

Standards for Reporting Qualitative Research: A Synthesis of Recommendations

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No.	Topic	Item	Corresponding page number of manuscript
<b>Title and abstract</b>			
S1	Title	Concise description of the nature and topic of the study identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	S1) Title page
S2	Abstract	Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	S2) Abstract
<b>Introduction</b>			S3) pp.1-2
S3	Problem formulation	Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	S4) p. 2
S4	Purpose or research question	Purpose of the study and specific objectives or questions	
<b>Methods</b>			S5) p. 4
S5	Qualitative approach and research paradigm	Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/interpretivist) is also recommended; rationale <sup>b</sup>	S6) p.3
S6	Researcher characteristics and reflexivity	Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	S7) p. 2
S7	Context	Setting/site and salient contextual factors; rationale <sup>b</sup>	S8) p. 2
S8	Sampling strategy	How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale <sup>b</sup>	S9) pp.3-4
S9	Ethical issues pertaining to human subjects	Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	S10) p. 3-4
S10	Data collection methods	Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale <sup>b</sup>	S11) p. 3; Table 1
S11	Data collection instruments and technologies	Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	S12) pp. 2-3; p. 4
S12	Units of study	Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	S13) pp. 3-4
S13	Data processing	Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/deidentification of excerpts	S14) p.4
S14	Data analysis	Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale <sup>b</sup>	S15) p. 4
S15	Techniques to enhance trustworthiness	Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale <sup>b</sup>	S16) p.5
<b>Results/findings</b>			S17) Tables 2-4
S16	Synthesis and interpretation	Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	
S17	Links to empirical data	Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	S18) pp. 9-11
<b>Discussion</b>			S19) pp.11-12
S18	Integration with prior work, implications, transferability, and contribution(s) to the field	Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field	S20) Title page
S19	Limitations	Trustworthiness and limitations of findings	S21) Title page
<b>Other</b>			
S20	Conflicts of interest	Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	
S21	Funding	Sources of funding and other support; role of funders in data collection, interpretation, and reporting	

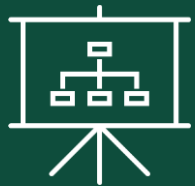
<sup>a</sup>The authors created the SRQR by searching the literature to identify guidelines, reporting standards, and critical appraisal criteria for qualitative research; reviewing the reference lists of retrieved sources; and contacting experts to gain feedback. The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research.

<sup>b</sup>The rationale should briefly discuss the justification for choosing that theory, approach, method, or technique rather than other options available, the assumptions and limitations implicit in those choices, and how those choices influence study conclusions and transferability. As appropriate, the rationale for several items might be discussed together.

# “We’re Playing on the Same Team”: Communication (Dis)connections Between Trauma Patients and Surgical Residents



Interviewed 14 surgery residents and 29 survivors of violent injury



Qualitative analysis of interviews using grounded theory

## Barriers to communication reported by patients & residents



Lack of time



Different racial & class backgrounds



Traumatic stress

## Similarities between patients & residents



Empathy for each other



Posttraumatic responses; being in “survival mode”



Desire for more communication



Resident education in structural justice and patient outreach may help bridge disconnects between patients and residents

Huang et al. *Journal of Trauma and Acute Care Surgery*.  
Month Year [doi]

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