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The Analytic Challenge in Interpretive Description

Sally Thorne
University of British Columbia
Vancouver, British Columbia, Canada

Sheryl Reimer Kirkham
Trinity Western University
Langley, Brisith Columbia, Canada

Katherine O'Flynn-Magee
University of British Columbia
Vancouver, British Columbia, Canada

Abstract

The past decade has witnessed remarkable evolution within qualitative health research as scholars have moved beyond initial adherence to the specific methods of phenomenology, grounded theory, and ethnography to develop methods more responsive to the experience-based questions of interest to a practice-based discipline. Interpretive description (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997) is an inductive analytic approaches designed to create ways of understanding clinical phenomena that yield applications implications. In this article, we further develop our understanding of this methodological alternative by elaborating on the objective and mechanisms of its analytic processes and by expanding our consideration of its interpretive products.

Keywords: Interpretive description, qualitative research, qualitative data analysis, nursing research

Introduction

Responding to an expressed need for an alternate method for generating grounded knowledge pertaining to clinical nursing contexts, Thorne, Reimer Kirkham, and MacDonald-Emes (1997) developed the method of interpretive description. This method departed from the specific methods dominating qualitative nursing research at the time, and reflected the evolution of qualitative methodology within the disciplinary domain of nursing. Over the last two decades, the uptake of qualitative research designs for answering many of the compelling, complex and contextually embedded questions relevant to nursing science has been rapid, and nursing scholars have drawn inspiration from a broad range of inquiry

approaches deriving from diverse disciplines and epistemological perspectives. Perhaps because of their departure from established scientific methodological rhetoric and form, early qualitative nurse researchers tended to be fastidious in their approach to rigor and meticulous in their adherence to the philosophical tenets of the academic projects from which their qualitative approaches were derived. Borrowing from (among other approaches) grounded theory, phenomenology and ethnography, they attempted to fit the objects and methodological rules of sociology, philosophy and anthropology to the study of applied health and clinical problems (Morse & Chung, 2003). While these methods proved useful in the context of some of the clinical questions posed, nursing scholars often found their inquiries constrained by the dictates of the original disciplinary projects and began to push at the edges of methodological rulebooks (Thorne, 1991). As Morse observed, "qualitative researchers do legitimate qualitative research for which, as yet, there is no name" (1991, p. 18). Over time, rather than enforcing methodological orthodoxy to traditions that did not quite fit the emerging qualitative nursing scholarship, nurses began to articulate distinct methodological approaches designed to fit the kinds of complex experiential questions that they and other applied health researchers might be inclined to ask. Interpretive description has evolved as one such articulation of a qualitative approach to clinical description with an interpretive or explanatory flavor.

Since its inception, nurses and others in applied disciplines have found interpretive description to provide a logical structure and philosophic rationale for the design decisions made in qualitative inquiries (e.g. Alligood & Fawcett, 1999; Buissink-Smith & McIntosh, 1999; Elmberger, Bolund & Lutzen, 2002; Gillespie, 2002; Irwin,Thorne, & Varcoe, 2002; Lundgren, Tishelman, Widmark, Forss, Sachs & Tornberg, 2000; O'Flynn-Magee, 2002; Paterson, Kieloch, & Gmiterek, 2001; Ramfelt, Severinsson, & Lutzen, 2002; Reimer Kirkham, 1998; 2003; Stajduhar, Neithercut, Chu, Pham, Rohde, Sicotte & Young, 2000; Thorne, Kazanjian & MacEntee, 2001). Because it reflects the kinds of variations on traditional methodological choices that nurses were already making, interpretive description provides a grounding for the conceptual linkages that become apparent when one attempts to locate the particular within the general, the state within the process, and the subjectivity of experience within the commonly understood and objectively recognized conventions that contemporary health care contexts represent as the temporal and symbolic location for health and illness. In short, nurse scholars perceived the need to move beyond established qualitative methodologies in order to generate credible and meaningful disciplinary knowledge, and interpretive description provided a reasonable vehicle for such departures. As such, it has found a place in the lexicon of qualitative nursing research methodologies alongside various other less prescriptive qualitative descriptive methodologies (Sandelowski, 2000).

In recent years, the theoretical basis for qualitative inquiries in the applied health sciences has grown exponentially, especially in nursing, and there is now a much more comprehensive and thoughtful body of work on which to draw. Adherents of qualitative inquiry in the applied health disciplines are no longer quite so powerfully constrained by journal and grant-panel reviewers unfamiliar with qualitative logic, and tend to experience more freedom to develop their inductive designs within a wide range of methodological approaches. At the same time, there is a renewed call for intellectual rigor, coherence, and validity within qualitative traditions so that the results of such inquiries can be effectively applied and realistically synthesized into the evolving disciplinary knowledge (Paterson, Thorne, Canam & Jillings, 2001; Sandelowski & Barrosso, 2002; Sandelowski, Docherty & Emden, 1997). The reports of qualitative studies across methods are being systematically scrutinized for their worth and quality, and a heightened awareness of credibility and verification is apparent within nursing scholarship (Emden & Sandelowski, 1998, 1999; Morse, Barrett, Mayan, Olson, & Spiers, 2002). In this context, researchers employing interpretive description, particularly novices, have been persistent in urging further development of analytic guidance as a critical element in the validity of the approach. In response to that appeal, this article outlines the objective, the mechanisms, and the product of the analytic process within interpretive description.

Basis of interpretive description

In articulating a non-categorical method of research such as interpretive description, we acknowledge risks such as those of "method slurring" or the blurring of distinctions between qualitative approaches (Baker, Wuest, & Stern, 1992; Morse, 1989). Along with this risk, concern has been raised regarding a perceived lack of epistemological and methodological grounding (Caelli, Ray, & Mill, 2003) for such generic qualitative methods. With a philosophical alignment with interpretive naturalistic orientations, interpretive description acknowledges the constructed and contextual nature of human experience that at the same time allows for shared realities (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997). Key axioms of naturalistic inquiry, such as those delineated by Lincoln and Guba (1985), provide philosophical underpinnings for research design, including:

1. There are multiple constructed realities that can be studied only holistically. Thus, reality is complex, contextual, constructed, and ultimately subjective.
2. The inquirer and the "object" of inquiry interact to influence one another; indeed, the knower and known are inseparable.
3. No *a priori* theory could possibly encompass the multiple realities that are likely to be encountered; rather, theory must emerge or be grounded in the data.

While the techniques for data collection and even analysis may vary within interpretive descriptive studies, this coherent epistemological foundation distinguishes it from the inconsistencies of underlying assumptions characteristic of method slurring.

The foundation of interpretive description is the smaller scale qualitative investigation of a clinical phenomenon of interest to the discipline for the purpose of capturing themes and patterns within subjective perceptions and generating an interpretive description capable of informing clinical understanding. Such studies often build upon relatively small samples, using such data collection methods as interviews, participant observation and documentary analysis to articulate a coherent and meaningful account of the experiential knowledge that such methods render accessible. Interpretive descriptions often involve multiple data collection strategies to avoid what Sandelowski (2002) refers to as a naïve overemphasis on interview data combined with a neglect of the material world that has led to research that does not offer comprehensive and contextualized interpretations of its central phenomena of interest.

Interpretive description departs from traditional qualitative descriptive approaches in that it assumes nurse investigators are rarely satisfied with description alone and are always exploring meanings and explanations that may yield application implications. Using inductive analytic approaches characteristic of interpretive description, researchers seek understandings of clinical phenomena that illuminate their characteristics, patterns, and structure in some theoretically useful manner. Simply stated, interpretive description provides direction in the creation of an interpretive account that is generated on the basis of informed questioning, using techniques of reflective, critical examination, and which will ultimately guide and inform disciplinary thought in some manner.

The design strategies in interpretive description borrow strongly from some aspects of grounded theory, naturalistic inquiry, and ethnography, drawing on values associated with phenomenological approaches inherent in the methods of data collection. Samples are purposively and often theoretically generated, reflecting an awareness of expected and emerging variations within the phenomenon under study. Various verification strategies, such as concurrent data collection and analysis, constant comparative analysis and

iterative analysis, serve to locate the findings within the framework of the existing body of knowledge (in whatever form that might take) and in locating explanatory factors that might arise from the analysis within that larger perspective.

The product of an interpretive description, or the object of the exercise, is a coherent conceptual description that taps thematic patterns and commonalities believed to characterize the phenomenon that is being studied and also accounts for the inevitable individual variations within them. Such descriptions differ in form from those created in qualitative methods whose intent is to generate an entirely original and coherent new truth or metaphor, or what Sandelowski and Barroso (2003) might consider an "Interpretive Explanation." Indeed, generating new truths or coherent wholes would extend beyond the scope of interpretive description, although particularly evocative metaphors and images may well be used as a device for articulating the descriptive and interpretive insights that have arisen in the course of research. Further, the interpretive aspect of this method is not a free-floating theorizing, but rather a critical examination within methodological guidelines that are consistent with nursing's disciplinary understandings of the intended applications. The products of interpretive description ideally ought to have application potential, in the sense that a clinician would find the sense in them and they would therefore provide a backdrop for assessment, planning and interventional strategies, in keeping with recognized nursing standards of evidence, logic and ethics. Thus, the intended products of interpretive description would constitute not a new truth, but a sort of "tentative truth claim" about what is common within a clinical phenomenon. In the disseminated research report, such a claim would be rendered accessible to the practice of the discipline for the purpose of informing clinical reasoning, extending the available insight for practice decisions, and creating a sense-making structure for the eccentricities and variations that inevitably occur in the real world of health care application.

In order to enact an interpretive description that is coherent, auditable, credible and potentially applicable to the practical science of the discipline, the method requires intellectual processes that extend well beyond simply collecting and reporting data. It requires a representation in a form that explicitly acknowledges the analytic processes that occur in transforming raw data into findings (Sandelowski & Barrosso, 2002) and in constructing an interpretive account of what the themes within the data signify. A good piece of research will make sense of something that clinicians ought to understand. Further, it will provide a mental heuristic to make that new understanding accessible to practice logic in a manner that would be consistent with the reasoning of expert practitioners for whom a similar understanding had been acquired through extensive pattern recognition and reflective practice observations. Thus, the analytic processes inherent in the conduct of the method are the essence of its utility and quality. For this reason, the manageability, coherence and rigor of analytic processes in interpretive description are at the heart of its potential contribution to practice knowledge generation.

Conceptualizing the analytic process: Finding the knowable

Interpretive description aims to answer questions of relevance to a clinical discipline in which understanding something of the nature of the focus of that discipline's action is considered important. In nursing, many of our research questions have to do with patient or client experience: What is it like to have a certain disease? What kinds of thoughts and feelings do people experience when they encounter certain challenges or transitions? How do people comprehend their need for our service? What does it mean to experience certain bodily or psychosocial insults? Sampling and data collection methods derive logically from specific research questions, informed by the framework of what is already known about the phenomenon from a range of sources, and various options for these aspects are understood as consistent with the objectives of interpretive description. For many nurses, although conducting an interpretive description study seems quite straightforward through the data collection phase, the serious challenge arises when it is time to proceed with formal analysis.

Although there are a range of analytic devices available within the bodies of methodological literature from which interpretive description derives, the specific methods explicated by ethnography, grounded theory or phenomenology (for example) are unlikely to be fully satisfying because the object of the analysis departs from that which those processes are designed to generate. Instead, a rigorous analytic process in interpretive description will involve carefully navigating within and beyond the original theoretical scaffolding (or the analytic framework with which one entered the investigation) in order to fully engage the processes of inductive reasoning, including testing and challenging preliminary interpretations, and conceptualizing an ordered and coherent final product. In short, what is called for in the analytic project is moving beyond the theoretical framework from which the investigation was launched in order to advance the initial descriptive claims toward abstracted interpretations that will illuminate the phenomenon under investigation in a new and meaningful manner.

Beginning the analytic process: Moving beyond the self-evident

Unlike some qualitative methods that ask the researcher to bracket preconceptions (Ray, 1994), interpretive description presumes that there will be some theoretical knowledge, clinical pattern observation, and scientific basis within which all studies of human health and illness phenomena are generated. A critical review of the state of current knowledge forms the basis for the preliminary "analytic framework" with which the investigator makes sampling, design, and early analytic decisions. However, if the original analytic structure is permitted to overwhelm the data collection and analysis processes, the research product becomes nothing more than a "topical survey" (Sandelowski & Barroso, in press) or a glorified content analysis. For example, in a study exploring nurses' descriptions of caring for culturally diverse clients, initial coding followed the obvious categories provided by the analytic framing developed in the literature review regarding factors that promoted or prohibited intercultural care (Reimer Kirkham, 1998). As the analysis progressed, it became evident that this framing could not accommodate the richness of the data. Thus, the earliest analytic stage has to do with recognizing the nature and shape of the preliminary theoretical scaffolding that has been used to construct the study, and gradually taking distance from it as alternative conceptual emphases and intrigues arise.

In some instances, coding processes become the concrete representation of the investigator's attempts to "let go of the life raft" that the preliminary analytic structure often represents. Coding too meticulously, too early, or in too much minute detail can derail even the most enthusiastic analyst in exhaustion. However, many new investigators cannot conceive of the intellectual chaos that inductive reasoning inevitably represents in the liminal space between the preliminary framework and the eventual structural decisions. Thus, newer researchers need considerable external guidance to support the kind of disciplined reflexivity required to avoid clinging to the assumptions with which they entered the study or, conversely, to prevent premature closure a way of making sense of the emerging conceptualizations. In general, if the findings look too similar to the analytic framework with which one entered the study, they may reflect the mind's capacity to "fit" data rather than to ask good questions and generate useful conceptualizations. Such findings offer minimal, if any, new evidence about the phenomenon (Kearney, 2001).

As with all interpretive research processes, data collection and analysis inform one another iteratively, and thus the shape and direction of the inquiry evolve as new possibilities arise and are considered. The analyst must always remain skeptical of the immediately apparent, and must create data collection pathways that challenge, rather than reinforce, the earliest conceptualizations. Therefore the researcher's questions search out alternative linkages, exceptional instances, and contrary cases as a mechanism for broadening rather than narrowing conceptual linkages. For this reason, breadth is more useful than precision in the earliest coding and organizing processes, permitting groups of data bearing similar characteristics to be examined and re-examined for a range of alternatives. For example, prematurely coding "self esteem" separately from "self confidence" may prevent the researcher from thoroughly

considering an infinite number of ways in which "ideas about the self" might most usefully convey the essence of the phenomenon under study in the final analysis. The intellectual task of the analyst, therefore, is to engage in a dialectic between theory and the data, avoiding theoretical imposition on the one hand, and atheoretical description on the other, in the quest for a coherent rich interpretation that allows *a priori* theory to be changed by the logic of the data.

Enacting the analytic process: Engaging the mechanisms of interpretation

Within the body of qualitative methodological literature, there exist a wide range of "recipes" to guide the mechanics of the analytic process (Thorne, 2000). Interpretive description can draw productively on a wide range of these activities, but inherently requires that the researcher accept a job description comprised of comprehending data, synthesizing meanings, theorizing relationships, and recontextualizing data into findings (Morse, 1994). In each instance, regardless of the explicit sequence of steps that might be employed, it is essential to recognize that the researcher, not the recipe, is driving the interpretation. Findings do not "emerge" in the sense of having their own agency (Morse, 1994); neither do participants in a study have their own "voice" in the sense of representing their own interests, nor do data "speak for themselves." No matter how participatory and collaborative the method, it is the researcher who ultimately determines what constitutes data, which data arise to relevance, how the final conceptualizations portraying those data will be structured, and which vehicles will be used to disseminate the findings. Thus, an explicit awareness of the investigator as interpreter becomes an essential element in generating "findings" that have the potential for credibility or "interpretive authority" (Thorne,1997) beyond the artistic license of the individual author.

Emden, Hancock, Schubert, and Darbyshire conclude that the quality of qualitative research may be determined "by a moral imperative placed on the researcher that makes honesty and prudence in their publications as significant as the findings themselves" (2001, p. 210). Sandelowski and Barosso (2002) further contend that qualitative researchers must take a risk and commit to making an interpretation in the data analysis process. From our perspective, taking ownership of an interpretation can be among the most challenging aspects of the analytic process, especially for neophytes.

Although qualitative researchers often take great pains to distinguish themselves from their quantitatively-oriented colleagues, numbers do feature in one's interpretive capacity and must be thoughtfully reconciled. While numeric data (such as percentages) are typically misplaced in a qualitative report (Sandelowski, 2001), the inductive analyst must be aware of the manner in which prevalence can influence pattern recognition and account for that in some auditable manner. Although "always" and "never" are unlikely, credible research reports do guide the reader to understand whether a particular conceptualization derived from a strong majority of cases, a particularly influential case, or the researcher's suppositions based on available evidence within a limited data set. Thus, "demography" and "topography" can play a significant role in framing the credibility of claims inherent in any individual interpretation. While issues of frequency may be largely irrelevant to interpretation, the critical tensions that stem from the prevalence of certain themes or experiences become invaluable analytic resources.

By virtue of its reliance on interpretation, interpretive description cannot yield "facts" but rather "constructed truths." The degree to which those constructions are viable and defensible for their intended purpose (that of offering the practice disciplines an extended or alternative understanding) will depend on the researcher's capacity to present them in a manner that transforms raw data into a structure that makes aspects of the phenomenon meaningful in some new and useful way. Metaphoric representations (describing the phenomenon like a "butterfly" or a "bridge," for example) will have little value if they fail to illuminate critical elements and render them accessible to practice application.

The mechanics of interpretation, therefore, depend far less on coding, sorting and organizing than they do on the processes of intellectual inquiry. The researcher constantly explores such questions as: Why is this here? Why not something else? And what does it mean? In so doing, the imaginal exercise shifts from seeing nothing of importance, to finding a heuristic "ahah!," to a disciplined consideration of a range of possibilities before interpretive conclusions ought to be drawn. The technological supports with which we process data can be strategically employed in various ways to enhance the capacity of the researcher's mind to engage in this kind of analysis. Thus listening to an audio recording of a conversation may evoke a different insight than will reading a written transcript of text. For some investigators, creative coding (using symbols, colors or conceptual codes, and visual tools such as concept mapping) may help with inductive imagining; for others, expressions derived from *in vivo* text may become a device for conceptualizing loosely related ideas within the data into increasingly coherent relational patterns.

In our opinion, analysts are wise to avoid excessively detailed (such as word-by-word or line-by-line) coding, as the exhaustive effort this typically entails can detract from the mind's inherent capacity to see patterns, follow intuitions, and retrace a line of logical reasoning among and between pieces of data. Staying overlong in the microscopic view of the trees has a tendency to blur one's perspective on the forest, and so it becomes important to remember to move in and out of the detail in an iterative manner, asking repeatedly, "What is happening here?" In so doing, the contextual nature of the data is respected and remains intact, and the researcher is guided to focus on, and engage in, the intellectual processes that are the cornerstone of qualitative data analysis. Like the taste of a good wine, qualitative data analysis is best understood in the doing; it is inherently experiential rather than technical. Thus, the guidelines and recipes may provide suggestions and options, but they will not in themselves generate findings.

Concluding the analytic process: Envisioning the research product

Within every data set there will be an infinite number of interpretive possibilities and elements of interest. Basic to interpretive description, and indeed all qualitative methods, is the relevance of the research question. However, if a phenomenon is worth studying qualitatively, it is probably worth considering that the research question itself may have been constructed on the basis of an inherently limited understanding. Thus, the product of a good interpretive description may depart slightly from the original question, but the logic of that departure will be explicitly articulated as part of the research findings.

The generation of an interpretive description product assumes that there will have been discoveries and that they will be understood within complexity. Thus, patterns and themes within the data are ordered into a story, or a professional narrative, in order that we might make sense of the most important ideas to be conveyed and access their meaning in a new manner. The researcher's consciousness of the overall point of the exercise will influence many of the choices in the construction of the research product. No researcher crafts or disseminates findings without anticipating the needs of a particular audience, and making some assumptions about what will be relevant and convincing to that audience.

As with other qualitative methods, issues of rigor and credibility become an important consideration in the creation of an interpretive description product. While there are a number of useful guides to assist with this process (Lincoln & Guba, 1985; Sandelowski, 1986), presenting a litany of attributes such as trustworthiness and transferability, or making claims about one's integrity (such as reporting an "audit trail") are generally quite meaningless (Long & Johnson, 2000; Sandelowski, 1993). Rather, the credibility of the findings will derive largely from the way the specific analytic decisions are presented and contextualized within the larger picture. According to Emden and Sandelowski (1999), credibility occurs when complexities are made visible through the analytic process and are articulated with an openness or "criterion of uncertainty" that acknowledges a certain tentativeness about the final research outcomes. Beyond this analytic credibility, as has been suggested by Caelli, Ray, & Mill (2003), the

research process itself, particularly as it pertains to relations of power, the intersubjective construction of knowledge, and the positioning of the researcher, must be transparent in the research report.

The researcher will do well to be aware of and avoid some of the more common pitfalls in qualitative data analysis. "Going native" is assuming that you alone have come to understand a phenomenon as an insider. "Premature closure" occurs when you affix an existing structure onto the findings early in the analytic process and then seek only to confirm it. "Bloodless findings" are the technical reports that survey the topic and fail to capture anything of its essence or depth. In contrast to the research products arising from explicitly social theorizing, qualitative health researchers have a "pragmatic obligation" to assume that their findings might be applied in practice (Thorne,1997) and recognize that adoption of erroneous findings could have serious consequences (Long & Johnson, 2000).

Another particularly troublesome analytic error that researchers would do well to avoid is the assumption that because something is reported with some prevalence or has been expressed in a particularly articulate manner that it is either accurate or relevant. "Overdetermination of pattern" occurs where the researcher mistakenly assumes that a feature which occurs commonly is therefore is relevant to the issue under investigation, which can easily occur if we ignore the logic of probability and the peculiarities of chance. For example, we might omit reporting that 9 of the 12 young adults with diabetes in our study (75%) wore tennis shoes to the interview unless we had a fairly strong reason to suspect that this behavior had some meaning related to their condition. Overreliance on *in vivo* quotations can similarly derail a thoughtful analysis. Just because a research participant said something does not mean it has any inherent relevance to the research findings. Thus, the reader of an interpretive description product should expect that the interpretive lens of the researcher is accessible and visible throughout the report. The illustrative data bits that give the research report its color and texture ought to substantiate and clarify the analytic logic without bearing the full burden of accountability for the conclusions themselves.

Because an interpretive description is intended to extend beyond what any individual might "see" in his or her own situation and allow us to understand commonalities within a range of instances of a phenomenon, techniques such as having research participants "validate" the findings can also be quite misleading. In general, if the research report is nothing more than might have been constructed by a good journalist, then it cannot be said to constitute original scientific research. Validity must also be distinguished from the researcher's own sincerity and enthusiasm in presenting the findings as "truths," what (thanks to Philip Darbyshire) has been described as "cardiac validity" (or how heartfelt the interpretation is) or "lachrymal validity" (how much emotion it produces). Rather, the best interpretive descriptions will pass what has been referred to as the "thoughtful clinician test," in which those who have expert knowledge of the phenomenon in a particular way find that the claims are plausible and confirmatory of "clinical hunches" at the same time as they illuminate new relationships and understandings. Thus an integrity to the interpretive process will always generate more credible findings than will rigid adherence to the "gamesmanship" of rigor.

Conclusion

Interpretive description offers the qualitative health researcher an opportunity to work outside of the disciplinary confines of the more traditional methodological approaches and create a design logic that is consistent with the aims of an investigation of clinical health and illness phenomena. Analysis using inductive logic in an accountable and credible manner is a formidable challenge in the qualitative enterprise. While technical advice and step-by-step recipes may provide some comfort to the neophyte researcher, excellence in qualitative analysis always demands engagement, imagination, and conceptual creativity. In articulating an approach to qualitative analysis that can serve the project of interpretive description, we have attempted to walk the fine line between prescriptiveness and flexibility, articulating

some general principles by which researchers might strive toward coherence, accountability, and integrity within their research products. We believe that the work of explaining quality in qualitative research is ongoing, and look forward to a lively dialogue in the years to come. As long as clinical researchers feel the need to document and understand human phenomena, we are sure to seek new methodological alternatives.

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