**Introduction to Qualitative Analysis**

The qualitative analyst is much like the leader of a jazz band. Although he or she may start out with a general idea of what is to be accomplished, the band leader follows each musician as he or she improvises on a basic theme. The music is not exactly composed, but rather emerges. Much the same can be said about qualitative analysis: The final product of the analysis emerges as the researcher follows the informants as they illuminate the question more and more.

Jazz compositions are often longer than traditional compositions. Chasing interpretations of themes takes time and effort, so a lot of music is generated. Likewise, qualitative studies result in volumes of information. The thick description and prolonged engagement that produce credible, trustworthy results also generate a tremendous number of words. The sheer volume of data that is characteristic of qualitative inquiry creates challenges in both data management and drawing sensible conclusions. This factor explains why qualitative data analysis is sometimes referred to as data reduction. In essence, the researcher’s goal is to reduce the data to meaningful units that can be described, interpreted, and reported in an understandable way. The analysis of numerical (quantitative) data is relatively straightforward: The correct statistical test is selected and applied, and results are interpreted. Qualitative analysis, in contrast, requires a different skill set—even a different state of mind—and the methods that are used are not standard, even within a single tradition.

The intent of data analysis, regardless of the approach applied, is to organize, provide structure to, and draw out meaning from the data collected. In performing such analysis, the qualitative researcher faces three types of challenges.

First, qualitative analysis offers no single standard for the analytic process. On its surface, this absence might seem to simplify analysis, but in the execution of such research, the lack of clearly defined steps often results in false starts and backtracking, and it requires an enormous amount of time. Even within traditions, recommendations may vary widely as to the appropriate steps to take. Some authors argue that simply having steps means that preconceptions exist, whereas the avoidance of a systematic process enables more creative and insightful conclusions to be drawn. Regardless, the qualitative researcher faces a perplexing array of possibilities for approaching the analytic process.

The work of the qualitative researcher is further complicated by a second characteristic of qualitative inquiry: the enormous quantity of data that must be thoughtfully reviewed, reflected on, and summarized. The researcher must make sense of pages and pages of narratives, observations, and transcripts to carry out the analysis process. Managing these reams of data, tracking the source and type of each piece, triangulating findings, and locating supportive quotations are all complex due to the sheer quantity of material that must be reviewed.

The last challenge centers on the need to reduce or put the data into a manageable format for dissemination of the findings. For the richness of the data to be maintained, the researcher must be thorough and use the words of informants, yet reporting and publication restrictions necessitate development of a concise report. Balancing rich description with focus presents a challenge for every qualitative researcher.

Qualitative analysis is difficult and complex when done well, mainly because of these challenges. It requires patience, persistence, and a good deal of self-discipline. While sometimes onerous, this effort may bring rich rewards: Soundly drawn qualitative conclusions enhance the evidence for a holistic view of nursing practice. Ensuring the findings are trustworthy is the job of the qualitative analyst.

**SCENES** FROM THE FIELD

Nursing is a human services profession, and one that interacts with people at their most vulnerable. This often translates into bad behavior on the part of patients, particularly in the form of verbal abusiveness. Many studies have reported the existence of verbal abuse in nursing care units, but a gap exists in understanding the specific nature and type of abuse many nurses endure.

[**Jackson and colleagues (2013)**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_bib10) undertook an observational qualitative study in which they observed and classified verbal abuse targeted at nurses during the course of delivering care. The study was conducted within inpatient and emergency department settings in a large urban hospital. The researchers observed patient–nurse interactions in the thoroughfares and waiting areas of the hospital at all hours of the day and on all shifts. More than 1100 hours of observation resulted in data on 220 patients who displayed aggressive behaviors. The researchers recorded their observational notes on a predetermined template that included a checklist of 17 behavioral cues indicating aggression. This checklist included space for recording additional observational data, including the observed outcome of the interchange. Additional data included the time and duration of the event; the location, situational context, and participants; and the actions and reactions of the nurse and the patient. Nonverbal behavior, gestures, and language were recorded when related to the incident. Text from the observational tool was transcribed and analyzed for words and phrases denoting verbal violence and abuse. Threats, raised voices, swearing, humiliation, and degrading language were all categorized as verbal abuse.

Most of the verbal abuse occurred in the emergency department. This abuse took a variety of forms and occurred in the everyday interactions among nurses, patients, and persons accompanying patients. After analysis, three major content areas emerged:

* *Gendered verbal abuse that was largely sexual in nature*. Language was used in a way that was demeaning to female nurses and their character as women. This abuse originated primarily from patients, rather than from their families or others present. It included taunts and insults that were conveyed via stereotypical gendered assumptions about nurses and women. Often, these insults were made in public spaces in front of others. The attacks implied that nurses were sexual deviants in some way and denigrated their intelligence. In many cases, the abuse was used by patients to gain dominance or control over a situation.
* *Hostility, threats, and menacing language*. Both verbal and nonverbal hostility were displayed in interactions. Nonverbal hostility included damaging property, glaring at staff, and other signs of disrespect. Threats of complaints to administration or legal action were involved in several incidents. Using cell phones to record interactions was common. Both patients and families equally issued threats of violence against the nurses, as well as targeting other caregivers such as physicians and ambulance staff.
* *Insults, ridicule, and unreasonable demands*. Verbal abuse without a gendered undertone was also observed. This abuse involved insults, demeaning comments, ridicule, and sarcasm, often displayed in the presence of others. Ridicule that called into question the competence of the nurse was a common form of this abuse. Nurses were regularly subjected to swearing.

Most inpatient units have “zero tolerance” policies, yet those policies appear to be insufficient to address verbal abuse aimed at nurses. Nurse managers need to help their staff learn to deal with verbal abuse and should ensure intervention strategies to minimize nurses’ exposure to aggression are in place. An interesting suggestion made by the study authors was to train all hospital staff in “bystander intervention strategies” that could empower multiple staff members to come to the nurses’ aid. The findings from this qualitative study have implications for the development of overall intervention programs and policy frameworks that address aggression and verbal abuse in the hospital ([**Jackson et al., 2013**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_bib10)).

**Characteristics of Qualitative Analysis**

Qualitative analysis may not follow a standard, but it does have some steps that are common to all approaches. All qualitative researchers must take the following actions:

* Prepare the data for analysis.
* Conduct the analysis by developing an in-depth understanding of the data.
* Represent the data in reduced form.
* Interpret the larger meaning of the data ([**Creswell, 2013**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_bib2)).

These may look like sequential steps, but the distinctions among them are often virtually undetectable because the researcher moves back and forth among the processes of data collection, analysis, and drawing conclusions. Unlike quantitative studies, when analysis is postponed until all data have been collected, qualitative analysis begins nearly as soon as data collection has begun. As data are collected, they are reviewed and re-reviewed, and analytic memos are written. Newly collected data are compared to existing data to confirm or refute conclusions and to decide when saturation has been reached. This **constant comparison** of new findings to existing results is a key characteristic of qualitative analysis. It is sometimes called “intensive engagement with the data” to reflect the depth at which the analyst considers the meaning of the information collected ([**Creswell & Clark, 2011**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_bib3)). This approach enables the researcher to pursue interesting ideas or to sort through confusing input while informants are still available and data collection is still in progress. The researcher is then free to follow where the informants lead instead of taking a predetermined path leading to a single conclusion.

**Constant comparison:** A method of analysis in qualitative research that involves a review of data as they are gathered and comparison to data that have been interpreted to support or reject earlier conclusions.

Using a constant-comparison process allows the analysis to guide subsequent data collection, with the researcher amending or adding interview questions or changing observational methods based on the findings. The researcher may even recruit new informants or change selection criteria to illuminate issues raised during analysis. This highly flexible process, which is essential for the grounded theory approach, is called **theoretical sampling**. Theoretical sampling involves the selection of a second sample of informants to whom less restrictive criteria are applied, with the goal of encouraging diverse viewpoints to emerge ([**Creswell & Clark, 2011**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_bib3)). These secondary sites or cases are purposely selected to compare with the sample that has already been studied. Although this may sound like a sampling issue, theoretical sampling is, in effect, a source of triangulation—that is, it is one of the means by which qualitative analysts confirm their results.

**Theoretical sampling:** Selecting additional members for the sample, often based on loosened inclusion criteria, to ensure divergent opinions are heard; a requirement for grounded theory development.

It is characteristic of qualitative inquiry that data collection and analysis—even sampling and measurement strategies—may be indistinguishable during the research process. Data collection and data analysis are symbiotic in that the researcher must go back and forth between the two to identify the point at which results are trustworthy and data saturation occurs.

**Styles of Qualitative Analysis**

Qualitative researchers use multiple methods of analysis. Some influential qualitative methodologists have suggested general directions for the approach to overall analysis. Generally, three major analytic styles are distinguished that fall on a continuum between structure and lack of structure:

* Template analysis style
* Editing analysis style
* Immersion/crystallization style

At one extreme is a style that provides a highly systematic and standardized approach to analysis; at the other end is a more intuitive, subjective, and interpretive style. Neither style is right or wrong for a particular study. Instead, the selection of the best approach and process depends on the research question, the study design, and the sensibilities of the researcher ([**Bazeley, 2013**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_bib1); [**Miles, Huberman, & Saldana, 2013**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_bib15)).

The most highly structured style is **template analysis**, which requires developing a template that provides an analysis guide for sorting narrative data. This style is appropriate when a study has a clear theoretical perspective, because it requires using codes that are devised *a priori*. These codes may be developed theoretically, or they may be based on established literature. The advantage of template analysis is its simplicity—it is a focused and structured approach to analysis. Template analysis is more time efficient than the other analytic styles, and it is a commonly adopted approach in content analysis. The use of codebooks, inter-rater reliability assessment, and data definitions are characteristic of this approach, which is widely used in nursing research.

**Template analysis:** A style of analysis that includes developing a template to sort narrative data.

The **editing analysis** style is geared toward interpretation of text to find meaningful segments. Researchers using grounded theory, phenomenology, or hermeneutic traditions tend to employ this approach ([**Bazeley, 2013**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_bib1); [**Miles et al., 2013**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_bib15)). Editing analysis is commonly encountered in nursing research and is used to discover the meaning of experiences, relationships, and interactions.

**Editing analysis:** A style of analysis geared toward interpretation of text to find meaningful segments.

The least structured approach is **immersion/crystallization analysis**. It is appropriate when a researcher desires total immersion in and reflection on text, especially during case research and ethnography. Stemming from the notion that the researcher is the true analytic tool, this analytic approach requires that the investigator be immersed in the data and rely heavily on intuition to arrive at conclusions ([**Creswell & Clark, 2011**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_bib3); [**De Chesnay, 2015**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_bib5)). Insights do not necessarily come after the data have been collected but might arise during data collection as well, so this analytic technique also employs constant comparison. As the analysis is being carried out and the conclusions are “crystallizing,” the researcher can better decide how to proceed in further data gathering. Immersion/crystallization analysis is not a style that appears in the nursing research literature as much as template analysis and editing analysis, but it is still useful in healthcare research. Its primary downsides are its time-consuming nature and its requirement that the researcher constantly hold his or her biases at bay.

**Immersion/crystallization analysis:** A style of analysis that uses total immersion in and reflection on the text, usually in personal case reports.

These three qualitative analysis styles may be employed in a variety of ways. Each has specific characteristics that apply to a particular type of research question and analysis procedure, but all qualitative analysts will not use the same single process. The primary considerations described in this chapter are generally applicable to qualitative analysis, but a single study may include all of these steps or only a few of them.

**The Qualitative Analysis Process**

Qualitative data analysis is an active and interactive process. The researcher looks at the data deliberately and in depth to become thoroughly familiar with them. It is not unusual for the researcher to examine and re-examine the data many times in the search for meaning. Thus this investigative process requires integrating multiple ways of knowing to get at the heart of the data. Fitting the data together is similar to putting the pieces of a puzzle together. The researcher becomes embedded in the data, like a detective at a crime scene, looking for clues that might lead to an intuitive conclusion about the data. As the researcher progresses through the process of conjecture and verification, corrections and modifications are made, leading to the development of patterns and themes.

Qualitative analysis may be viewed as a cognitive process that evolves through the following phases:

1. *Comprehending* occurs early in the process of analysis. The researcher attempts to make sense of the data that have been collected and get a sense of their overall tone.
2. *Synthesizing* leads the researcher to sift through the data using inductive reasoning to put the pieces of the puzzle together.
3. *Theorizing* brings the researcher to the point of what he or she believes has truly emerged from the data. This phase continues until the best and most **parsimonious**explanation has evolved. A parsimonious explanation is one that is the most focused while providing the best overview of the final conclusions.
4. **Recontextualizing** is a process that involves applying the theory that was derived from the analysis to different settings or groups. This extended exploration can result in the increased generalizability of the newly developed theory. The premise is that if a theory can be recontextualized, it can be generalized ([**Thorne, Stephens & Truant, 2016**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_bib19)).

**Parsimonious:** Reduced to the fewest components; a parsimonious model is the simplest one that will demonstrate a concept.

**Recontextualizing:** A qualitative data analysis and cognitive process undertaken by the researcher to search for meaning that may lead to a theory.

Even though these phases are presented here in a linear fashion, they are rarely accomplished in that way. Instead, these phases typically intertwine with one another and may occur sequentially or simultaneously.

**Management and Organization of Data**

To make sense of the narrative data, the researcher must establish a method of managing and organizing the information early in the research process. The analysis process then can proceed in a logical—if not exactly linear—fashion. Organization and preparation of the data include transcription of audio recordings, optical scanning of artifacts and other documents, addition of field notes to transcripts, and other preparatory activities.

It is imperative to organize data effectively, so that they can be thoroughly evaluated and their confidentiality can be preserved. Data that are not well controlled are at risk for misuse and unauthorized access. Given this risk, data management is a primary consideration for the qualitative researcher.

Each piece of information that has been collected should be cataloged in some fashion. For each piece of data, the source, date of collection, and type of data should be noted. Because qualitative inquiry often generates multiple types of data, the same study may include electronic transcripts, hard-copy notes, photography, and audio recordings. Finding a method to track and maintain all of these data can pose quite a challenge. The data management process should be determined early in the study so data can be cataloged, reviewed, and analyzed as they are collected.

**GRAY** MATTER

Developing themes and codes in qualitative research proceeds through five steps:

* Reduce the raw data.
* Identify themes with subsamples.
* Compare themes across subsamples.
* Create a coding scheme.
* Determine the reliability of the coding scheme.

**Review the Data for Initial Impressions**

Once the data have been sorted and cataloged, the researcher undertakes the first of many reviews of the data. The data will be examined in their entirety many times, but the first read-through is helpful for establishing an overall impression of the data. It is recommended that the first reading be just that—a reading, rather than a review or note-taking session. Performing this initial review without preconceptions can give the researcher a sense of the data and some time to reflect on their meaning. The initial review should leave the researcher with general ideas about the tone of the data, impressions of the depth and clarity with which informants presented their ideas, and thoughts about where the research should go next.

**Identify a Classification System**

After a general impression has been gained from the read-through of the data, the researcher must develop a classification system. The researcher may establish a schematic to increase the manageability of the data. A **schematic** is an outline of the categories of meaning that may be expected from the data. In the template approach, this schematic is predetermined. In other approaches, it will likely be a work in progress. [**Table 15.1**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_tbl1) depicts a schematic for a qualitative analysis.

**Schematic:** A system of organizing data into preset categories to allow for examination and further analysis.

The development of a schematic as a classification system requires either substantial theoretical and literature background or an intense examination of the data. The development of general categories for data requires that the analyst elicit underlying consistencies, concepts, and clusters of concepts. This intense examination raises many questions: What is this informant saying? What is going on? What does it mean? What is this similar to? What is it different from?

**Develop Codes and a Codebook**

After completing an intense examination of the data and developing an overall schematic, the researcher develops more-specific categories of meaning based on what has been gathered. These categories of meaning are called **codes**. Codes support a more detailed analysis process for the data. They are “chunks of meaning,” or pieces of data that demonstrate patterns or themes in the responses.

**Codes:** Labels, descriptions, or definitions assigned to data to allow them to be categorized and analyzed in qualitative research.

**Table 15.1** An Example of a Coding Schematic: Nurses’ Reactions to a Perinatal Death

| **Theme** | **Codes** |
| --- | --- |
| Getting through the shift | Flight mode: focusing on the nursing careGoing through the motionsHolding it together until later |
| Symptoms of pain and loss | Responses to loss: shaken to the coreFeeling the loss: physical symptomsFeelings of self-doubtEmotional toll of the loss |
| Frustrations with care | Disagreements about provision of care among healthcare providersDealing with language barriers |
| Showing genuine caring | A means to make the situation more bearableProtective feelings for the motherHandling the deceased infant with care and respectCreation of special bonds with patientsPrayer while caring for the patient and afterward |
| Never forget: holding onto grief | Memories that will not go awayRemembering the intense emotions involvedChanged forever by the experience |
| Modified from Puia, D., Lewis, L., & Beck, C. (2013). Experiences of obstetric nurses who are present for a perinatal loss. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 42*, 321–331. Reprinted by permission of Elsevier. |

An infinite range of possible codes exists for qualitative data. Nevertheless, the qualitative analyst can reflect on the following general categories of meaning to guide the code-development process:

* *Setting and context codes:* Identify elements of the setting or the environment that form patterns.
* *Perspective codes:* Relate the unique viewpoints of informants to the topic under study.
* *Subjects’ ways of thinking:* Describe how informants frame their thoughts and actions about the topic.
* *Process codes:* Outline the ways things get accomplished.
* *Activity codes:* Describe things informants or others do.
* *Strategy codes:* Relate the strategies informants use to accomplish goals.
* *Relationship codes:* Identify the ways individuals interact and relate to one another.
* *Social structure codes:* Describe the ways individuals interact in groups.

This list is not all-encompassing, but it does give the analyst a lens through which to examine potential patterns and themes in the data.

**Table 15.2** A Codebook Excerpt

| **Staffing Research: Characteristics of Patients/Families That Affect Workload****Transcript Number:****Coder:****Date Coded:** |
| --- |
| **Theme (Record Phrases Here)** | **Key Words** | **Definition: Code Phrases into This Category if They Reflect ...** |
| 1.0 Presence | ReassuringListeningSpending timeTouchingComfortingOffering companionship | A need for a physical presence and actual proximity of the nurse, unrelated to procedures or tasks |
| 2.0 Integrating information | TeachingActing as liaisonTranslatingInterpretingExplainingKnowing what to expectEducating | An action related to improving knowledge and understanding about either the disease process or ways to achieve health |
| 3.0 Family dynamics | DysfunctionalPoor or limited relationshipsAlcohol or drug abuseMental health issuesPhysical abuse | Family dynamics related to interpersonal interactions and physical or mental problems that affect these interactions |
| 4.0 Physical condition of the patient | New or worsening diagnosisComorbidity/complexityPain/anxiety/nauseaLife-threatening conditionsChronic conditions | Interpersonal, emotional, and physical conditions that are a result of a presenting or emerging medical problem |

[**Table 15.2**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_tbl2) provides an example of a **codebook** for a qualitative study of nursing workload related to caring behaviors. This codebook was developed for the categorization of phrases from transcripts of focus groups of nurses responding to questions about patient and family characteristics that increase workload on a patient care unit of a hospital.

**Codebook:** A guide for the qualitative analysis that outlines individual codes with definitions, criteria for inclusion, and examples.

**Code the Data**

After a codebook has been developed, the analyst then codes the existing data by classifying each unit of analysis into a coded category. This step requires that the researcher determine the unit of analysis within each piece of data. The **unit of analysis** is the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon ([**Munhall, 2010**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_bib17)). A unit of analysis might comprise a word, a phrase, an artifact, a photograph, or a descriptive paragraph. The researcher reviews the data again, this time identifying and labeling each unit of analysis. [**Table 15.3**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_tbl3) provides an excerpt from a transcript in which the units of analysis—in this case, phrases—have been identified and labeled. This transcript is taken from the study of nursing workload described earlier.

**Unit of analysis:** The definition of the major entity that will be considered a “subject” for analysis.

The units of analysis are then reread and categorized into the appropriate code. An example of a coded excerpt appears in [**Table 15.4**](https://jigsaw.vitalsource.com/books/9781284138887/epub/EPUB/xhtml/29_Chapter15.xhtml#ch15_tbl4). Each phrase number is assigned to a specific code in the codebook. By reviewing the transcript, the reader can see how phrases are coded into categories of meaning in the codebook. Each identified unit of analysis is assigned to a specific code or placed in a “leftover” category. These leftovers may be used to develop individual codes, or they may be isolated responses that are later ignored. Qualitative analysis is rarely about single instances of occurrences, but rather looks for overall patterns and themes in the data. Codes that have a large number of entries are likely candidates for emerging themes; codes with very few entries should be scrutinized to assess whether they represent common meanings or isolated anecdotes. During the coding process, it is not unusual to require modifications to the code labels, definitions, or key words as new data are constantly compared and analyzed in relation to existing data.

**Table 15.3** An Excerpt from a Transcript

|  |
| --- |
| *Houser:* What are the things that patients depend on you for that you would call caring, not doing? |
| *Nurse:* I think one of the big things I see over and over again is that patients and their families rely on us as nurses to be some sort of interpreter between physicians and them. [1] I mean, a lot of us have stood in the room when the doctor leaves and the patient will look at you and say, “Huh? What did he say?” And you know you kind of bring it down to their level [2] and whatnot. So I think one of the things they truly rely on us for other than starting the IV or giving the shot is to be that intermediary, the communicator [3]. |
| *Houser:*Nurses have called that translating. Or being an interpreter. Is that what you are meaning? |
| *Nurse:* Yeah. Yeah. In a sense. |
| *Nurse:* Sometimes just sitting in the room. |
| *Nurse:* Uh-huh. If you sit, usually if you sit and listen [4], as opposed to standing and listening, that makes a different impression. The time might not be any different. But because you sat, the impression is that you listen, whereas if you stand, sometimes the impression doesn’t always come across as that. |
| *Houser:* What several of you have said is it requires a presence. This is not something that can be done over the intercom or can be delegated. Are there other things? |
| *Nurse:* Specifically taking care of their pain [5] in a timely fashion. Even if you are real busy, pain is real important to people; hunger [6] is only about the next thing. |
| *Nurse:* That is really hard to do when you are busy. |
| *Houser:* Can you describe some characteristics of patients who seem to need more in the way of caring? |
| *Nurse:* Well, I think the patient who grieves in general, and it doesn’t necessarily have to be about death. It could be about their own death. Maybe they have just gotten the death sentence. Maybe they lost a body part. [7] I myself and most of the ICU nurses will sit down with that patient [8] and try to draw them out, as far as helping their grief. And often you see their vital signs just get better—just by talking with them and showing them there is another human being who wants to share that pain and grief [9] with them. |
| *Nurse:* The families, a lot of families, they have fear, too. And some families bring in baggage [10]. They haven’t seen grandma or mom in six months and they got a call from the neighbor, who said, “You know, I think you better go see her.” And then they realize maybe they should have seen mom sooner than six months ago. And so they are dealing with the guilt [11]. |

**Table 15.4** A Coded Excerpt

| **Staffing Research: Characteristics of Patients/Families That Affect Workload****Transcript Number:****Coder:****Date Coded:** |
| --- |
| **Theme (Record Phrases Here)** | **Key Words** | **Definition: Code Phrases into This Category If They Reflect ...** |
| 1.0 Presence: phrases coded: 4 8 | ReassuringListeningSpending timeTouchingComfortingOffering companionship | A need for a physical presence and actual proximity of the nurse, unrelated to procedures or tasks |
| 2.0 Integrating information: phrases coded: 1 2 3 9 | TeachingActing as liaisonTranslatingInterpretingExplainingKnowing what to expectEducating | An action related to improving knowledge and understanding about either the disease process or ways to achieve health |
| 3.0 Family dynamics: phrases coded: 10 11 | DysfunctionalPoor or limited relationshipsAlcohol or drug abuseMental health issuesPhysical abuse | Family dynamics related to interpersonal interactions and physical or mental problems that affect these interactions |
| 4.0 Physical condition of the patient: phrases coded: 5 6 7 | New or worsening diagnosisComorbidity/complexityPain/anxiety/nauseaLife-threatening conditionsChronic conditions | Interpersonal, emotional, and physical conditions that are a result of a presenting or emerging medical problem |