Many nursing studies that involve the collection and analysis of qualitative data do not have roots in one of the disciplinary traditions described in the textbook. Polit and Beck, in a paper that won an award from Sigma Theta Tau International in 2011, analyzed more than 1,000 nursing studies published in eight journals in 2005 to 2006. They found that about 20% of qualitative studies were phenomenologic, 11% were grounded theory studies, and 1% were ethnographies. More than half (52%) were descriptive qualitative studies that did not have links to a qualitative tradition (Polit & Beck, 2009). Yet, qualitative descriptive studies are seldom discussed in any detail in research methods textbooks.

What characterizes such studies? Like other types of qualitative research, these inquiries typically are efforts to understand poorly understood phenomena that do not lend themselves readily to quantification. The inquiries are based on direct descriptions from (or observations of) the people who have experienced the phenomenon. Samples are typically small. Data are most often derived from loosely structured interviews with study participants, including both individual interviews and group interviews (see Chapter 15 in the text). Descriptive researchers sometimes gather data by observing participants in natural contexts—although nonparticipant observation is most typical. Data analysis tends to follow broad methods of doing a content analysis, rather than following a formal system such as constant comparison. A content analysis involves developing and applying a coding system to discover themes and patterns that emerge in the narrative data (see Chapter 16 in the text).

Sandelowski (2000), in a widely read article, noted that in doing such descriptive qualitative studies, researchers tend not to penetrate their data in any interpretive depth. These studies present comprehensive summaries of a phenomenon or of events. Qualitative descriptive designs tend to be eclectic methodologically and are based on the general premises of constructivist inquiry. As an example, there are many qualitative descriptive studies in the nursing literature that have sought to understand people's barriers to health care, to health promoting activities, or to compliance with a medical regimen. In these studies, the researchers listen to the participants' narratives and then classify barriers into categories that are often fairly concrete (e.g., family responsibilities, economic barriers, time constraints, and so on).

**Example of a descriptive qualitative study:**

Liebel and colleagues (2012) undertook a descriptive qualitative study to examine the barriers and facilitators that nurse home visitors face in their efforts to optimize function and minimize or postpone the worsening of disability in their elder patients with disability. Three primary themes were identified: (1) building and maintaining patient-centered working relationships, (2) negotiating delivery of care intervention components, and (3) establishing balance between the patients' acute and chronic care needs.
Sandelowski (2010) more recently warned researchers not to name their studies as qualitative description “after the fact to give a name to poorly conceived and conducted studies” (p. 80). She noted that qualitative descriptive studies produce findings closer to the data (“data-near”) than studies within such traditions as phenomenology or grounded theory, but that good qualitative descriptions still have some interpretive obligations. She noted that, rather than being a distinct methodologic classification, qualitative description is perhaps viewed as a “distributed residual category” (p. 82) that signals a “confederacy” of diverse qualitative inquirers.

Sally Thorne (2008) recently expanded qualitative description into a realm she called interpretive description. Her book outlined an approach that extends “beyond mere description and into the domain of the ‘so what’ that drives all applied disciplines” (p. 33). While acknowledging that her approach is neither novel nor distinctive, Thorne noted that it emphasizes the importance of having a disciplinary conceptual frame, such as nursing: “Interpretive description becomes a conceptual maneuver whereby a solid and substantive logic derived from the disciplinary orientation justifies the application of specific techniques and procedures outside of their conventional context” (p. 35). An important thrust of her approach is that it requires integrity of purpose from an actual practice goal, and it therefore seeks to generate new insights that can help shape applications of qualitative evidence to practice.

**Example of an interpretive descriptive study:**
Carlander and colleagues (2011) used an interpretive descriptive approach in their study of how family members dealt with everyday life close to death, when one family member living at home had a life-threatening illness. Data were collected by means of individual, couple, and group interviews with five families. Two broad patterns were identified: (1) being *me* in a family living close to death and (2) being *us* in a family living close to death. Their report included a good table that showed how their coding, descriptive summaries, and interpretation were used to build themes and patterns.

**REFERENCES**