# AN INTERPRETIVE APPROACH TO CLINICAL NURSING RESEARCH

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Within the past decade there has been heightened interest among nursing researchers in a qualitative approach to the study of problems within the domain of nursing (for example, Ragucci, 1972; Lindemann, 1974; Leininger, 1978; Davis, 1978, 1980; Field, 1981; Porterfield, 1981; Anderson, 1981). Although qualitative works show increasing variety, they share a common feature — they focus on the study of events as these are constructed in everyday social interactions.

The current interest in qualitative methodologies in nursing research parallels trends in the social sciences, and in fact seems to reflect developments in that field. Leininger (1978) points out, "both the fields of anthropology and nursing are concerned with man's health and illness behavior and this is the initial and common bond which brings the two fields closely together" (p.75). This statement also holds true for the relationship between sociology and nursing.

This paper will examine the theoretical foundations of the qualitative or interpretive methods, and discuss the implications of these methods for nursing research.

*The Interpretive Perspective*

Recent qualitative approaches considered to be 'interpretive' in orientation, have their genesis in phenomenological theory. This theory is derived from the seminal works of Edmund Husserl (1952), the later writings of Alfred Schutz (1967, 1973), and practicing social scientists like Cicourel (1964, 1976), and Garfinkel (1967). Although the writings of Schutz are taken as a point of departure by scholars committed to the interpretive perspective, some of Schutz's arguments have come under criticism; they are by no means held up as an unquestioned authority. But it is this very questioning which has led to the more original works. Given that there are a variety of positions in the interpretive school, there are, however, some common elements among them. They all focus on the routine features of everyday life and everyday rationality.

At the risk of oversimplifying some of the central tenets of Schutz's writings, he does place special emphasis on the inter-subjective world of daily life. Schutz argues that persons in their everyday life create meaning in interactions with others (1973, 7, 10). Meaning "is thus 'constructed' (rather than merely investigated) by those who live in it" (Skinner, 1978, 26). In Schutz's (1967) words, "meaning is ... constituted as an intersubjective phenomenon" (p.32).

This theoretical perspective stands in sharp contrast to the works of mainstream social scientists like Durkheim (1938). The structural-functionalist model which follows from Durkheim assumes that in everyday life, individual behavior is regulated by a set of rules or norms which are internalized through socialization. These rules govern behavior, and the socialized person knows the behavior which is expected in a given situation and can act appropriately. However, this perspective fails to show us how persons decide upon the applicability of a rule in a particular situation, and how they assign meaning to events and occasions in everyday life. According to Wilson (1970), the interpretive perspective has as a central theme the notion that:

> Meanings and definitions of situations are constituted and have their objectivity established through the interpretive processes of interaction rather than by reference to a body of culturally given common definitions (p.78).

This theoretical perspective gives different directives for the research endeavour than those derived from empirical natural science. Rist (1979) states:

> Of concern is always the question of *how* the world is experienced....
>
> .... in qualitative research, theory is developed from an understanding of "grounded events," i.e. *the experiences as shared and understood by the participants and the observer* (italics mine) ... The task is always one of learning how those involved interpreted and gave meaning to the situation (pp. 19-20).

This orientation to research is in contrast to that approach which aims to verify hypotheses, and in which concepts and categories derived from a pre-existing theoretical framework are developed *prior to* data collection. From the interpretive perspective, concepts and categories *are systematically worked out in relation to the data* during the course of the research. This permits the researcher to develop a grounded substantive theory in relation to the data gathered (Lindemann, 1974, 106-108). The ethnographic approach, using participant observation and unstructured interviews (preferably tape-recorded), are among the strategies employed to obtain data.

*Implications for Nursing Research*

We should bear in mind that the way we use the interpretive perspective in nursing may not correspond exactly with how it is used in sociological research. Although nursing and sociology share similar interests, each addresses problems peculiar to its discipline. Nursing, while using an intellectual perspective grounded in phenomenology, must find its own style for addressing problems which are nursing's prerogative. However, while nursing may develop a style of research which is appropriate to the discipline, there are some fundamental tenets of phenomenological theory which are crucial in interpretive work. Schutz, the reader will recall, has argued that persons in their everyday life create meanings in interactions with one another — *meaning is thus constructed* in day-to-day interactions (1967; 1973). This approach recognizes that each person brings to an encounter his or her own interpretation of the situation, by which events are evaluated and judged.

Social scientists and health scientists such as Kleinman (1978), Kleinman, Eisenberg, and Good (1978), and Chrisman (1977) through their work have showed that the interpretive approach has implications for the care that we provide to clients.

A central thrust in Kleinman's work is the explication of cultural meanings applied to sickness. He sees this as having considerable practical importance for health care providers and consumers. The model which he advocates is not only an appropriate analytic framework for non-western societies, but can be profitably applied to western societies. This analysis derives from the viewpoint that *all sickness is socially constructed, not just mental disorders as some claim.* A conceptual distinction is made between illness and disease. The term disease refers to sickness as it is described by western biomedical science. Illness, on the other hand, is sickness as it is perceived by the individual (Chrisman, 1977, 352). It represents personal, interpersonal and cultural reactions to disease (Kleinman, et. al., 1978, 252), and must be understood within the socio-cultural and psychological content of a person's life.

Kleinman, et. al. (1978) recognize three structural domains of health care in society: professional, popular (family, social network, community), and folk (non-professional healers). Each domain has its own explanatory system of health and illness. The patient's explanatory model, generally speaking, is embedded in the popular knowledge of daily life and the interpretations of the bio-medical model. The professional model, on the other hand, is embedded in explanations derived

from formal theories. 'Cultural' differences may occur in any encounter between practitioner and client as each has different understandings and expectations. Misunderstandings between practitioner and client often emerge, because clinical terms used and understood by practitioner may differ from how these terms are understood by the client. Furthermore, even though the client may use the same vocabulary as the practitioner, this does not always imply that they share similar interpretations of events. The model discussed by Kleinman focuses on the client and practioner's descriptions of health and illness experience. Eliciting an understanding of their sickness and their interpretations of professional models is vital if we are to negotiate culturally appropriate health care with clients.

*A Study of Families With A Chronically Ill Child: A Summary*

The author used an interpretive approach in her study of the social construction of illness in families with a chronically ill child (Anderson, 1981). As well as obtaining ethnographic data from four families with a child with chronic sickness, she obtained data from twelve 'well' families. This permitted her to examine the differential construction of social reality in these two groups of families.

Data were obtained through unstructured interviews and observation of parents and children in their routines of daily life in the naturalistic setting of their homes. Approximately ten to fifteen hours over three visits were spent with each family. The focus of the interviews was to elicit the parents' explanatory model of their child's illness, that is, how they understood and described the illness. these interviews, as well as the naturally occurring interactions between parents and children were tape recorded.

The data revealed some inconsistencies between the parents' verbal accounts and their actual management of everyday social interactions with the child. In their verbal accounts they stressed that they treated the child as just an ordinary child. In fact, they attempted to deemphasize the disease label. For example, one father told the researcher on her initial visit to the family that she would not learn anything about sick children because they treated their child as 'normal'. In actual practice, however, the children's lives were regulated by the parents' understanding of the biomedical model, and included time schedules dictated by the sickness. In one instance, a three-year-old child with leukemia was secluded from other children and only allowed to play with one other child, who was carefully monitored for infections. Any signs of this meant that the children were not allowed to

play together. Consequently, the sick child played mostly with her mother (and health professionals during her periods of hospitalization). This child was being socialized not into the world of other children but into the world of adults. This was unlike the 'well' children in the study whose parents put a high priority on social interactions with other children.

It could be argued that the parents' interactions with their sick child contained the essential feature of paradoxical communication. Two conflicting sets of messages were conveyed to the child — on the one hand, "you are well, you are normal," on the other "you are not well, you are different."

We should note that these parents participated in the study because they saw themselves as 'coping well' with their child's sickness. Although they had experienced periods of crises in their lives, they had settled down to the management of their child at home with a minimum of interventions from health professionals. However, though they said they treated the child as a normal child (which may reflect some ideal notion of how one ought to interact with a child in a 'normal' family), they could not in everyday life disregard the limitations put on the child's life by the sickness. The parents' interpretation of the biomedical model was deeply embedded in how they constructed the child's everyday life experiences.

Krulik (1980) in her study of chronically ill children, has focused on the normalizing tactics used by some mothers to decrease their child's feeling of being different from his/her peers. What is of interest in the present study and seems to differ from Krulik's reporting, is that the parents, in the process of constructing themselves as a 'normal family,' focused on how they treated the child as a normal child, and how they had changed their lifestyles so that the child would not stand out as being different. For example, families with a diabetic child altered their eating patterns. However, this was but one dimension of the parent-child interactions. In actual life, the child was treated differently from other children. The pattern of parent-child interactions discussed here is remindful of Alexander's (1976) description of the patient-practitioner relationship in the context of hemodialysis. Although practitioners expected their patients to live a 'normal' life by having gainful employment and the like, Alexander argues that normality was situationally denied. The patients' physiological status did not permit them to be normal in the usual sense.

An ethnographically based theoretical model of the social construction of sickness careers is being developed by this author. This knowledge should help practitioners to more fully understand how clients perceive their illness, and the coping strategies used in everyday life. Taking into account the client's perspective will enable us to provide appropriate care.

A variety of topics can be addressed within the interpretive framework. A crucial feature of this method is that researchers can make any naturally occurring event a topic for investigation and analysis. In other words, the researcher is interested in events as they occur. For example, one might study the negotiation process in the nurse-patient relationship in a clinical setting, or any of the other social organizational features of the setting. Such phenomena as coping, stress, and illness onset as a social process can also be investigated.

*Concluding Remarks*

The method of inquiry outlined here allows us to examine how sickness careers are constructed in the context of everyday social interactions. But perhaps one of the greatest merits of this approach is that it requires us to attend to the client's explanation and interpretation of the sickness episode. Leininger (1978) sums this up in her statement:

> In the past, the patients' behavior and illness has been described from different professional groups' perspectives. The recent interest in and importance of discovering the *patient's view of his illness* is opening new challenges to health personnel. It challenges us to understand more fully how the patient knows and understands his illness, how he desires to be helped and the ways health personnel can help him (p. 75).

Attentiveness to how sickness careers are constructed in the course of everyday social interactions may provide us with insights as to how families with a chronically sick member may best be helped in dealing with the sickness episode. Considering the trend towards home care services and the concomitant responsibility placed upon the family to manage the sick person in the home, this topic merits investigation. The interpretive perspective provides a useful approach for addressing such topics.

## *REFERENCES*


Alexander, L. "The Double-Bind Theory and Hemodialysis." *Archives of General Psychiatry*, 1976; *33*, 1354-1356.

Anderson, J. "The Social Construction of Illness Experience." Paper presented at the Society For Applied Anthropology Meeting, Edinburgh, Scotland, 1981. Accepted for publication, *Journal of Advanced Nursing*, 1981.

Chrisman, N. "The Health Seeking Process: An Approach to the Natural History of Illness." *Culture, Medicine and Psychiatry*, 1977, *1*, 351-377.

Cicourcel, A. *Method and Measurement in Sociology*. New York: The Free Press, 1964.

Cicourcel, A. *The Social Organization of Juvenile Justice*. London: Heinemann, 1976.

Davis, A. "The Phenomenological Approach in Nursing Research." In *The Nursing Profession: Views Through the Mist*, pp. 186-197. Edited by Norma Chaska. Scarborough: McGraw-Hill Ryerson Ltd., 1978.

Davis, A. "Disability, Home Care and The Care-taking Role in Family Life." *Journal of Advanced Nursing*, 1980, *5*, 475-484.

Durkheim, E. *The Rules of Sociological Method*. New York: The Free Press, 1964 (First Printed, 1938).

Field, P. "Ethnography as a Research Methodology in Nursing: An Evaluation of the Method." Paper presented at the Society of Applied Anthropology Meeting, Edinburgh, Scotland, 1981.

Garfinkel, H. *Studies in Ethnomethodology*. New Jersey: Prentice-Hall, 1967.

Husserl, E. *Ideals: General Introduction to Pure Phenomenology*. New York: McMillan, 1952.

Kleinman, A. "Clinical Relevance of Anthropological and Cross-Cultural Research: Concepts and Strategies." *American Journal of Psychiatry*, April, 1978, *135*, 427-431.

Kleinman, A.; Eisenberg, L.; and Good, B. "Culture, Illness, and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research," *Annals of Internal Medicine*, 1978, *88*, 251-258.

Krulik, T. "Successful 'normalizing' tactics of parents of chronically ill children." *Journal of Advanced Nursing*, November, 1980, *5*, 573-578.

Leininger, M. *Transcultural Nursing. Concepts, Theories and Practices*. Toronto: John Wiley and Sons, 1978.

Lindemann, C. *Birth Control and Unmarried Young Women*. New York: Springer Publishing Co., 1974.

Porterfield, P. "The Meaning of Medication-Taking. A Qualitative Study of the Medication-Taking of Schizophrenic Clients Living in the Community." Unpublished Master's Thesis, University of British Columbia, 1981.

Ragucci, A.T. "The Ethnographic Approach and Nursing Research," *Nursing Research*, November-December, 1972, *21*, 485-490.

Rist, R. "On the Means of Knowing: Qualitative Research in Education." New York University Education Quarterly, Summer 1979, 17-21.

Schutz, A. *Collected Papers 1: The Problem of Social Reality*. The Hague: Martinus Nijhoff, 1973.

Schutz, A. *The Phenomenology of the Social World*. Northwestern University Press, 1967.

Skinner, Q. "The Flight from Positivism" (Review of Bernstein, R. The Restructuring of Social and Political Theory. University of Pennsylvania Press, 1978) *The New York Review of Books*, June 15, 1978, *25*, 26-28.

Wilson, T. "Normative and Interpretive Paradigms in Sociology." In *Understanding Everyday Life*, pp. 57-79. Edited by Jack Douglas. Chicago: Aldine Publishing Co., 1970.

# RÉSUMÉ

## Démarche de recherche interprétative sur les soins infirmiers

Cet article expose la tendance actuelle à utiliser des méthodes qualitatives ou interprétatives en recherche sur les soins infirmiers. Les fondements théoriques de la démarche interprétative sont examinés. On se penche également sur le travail des sociologues et spécialistes en sciences de la santé dans le but de démontrer que la démarche interprétative en sociologie est pertinente aux sciences infirmières. Le chercheur s'est servi d'une démarche interprétative dans son étude sur l'interaction sociale chez les familles où un des enfants est un malade chronique. Les données ont été obtenues au cours d'entrevues non structurées de même que par l'observation des rapports quotidiens parents-enfants.