to answer the research question (Bishop, 2015).

Perhaps linked to the practical application of pragmatism to research, that is, applying the best methods to answer the research question, is the classification of qualitative descriptive research by Sandelowski (2010, p. 82) into a 'distributed residual category'. This recognises and incorporates uncertainty about the phenomena being studied and the research methods used to study them. For researchers, it permits the use of one or more different types of inquiry, which is essential when acknowledging and exploring different realities and subjective experiences in relation to phenomena (Long et al., 2018). Clarity, in terms of the rationale for the phenomenon being studied and the methods used by the researcher, emerges from the qualitative descriptive approach because the data gathered continue to remain close to the phenomenon throughout the study (Sandelowski, 2010). For this to happen a flexible approach is required and this is evident in the practice of 'borrowing' elements of other qualitative methodologies such as grounded theory, phenomenology and ethnography (Vaismoradi et al., 2013).

Regarded as a positive aspect by many researchers who are interested in studying human nature and phenomenon, others believe this flexibility leads to inconsistency across studies and in some cases complacency by researchers. This can result in vague or unexplained decision making around the research process and subsequent lack of credibility.

Accordingly, nurse researchers need to be reflexive, that is, clear about their role and position in terms of the phenomena being studied, the context, the theoretical framework and all decision-making processes used in a qualitative descriptive study. This adds credibility to both the study and qualitative descriptive research.

## **Methods in qualitative descriptive research**

As with any research study, the application of descriptive methods will emerge in response to the aims and objectives, which will influence the sampling, data collection and analysis phases of the study.

### ***Sampling***

Most qualitative research aligns itself with non-probability sampling and descriptive research is no different. Descriptive research generally uses purposive sampling and a range of purposive sampling techniques have been described (Palinkas et al., 2015). Many researchers use a combination of approaches such as convenience, opportunistic or snowball sampling as part of the sampling framework, which is determined by the desired sample and the phenomena being studied.

Purposive sampling refers to selecting research participants that can speak to the research aims and who have knowledge and experience of the phenomenon under scrutiny (Ritchie et al., 2014). When purposive sampling is used in a study it delimits and narrows the study population; however, researchers need to remember that other characteristics of the sample will also affect the population, such as the location of the researcher and their flexibility to recruit participants from beyond their base. In addition, the heterogeneity of the population will need to be considered and how this might influence sampling and subsequent data collection and analysis (Palinkas et al., 2015). Take, for example, conducting research on the experience of caring for people with Alzheimer's disease (AD). For the most part AD is a condition that affects older people and experiences of participants caring for older people will ultimately dominate the sample. However, AD also affects younger people and how this will impact on sampling needs to be considered before recruitment as both groups will have very different experiences, although there will be overlap. Teddlie and Fu (2007) suggest that although some purposive sampling techniques generate representative cases, most result in describing contrasting cases, which they argue are at the heart of qualitative analysis. To achieve this, Sandelowski (2010) suggests that maximum variation sampling is particularly useful in qualitative descriptive research, which may acknowledge the range of experiences that exist especially in healthcare research. Palinkas et al. (2015) describe maximum variation sampling as identifying shared patterns that emerge from heterogeneity. In other words, researchers attempt to include a wide range of participants and experiences when collecting data. This may be more difficult to achieve in areas where little is known about the substantive area and may depend on the researcher's knowledge and immersion within the subject area.

Sample size will also need to be considered and although small sample sizes are common in qualitative descriptive research, researchers need to be careful they have enough data collected to meet the study aims (Ritchie et al., 2014). Pre-determining the sample size prior to data collection may stifle the analytic process, resulting in too much or too little data. Traditionally, the gold standard for sample size in qualitative research is data saturation, which differs depending on the research design and the size of the population

(Fusch and Ness, 2015). Data saturation is reached ‘when there is enough information to replicate the study, when the ability to obtain additional new information has been attained, and when further coding is no longer feasible’ (Fusch and Ness, 2015, p. 1408). However, some argue that although saturation is often reported, it is rarely demonstrated in qualitative descriptive research reports (Caelli et al., 2003; Malterud et al., 2016). If data saturation is used to determine sample size, it is suggested that greater emphasis be placed on demonstrating how saturation was reached and at what level to provide more credibility to sample sizes (Caelli et al., 2003). Sample size calculation should be an estimate until saturation has been achieved through the concurrent processes of data collection and analysis. Where saturation has not been achieved, or where sample size has been predetermined for resource reasons, this should be clearly acknowledged. However, there is also a movement away from the reliance on data saturation as a measure of sample size in qualitative research (Malterud et al., 2016). O’Reilly and Parker (2012) question the appropriateness of the rigid application of saturation as a sample size measure arguing that outside of Grounded Theory, its use is inconsistent and at times questionable. Malterud et al. (2016) focus instead on the concept of ‘information power’ to determine sample size. Here, they suggest sample size is determined by the amount of information the sample holds relevant to the actual study rather than the number of participants (Malterud et al., 2016). Some guidance on specific sample size depending on research design has been provided in the literature; however, these are sometimes conflicting and in some cases lack evidence to support their claims (Guest et al., 2006). This is further complicated by the range of qualitative designs and data collection approaches available.

### *Data collection*

Data collection methods in qualitative descriptive research are diverse and aim to discover the who, what and where of phenomena (Sandelowski, 2000). Although semi-structured individual face-to-face interviews are the most commonly used data collection approaches (Kim et al., 2017), focus groups, telephone interviews and online approaches are also used.

Focus groups involve people with similar characteristics coming together in a relaxed and permissive environment to share their thoughts, experiences and insights (Krueger and Casey, 2009). Participants share their own views and experiences, but also listen to and reflect on the experiences of other group members. It is this synergistic process of interacting with other group members that refines individuals’ viewpoints to a deeper and more considered level and produces data and insights that would not be accessible without the interaction found in a group (Finch et al., 2014). Telephone interviews and online approaches are gaining more traction as they offer greater flexibility and reduced costs for researchers and ease of access for participants. In addition, they may help to achieve maximum variation sampling or examine experiences from a national or international perspective. Face-to-face interviews are often perceived as more appropriate than telephone interviews; however, this assumption has been challenged as evidence to support the use of telephone interviews emerges (Ward et al., 2015). Online data collection also offers the opportunity to collect synchronous and asynchronous data using instant messaging and other online media (Hooley et al., 2011). Online interviews or focus groups conducted via Skype or other media may overcome some of the limitations of telephone interviews, although observation of non-verbal communication may be more difficult to achieve (Janghorban et al., 2014). Open-ended free-text responses in surveys

have also been identified as useful data sources in qualitative descriptive studies (Kim et al., 2017) and in particular the use of online open-ended questions, which can have a large geographical reach (Seixas et al., 2018). Observation is also cited as an approach to data collection in qualitative descriptive research (Sandelowski, 2000; Lambert and Lambert, 2012); however, in a systematic review examining the characteristics of qualitative research studies, observation was cited as an additional source of data and was not used as a primary source of data collection (Kim et al., 2017).

### *Data analysis and interpretation*

According to Lambert and Lambert (2012), data analysis in qualitative descriptive research is data driven and does not use an approach that has emerged from a pre-existing philosophical or epistemological perspective. Within qualitative descriptive research, it is important analysis is kept at a level at which those to whom the research pertains are easily able to understand and so can use the findings in healthcare practice (Chafe, 2017). The approach to analysis is dictated by the aims of the research and as qualitative descriptive research is generally explorative, inductive approaches will commonly need to be applied although deductive approaches can also be used (Kim et al., 2017).

Content and thematic analyses are the most commonly used data analysis techniques in qualitative descriptive research. Vaismoradi et al. (2013) argue that content and thematic analysis, although poorly understood and unevenly applied, offer legitimate ways of a lower level of interpretation that is often required in qualitative descriptive research. Sandelowski (2000) indicated that qualitative content analysis is the approach of choice in descriptive research; however, confusion exists between content and thematic analysis, which sometimes means researchers use a combination of the two. Vaismoradi et al. (2013) argue there are differences between the two and that content analysis allows the researchers to analyse the data qualitatively as well as being able to quantify the data whereas thematic analysis provides a purely qualitative account of the data that is richer and more detailed. Decisions to use one over the other will depend on the aims of the study, which will dictate the depth of analysis required. Although there is a range of analysis guidelines available, they share some characteristics and an overview of these, derived from some key texts (Sandleowski, 2010; Braun and Clark, 2006; Newell and Burnard, 2006), is presented in Table 1. Central to these guidelines is an attempt by the researcher to immerse themselves in the data and the ability to demonstrate a consistent and systematic approach to the analysis.

Coding in qualitative descriptive research can be inductive and emerge from the data, or *a priori* where they are based on a pre-determined template as in template analysis. Inductive codes can be 'in vivo' where the researcher uses the words or concepts as stated

**Table 1.** Common characteristics of descriptive qualitative analysis.

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1. Transcribing and sorting the data.
  2. Giving codes to the initial data obtained from observation, interviews, documentary analysis etc.
  3. Adding comments/reflections etc. (memos).
  4. Trying to identify similar phrases, patterns, themes, relationships, sequences.
  5. Taking these patterns, themes to help focus the next wave of data collection.
  6. Gradually elaborating a small set of generalisations that cover the consistencies you discern in the data.
  7. Linking these generalisations to a formalised body of knowledge in the form of constructs or theories.
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by the participants (Howitt, 2019), or can be named by the researcher and grouped together to form emerging themes or categories through an iterative systematic process until the final themes emerge. Template analysis involves designing a coding template, which is designed inductively from a subset of the data and then applied to all the data and refined as appropriate (King, 2012). It offers a standardised approach that may be useful when several researchers are involved in the analysis process.

Within qualitative research studies generally, the analysis of data and subsequent presentation of research findings can range from studies with a relatively minimal amount of interpretation to those with high levels of interpretation (Sandelowski and Barroso, 2003). The degree of interpretation required in qualitative descriptive research is contentious. Sandelowski (2010) argues that although descriptive research produces findings that are 'data-near', they are nevertheless interpretative. Sandelowski (2010) reports that a common misconception in qualitative descriptive designs is that researchers do not need to include any level of analysis and interpretation and can rely solely on indiscriminately selecting direct quotations from participants to answer the research question(s). Although it is important to ensure those familiar with the topic under investigation can recognise their experiences in the description of it (Kim et al., 2017), this is not to say that there should be no transformation of data. Researchers using a qualitative descriptive design need to, through data analysis, move from un-interpreted participant quotations to interpreted research findings, which can still remain 'data-near' (Sandelowski, 2010). Willis et al. (2016) suggest that researchers using the qualitative descriptive method might report a comprehensive thematic summary as findings, which moves beyond individual participant reports by developing an interpretation of a common theme. The extent of description and/or interpretation in a qualitative descriptive study is ultimately determined by the focus of the study (Neergaard et al., 2009).

### **Rigor**

As with any research design, ensuring the rigor or trustworthiness of findings from a qualitative descriptive study is crucial. For a more detailed consideration of the quality criteria in qualitative studies, readers are referred to the seminal work of Lincoln and Guba (1985) in which the four key criteria of credibility, dependability, confirmability and transferability are discussed. At the very least, researchers need to be clear about the methodological decisions taken during the study so readers can judge the trustworthiness of the study and ultimately the findings (Hallberg, 2013). Being aware of personal assumptions and the role they play in the research process is also an important quality criterion (Colorafi and Evans, 2016) and these assumptions can be made explicit through the use of researcher reflexivity in the study (Bradshaw et al., 2017).

### **Challenges in using a qualitative descriptive design**

One of the challenges of utilising a qualitative descriptive design is responding to the charge that many qualitative designs have historically encountered, which is that qualitative designs lack the scientific rigor associated with quantitative approaches (Vaismoradi et al., 2013). The descriptive design faces further critique in this regard as, unlike other qualitative approaches such as phenomenology or grounded theory, it is not theory driven or oriented (Neergaard et al., 2009). However, it is suggested that this perceived limitation of qualitative descriptive research only holds true if it is used for the wrong purposes and not

primarily for describing the phenomenon (Neergaard et al., 2009). Kahlke (2014) argues that rather than being atheoretical, qualitative descriptive approaches require researchers to consider to what extent theory will inform the study and are sufficiently flexible to leave space for researchers to utilise theoretical frameworks that are relevant and inform individual research studies. Kim et al. (2017) reported that most descriptive studies reviewed did not identify a theoretical or philosophical framework, but those that did used it to inform the development of either the interview guide or the data analysis framework, thereby identifying the potential use of theory in descriptive designs.

Another challenge around the use of qualitative descriptive research is that it can erroneously be seen as a 'quick fix' for researchers who want to employ qualitative methods, but perhaps lack the expertise or familiarity with qualitative research (Sandelowski, 2010). Kim et al. (2017) report how in their review fewer than half of qualitative descriptive papers explicitly identified a rationale for choosing this design, suggesting that in some cases the rationale behind its use was ill considered. Providing a justification for choosing a particular research design is an important part of the research process and, in the case of qualitative descriptive research, a clear justification can offset concerns that a descriptive design was an expedient rather than a measured choice. For studies exploring participants' experiences, which could be addressed using other qualitative designs, it also helps to clearly make a distinction as to why a descriptive design was the best choice for the research study (Kim et al., 2017). Similarly, there is a perception that the data analysis techniques most commonly associated with descriptive research – thematic and content analysis are the 'easiest' approaches to qualitative analysis; however, as Vaismoradi et al. (2013) suggest, this does not mean they produce low-quality research findings.

As previously identified, a further challenge with the use of qualitative descriptive methods is that as a research design it has limited visibility in research texts and methodological papers (Kim et al., 2017). This means that novice qualitative researchers have little guidance on how to design and implement a descriptive study as there is a lack of a 'methodological rulebook' to guide researchers (Kahlke, 2014). It is also suggested that this lack of strict boundaries and rules around qualitative descriptive research also offers researchers flexibility to design a study using a variety of data collection and analysis approaches that best answer the research question (Kahlke, 2014; Kim et al., 2017). However, should researchers choose to integrate methods 'borrowed' from other qualitative designs such as phenomenology or grounded theory, they should do so with the caveat that they do not claim they are using designs they are not actually using (Neergaard et al., 2009).

## **Examples of the use of qualitative descriptive research in healthcare**

Findings from qualitative descriptive studies within healthcare have the potential to describe the experiences of patients, families and health providers, inform the development of health interventions and policy and promote health and quality of life (Neergaard et al., 2009; Willis et al., 2016). The examples provided here demonstrate different ways qualitative descriptive methods can be used in a range of healthcare settings.

Simon et al. (2015) used a qualitative descriptive design to identify the perspectives of seriously ill, older patients and their families on the barriers and facilitators to advance care planning. The authors provided a rationale for using a descriptive design, which was to gain a deeper understanding of the phenomenon under investigation. Data were gathered through nine open-ended questions on a researcher-administered questionnaire. Responses to all



questions were recorded verbatim and transcribed. Using descriptive, interpretative and explanatory coding that transformed raw data recorded from 278 patients and 225 family members to more abstract ideas and concepts (Simon et al., 2015), a deeper understanding of the barriers and facilitators to advance care planning was developed. Three categories were developed that identified personal beliefs, access to doctors and interaction with doctors as the central barriers and facilitators to advance care planning. The use of a qualitative descriptive design facilitated the development of a schematic based on these three themes, which provides a framework for use by clinicians to guide improvement in advance care planning.

Focus group interviews are a common data collection method in qualitative descriptive studies and were the method of choice in a study by Pelentsov et al. (2015), which sought to identify the supportive care needs of parents whose child has a rare disease. The rationale provided for using a qualitative descriptive design was to obtain a 'straight description of the phenomena' and to provide analysis and interpretation of the findings that remained data-near and representative of the responses of participants. In this study, four semi-structured focus group interviews were conducted with 23 parents. The data from these focus groups were then subjected to a form of thematic analysis during which emerging theories and inferences were identified and organised into a series of thematic networks and ultimately into three global themes. These themes identified that a number of factors including social isolation and lack of knowledge on behalf of healthcare professionals significantly affected how supported parents felt. Identifying key areas of the supportive needs of parents using qualitative description provides direction to health professionals on how best to respond to and support parents of children with a rare disease.

The potential for findings from a qualitative descriptive study to impact on policy was identified in a study by Syme et al. (2016), who noted a lack of guidance and policies around sexual expression management of residents in long-term care settings. In this study, 20 directors of nursing from long-term care settings were interviewed with a view to identifying challenges in addressing sexual expression in these settings and elicit their recommendations for addressing these challenges in practice and policy. Following thematic analysis, findings relating to what directors of nursing believed to be important components of policy to address sexual expression were identified. These included providing educational resources, having a person-centred care delivery model when responding to sexual expression and providing guidance when working with families. Findings from this qualitative descriptive study provide recommendations that can then feed in to a broader policy on sexual expression in long-term care settings.

The final example of the use of a qualitative descriptive study comes from a mixed-methods study comprising a randomised control trial and a qualitative process evaluation. He et al. (2015) sought to determine the effects of a play intervention for children on parental perioperative anxiety and to explore parents' perceptions of the intervention. Parents who had children going for surgery were assigned to a control group or an intervention group. The intervention group took part in a 1-hour play therapy session with their child whereas the control group received usual care. Quantitative findings identified there was no difference in parents' anxiety levels between the intervention and control group. However, qualitative findings identified that parents found the intervention helpful in preparing both themselves and their child for surgery and perceived a reduction in their anxiety about the procedure thereby capturing findings that were not captured by the quantitative measures. In addition, in the qualitative interviews, parents made suggestions about how the play group could be improved, which provides important data for the further development of the intervention.

These examples across a range of healthcare settings provide evidence of the way findings from qualitative descriptive research can be directly used to more fully understand the experiences and perspectives of patients, their families and healthcare providers in addition to guiding future healthcare practice and informing further research.

## **Conclusion**

Qualitative research designs have made significant contributions to the development of nursing and healthcare practices and policy. The utilisation of qualitative descriptive research is common within nursing research and is gaining popularity with other healthcare professions. This paper has identified that the utilisation of this design can be particularly relevant to nursing and healthcare professionals undertaking a primary piece of research and provides an excellent method to address issues that are of real clinical significance to them and their practice setting. However, the conundrum facing researchers who wish to use this approach is its lack of visibility and transparency within methodological papers and texts, resulting in a deficit of available information to researchers when designing such studies. By adding to the existing knowledge base, this paper enhances the information available to researchers who wish to use the qualitative descriptive approach, thus influencing the standard in how this approach is employed in healthcare research. We highlight the need for researchers using this research approach to clearly outline the context, theoretical framework and concepts underpinning it and the decision-making process that informed the design of their qualitative descriptive study including chosen research methods, and how these contribute to the achievement of the study's aims and objectives. Failure to describe these issues may have a negative impact on study credibility. As seen in our paper, qualitative descriptive studies have a role in healthcare research providing insight into service users and providers' perceptions and experiences of a particular phenomenon, which can inform healthcare service provision.

### **Key points for policy, practice and/or research**

- Despite its widespread use, there is little methodological guidance to orientate novice nurse researchers when using the qualitative descriptive design. This paper provides this guidance and champions the qualitative descriptive design as appropriate to explore research questions that require accessible and understandable findings directly relevant to healthcare practice and policy.
- This paper identifies how the use of a qualitative descriptive design gives direct voice to participants including patients and healthcare staff, allowing exploration of issues of real and immediate importance in the practice area.
- This paper reports how within qualitative descriptive research, the analysis of data and presentation of findings in a way that is easily understood and recognised is important to contribute to the utilisation of research findings in nursing practice.
- As this design is often overlooked in research texts despite its suitability to exploring many healthcare questions, this paper adds to the limited methodological guidance and has utility for researchers who wish to defend their rationale for the use of the qualitative descriptive design in nursing and healthcare research.

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## Ethics


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## ORCID iDs

Louise Doyle  <https://orcid.org/0000-0002-0153-8326>

Margaret McCann  <https://orcid.org/0000-0002-7925-6396>

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**Louise Doyle** (PhD, MSc, BNS, RNT, RPN) is an Associate Professor in Mental Health Nursing at the School of Nursing and Midwifery, Trinity College Dublin. Her research interests are in the area of self-harm and suicide and she has a particular interest and expertise in mixed-methods and qualitative research designs.

**Catherine McCabe** (PhD, MSc, BNS, RNT, RGN) is an Associate Professor in General Nursing at the School of Nursing and Midwifery, Trinity College Dublin. Her research interests and expertise are in the areas of digital health (chronic disease self-management and social/cultural wellbeing), cancer, dementia, arts and health and systematic reviews.

**Brian Keogh** (PhD, MSc, BNS, RNT, RPN) is an Assistant Professor in Mental Health Nursing at the School of Nursing and Midwifery, Trinity College Dublin. His main area of research interest is mental health recovery and he specialises in qualitative research approaches with a particular emphasis on grounded theory.

**Annemarie Brady** (PhD, MSc, BNS, RNT, RPN) is Chair of Nursing and Chronic Illness and Head of School of Nursing and Midwifery at Trinity College Dublin. Her research work has focused on the development of healthcare systems and workforce solutions to respond to increased chronic illness demands within healthcare. She has conducted a range of mixed-method research studies in collaboration with health service providers to examine issues around patient-related outcomes measures, workload measurement, work conditions, practice development, patient safety and competency among healthcare workers.

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**Margaret McCann** (PhD, MSc, BNS, RNT, RGN) is an Assistant Professor in General Nursing at the School of Nursing and Midwifery, Trinity College Dublin. Research interests are focused on chronic illness management, the use of digital health and smart technology in supporting patient/client education, self-management and independence. Other research interests include conducting systematic reviews, infection prevention and control and exploring patient outcomes linked to chronic kidney disease.