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Editorial: Using Qualitative Research Findings

This editorial aims to briefly describe types of research findings and their usage. A common misconception is that qualitative research findings are preliminary to quantitative studies, could not stand alone, and lack generalization. In fact, qualitative studies can be completed by themselves. There has been a greater acceptance of the qualitative approach in health care research. However, for decades, because health care related research has been based on quantitative methods, the introduction of a qualitative approach requires researchers in health care who attempt to use it, to have a careful understanding of its theoretical basis, methodology and evaluation techniques. A good qualitative study and findings provide knowledge about human experiences. Its findings can be applied to the care of individuals who are in situations similar to that of those of participants from which findings came.

Qualitative research findings that appear in research reports vary depending on the method utilized and emerging data analysis.¹ Typology of findings found in qualitative research reports could be divided into 5 categories.²⁻⁴

1. No finding which is consisting of a report of raw data.
2. Topical survey or descriptive categories which consists of an organization of the data in a table of contents format.
3. Thematic survey or shared pathway or meaning, which consists of patterns found in the data. They link themes or concepts.
4. Conceptual/thematic description or depiction of experiential variation, in which concepts and themes are used to link and eliminate concepts in new ways. They are not only describe the essence of the experience but portray how that experience varies depending on context.
5. Interpretive explanation or dense explanatory. This refers to the defining feature as being a transformation of data into theories or full explanations of a phenomenon. This type of finding is considered the gold standard, explaining human behavior and choice making.

The findings produced through the application of existing sets of idea to data, like no findings or those that do not identify new insights, cannot not serve as evidence. The descriptive categories serve as a type of evidence that provides a map for previously unstudied experiences. Depiction of experiential variation is good evidence for practice implication. Dense explanatory findings can be most readily applied to clinical practice. This means that findings from qualitative research could lead to changes of health care activities and heath policy, and improve the quality of care that lead to a better health outcomes.^{5, 6}

At present, the use of qualitative research methods proliferates throughout health care studies, a number of which contribute to global health issues, but many are very small studies that either do not provide new insights or are too small to consider as good evidence. Global heath refers to health problems, issues and concerns that transcend national boundaries and may be influenced by circumstances or experiences in other countries, and are best addressed by cooperative actions and solutions, now in focus worldwide.⁷ Qualitative health research can make a difference in global health, for example qualitative research findings that show health disparities of

marginalized groups in various societies are able to guide policy makers for solving problems in a culturally sensitive manner, and increase health equity and equality. It is critical then that qualitative researchers consider methodologies that will result in outcomes that can be translated into practice and have the potential to influence improvement to health.

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