Choosing an appropriate study design to answer the research question is a crucial stage in the research process. Adopting a specific methodological approach, such as ethnography or phenomenology, can help the researcher to undertake a logical and theoretically-informed study. However, some research questions are not suited to a specific methodological approach and a qualitative descriptive study may be more appropriate. The article therefore provides an accessible and thoughtful overview of adopting a qualitative descriptive design in nursing research.

The article covers selecting a qualitative descriptive approach, highly suitable for studies that aim to remain close to participants’ descriptions of their experiences, rather than being overly theoretical. The authors highlight the potential philosophical underpinnings of qualitative descriptive studies, including constructionism or pragmatism, and the importance of researcher reflexivity when making these choices. Purposive sampling and determining sample size is then discussed, recognising the contentiousness of data saturation in qualitative research. A useful overview of qualitative methods explores interviews, focus groups and observation, before the authors discuss thematic and content analysis. The authors then suggest how trustworthiness can be determined in a qualitative descriptive study using Lincoln and Guba’s (1985) framework, before finally acknowledging the challenges of this approach. These challenges relate to criticisms of qualitative descriptive approaches for being atheoretical and cursory, which are refuted by the authors.

A real strength of this article is the inclusion of several examples of studies that have adopted a qualitative descriptive approach, including a focus group study, recorded responses to open-ended survey questions, and a mixed-method study encompassing a randomised controlled trial (RCT) and qualitative process evaluation. These real-world examples demonstrate the flexibility of a qualitative descriptive design, while highlighting the implications of these studies for policy, practice and future research. As a researcher I contributed to a mixed-method study incorporating a RCT with a nested qualitative study, utilising interviews and focus groups. The RCT was unable to recruit sufficient numbers of participants and therefore did not progress to a full trial. However, the qualitative descriptive study was able to explain why patients did not want to participate and why healthcare professionals were unwilling to recruit participants (Noble et al. 2015). A specific methodological approach would not have answered the research question, while a qualitative descriptive design generated in-depth information that would help when designing a future RCT.

Those of us who teach and supervise Masters students who are writing protocols and undertaking primary research, will be aware that some students struggle with choosing an appropriate approach to answer their research questions. Therefore, the article will be particularly important for Masters students, supporting them to use a qualitative descriptive approach if appropriate. However, this article will be valuable for a variety of researchers undertaking qualitative research or mixed-method studies that include a qualitative component. The authors reference many seminal resources to signpost readers to further appropriate reading. Overall, this comprehensive, yet accessible, article makes an important contribution to the literature.
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