

The position of reporting guidelines in qualitative nursing research

GD Smith, Gelling L, Haigh C, Barnason S, Allan H & Jackson D (2017)

In recent years, there has been a growing acceptance that reporting guidelines are effective in improving the communication of research methods and findings, providing a more transparent and rigorous account of the design and procedures of research (Altman & Moher 2014).

Academic journals play a key role in helping to increase the overall quality of research literature by demanding full and transparent reporting (Altman & Simera 2014). In the *Journal of Clinical Nursing*, we strive to disseminate the highest quality original research to a wide audience of nurse academics, clinical nurses, researchers and policy makers. To ensure that we achieve this, authors need to provide readers with sufficient information to understand the aims and design of studies; this process can be facilitated through adherence to internationally recognized publication reporting guidelines. These guidelines were introduced originally to overcome the recognized limitations in the reporting of quantitative scientific studies across biomedical research (Altman 2002; Chalmers & Glasziou 2009). Despite limited evidence, it could be anticipated that similar issues may be present in the reporting of qualitative research (Simera et al 2009). This is a concern, because poor reporting practice in any form of research may distort the findings of a study and compromise its usefulness (Altman & Moher 2014).

In nursing science, qualitative research sets out to explore very complex phenomena and produce nuanced understandings that can directly influence health care delivery and policy. For us at the *Journal of Clinical Nursing*, qualitative research studies provide the academic and clinical nursing community with greater insight into the needs, perspectives and experiences of those receiving and providing nursing, health and social care. To date, limited attention has been given to the use of reporting guidelines in qualitative nursing research. However, given the ever-increasing demands from policy makers for research output that guides decision-making in complex healthcare environments, qualitative guidelines are now receiving increased consideration. Unlike quantitative approaches, which can draw on a battery of internationally accepted reporting guidelines, relatively few exist for qualitative research. In part, the lack of qualitative reporting guidelines may be due to the diversity of designs used in qualitative research (Wu et al 2016). Additionally, some qualitative researchers may question the existence and of these guidelines, and believe that they merely reduce qualitative research to a list of

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/jocn.14213

technical procedures. Indeed, Rolfe (2006) argued that with no unified qualitative research paradigm, it would appear rather pointless to establish generic criteria for making judgments on qualitative research.

In this editorial, we focus attention on reporting guidelines for qualitative research that are endorsed by the *Journal of Clinical Nursing*. We fully acknowledge that approaches to qualitative research can be extremely varied and that reporting guidelines, no matter how well designed and developed, may not be applicable to all qualitative approaches. From that perspective, it is of utmost importance that qualitative reporting guidelines in *Journal of Clinical Nursing* assist, not hinder, author preparation of qualitative research papers. As such, this editorial aims to provide some practical advice for qualitative researchers, to enhance the clarity of reporting in their research.

Promotion of and adherence to these qualitative reporting guidelines could conceivably influence the standard of nursing research publications, ultimately strengthening the overall standing of qualitative nursing research (Hale & Griffiths 2015). It could also counter claims made by those who remain skeptical of the use of qualitative approaches in healthcare research, specifically those questioning the lack of reliability and quality of qualitative research (Santiago-Delefosse et al 2016).

Reflecting the increased demand for transparency and rigour in the reporting of research, a number of reporting guidelines for qualitative research have been established in recent years, stipulating the complete and clear reporting of studies (Dunt & McKenzie 2012). Qualitative researchers seeking reporting guidance for their manuscripts are most likely to consult the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines (Tong et al 2017). COREQ provides a thirty-two-item checklist, developed for the explicit and comprehensive reporting of qualitative research. It is published on the EQUATOR network, an international enterprise seeking to improve the reliability and validity of biomedical research, including nursing science, by promoting accuracy and transparency in the reporting of all types of research studies. Although COREQ has been widely endorsed as a reporting framework for qualitative research, across a range of biomedical journals, the wide diversity of approaches that can be taken towards qualitative research contribute to its major flaw. COREQ only covers two types of qualitative research design, interviews and focus groups. Although these designs are commonly employed, they do not cover the full remit of qualitative research in nursing and social science. Many nurse researchers routinely engage in other forms of qualitative research method, such as case study, ethnographic interviewing and participant observation.

Other qualitative reporting guidelines exist, including RATS, an acronym for relevance, appropriateness, transparency and soundness. It is offered to authors of BioMed Central Journals as a guide to peer review in qualitative research. The RATS guideline is composed of four sets of criteria 1) R – the relevance of a qualitative study question, 2) A- the

appropriateness of qualitative method, 3) T- the transparency of procedures and 4) S- the soundness of interpretative approaches (Clark 2003). The Standards for Reporting Qualitative Research (SRQR) was specifically designed to deal with the wide range of approaches available in qualitative research (O'Brien et al 2014). The SRQR consists of twenty-one items, believed to be essential for complete, transparent reporting of qualitative research. Despite providing a broader perspective to qualitative research SRQR has limitations, it does not attempt to define rigour in a study, making it inappropriate for judging the quality of research or findings. Of these three different reporting guidelines identified above it should be stated that RATS and SRQR are not supported by the same degree of consensus as COREQ guidance. As stated earlier, there appears to be no 'one size fits all' reporting guideline to comprehensively report all approaches to qualitative research. Indeed, with a lack of internationally agreed criteria, it is potentially challenging for the qualitative researcher to assess which reporting guideline is most appropriate for them.

In addition to reporting guidelines, other resources specifically designed to aid the peer review of qualitative research have also been developed to support efforts to improve the quality of qualitative manuscripts (Kitto et al 2008). Providing a framework to add consistency to the peer review process of qualitative manuscripts may be one additional benefit that reporting guidelines offer.

All of these activities accompany the growing global interest in assessing and improving the quality of qualitative research (Anderson 2010). Close inspection of qualitative reporting guidelines reveal many similarities with those developed for quantitative research. Both approaches require attention to clarity in aims, appropriateness of method selection, rigour in methodological approach and careful justification of conclusions drawn from results. However, it is clear that interpretation of these criteria may differ significantly between the two paradigms of research. Some aspects of qualitative studies are quite different from quantitative studies; sampling strategies in qualitative studies may be other than random, with maximum variation as well as snowball in form. It is usually important for the qualitative researcher to explicitly state the theoretical position taken and used in relation to the study. It is also customary to declare the nature of the relationship between the researcher, the research problem and the participants, and address reflexivity, enabling readers to examine how the researchers' social values may have influenced the design, conduct and reporting of the research. It is of equal importance to understand what the participants understood about the conduct of the research and their part in it. From a presentational perspective, qualitative studies may also be reported quite differently from quantitative studies; sometimes merging results and discussion sections together. All of these differences highlight the need for separate guidelines, specifically designed for reporting qualitative research.

At the *Journal of Clinical Nursing*, we believe in the need for justifiable and applicable standards for reporting qualitative research. Such reporting processes need to be as transparent and rigorous as those that are in place for other research approaches. Optimal reporting would potentially enhance readers to critically engage, apply and synthesis results of published

qualitative studies, generating important insights to help inform patient care and service delivery. Thus, we require authors to comply with internationally recognized guidelines for reporting qualitative research and to state this in both abstract and in the paper itself.

We fully endorse adherence to COREQ guidance in accordance with many other biomedical journals. With respect to the other reporting guidelines, RATS and SRQ, as previously discussed, they do not carry the same degree of consensus as COREQ; however, they may provide nurse researchers with a useful resource for studies that do not comprise in-depth interviews or focus groups. The broad aim of adopting these guidelines in the *Journal of Clinical Nursing* is ensure that there is a degree of consistency with other types of research published in the journal. It is hoped that they will aid researchers by prompting them to consider carefully all aspects of their study design and analysis when preparing their final manuscript submission. In being able to highlight the elements of a paper that are absolutely essential if a paper is to enhance the ability of nurses from across the sectors to engage effectively with results, we also hope to help smooth the peer review process for qualitative researchers. In addition, guidelines for qualitative research may facilitate the appraisal and assessment of qualitative research studies by readers. We encourage our authors to interpret particular items in guidelines flexibly, depending on their qualitative position and to seek out the most appropriate guidelines consistent with their methodological approach.

Despite the potential benefits of qualitative guidelines, some qualitative authors sound a note of caution. Barbour (2001) argued that reducing qualitative research to a checklist is overly prescriptive and results in 'the tail wagging the dog' with conformity to items in the checklist in itself not conferring rigour. Another difficulty using one prescriptive checklist for qualitative research is that many different types of qualitative approaches exist, varying in the extent to which they do, or do not embrace a prior, explicit theoretical position. Such challenges mean that it may be better to seek broad guidelines, such as SRQR, rather than prescriptive checklists in reporting qualitative research (Dunt & McKenzie 2012).

It is fully anticipated that qualitative studies in nursing research will continue to gain standing, in the coming years. It is vital, therefore, that the use of publication reporting guidelines for qualitative research becomes more prevalent, encompassing both the process and outputs of nursing research. Such guidance is likely to lead to improvements in the quality of research and facilitate greater contribution to individual and population health.

## References

Altman D & Simera I (2010) Responsible reporting of health research studies: transparent, complete, accurate and timely. *Journal of Antimicrobial Chemotherapy*; 65: 1-3.

Altman D (2002) Poor quality medical research: what can journals do? *JAMA* 287, 2765-2767.

Altman D & Moher D (2014) Importance of transparent reporting of health research (Chapter 1). In *Guidelines for Reporting Health Research: A user's manual*. (1<sup>st</sup> Edition) John Wiley & Son Publishing Ltd.

Anderson C (2010) Presenting and Evaluating Qualitative Research *American Journal of Pharmaceutical Education* 2010; 74: 141

Barbour R (2001) Checklists for improving rigour in qualitative research: a case of the tail wagging the dog? *British Medical Journal*; 322:1115.

Chalmers I & Glasziou P (2009) Avoidable waste in the production and reporting of research evidence. *Lancet*, 374, 86-89.

Clark J. (2003) How to peer review a qualitative manuscript. In: Godlee F., Jefferson T. editors. *Peer Review in Health Sciences*, 2nd London: BMJ Books; 2003, pp. 219–35.

Dunt D & McKenzie R (2012) Improving the quality of qualitative studies: do reporting guidelines have a place *Family Practice*

Hale C & Griffiths P (2015) ensuring the reporting quality of publications in nursing journals: A shared responsibility. *International Journal of Nursing Studies* 1025-1028.

Kitto S, Chesters J & Grbich C (2008) Quality in qualitative research *Medical Journal of Australia*; 188: 243

O'Brien B, Harris I, Beckman T, Reed D & Cook D (2014) Standards for reporting qualitative research: a synthesis of recommendations. *Academic Medicine* 89, 1245-1251.

Rolfe, G. (2006), Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Journal of Advanced Nursing*, 53: 304–310.

Santiago-Delefosse M, Gavin A, Bruchez Z, Roux P & Stephens S (2016) Quality of qualitative research in the health sciences: Analysis of the common criteria present in 58 assessment guidelines by expert users. *Social Science and Medicine* 148, 142-151.

Simera I, Moher D, Hoey J & Shulz K (2009) The EQUATOR Network and reporting guidelines: Helping to achieve high standards in reporting health research studies. *Maturitas*, 63, 4-6.

Tong A, Sainsbury P & Craig J (2007) Consolidated Criteria for Reporting Qualitative Research (COREQ): A 32 item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19, 349-357.

Wu S, Wyant D & Fraser M (2016) Author guidelines for manuscripts reporting on qualitative research. *Journal of the Society for Social Work & Research* 7, 2, 405-424.