

Interpretivist Constructivism: A Valuable Approach for Qualitative Nursing Research

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Abstract

Background: In response to the limitations of logical empiricism, interpretivism emerged as a philosophical approach for developing nursing knowledge. This paper discusses interpretivist constructivism and its value to qualitative nursing research. **Methods:** The paper synthesizes relevant literature on the importance of interpretivist constructivism in nursing research. It reviews the key elements of interpretivism, the principles of constructivism, the connection between the two approaches, the benefits and limitations of constructivism in nursing research, and the steps for conducting constructivist stroke nursing research. **Results:** Interpretivist constructivism emphasizes the importance of human experiences, interactions, and social contexts in knowledge development. It allows nurse researchers to adopt flexible, participant-driven approaches to explore and understand complex subjective human phenomena. This approach respects the unique perspectives and contexts of stakeholders, including patients, caregivers, healthcare professionals, and knowledge users. By following specific steps, constructivist researchers can improve the rigor, transparency, and validity of qualitative nursing research while reducing biases in interpreting the inherently subjective experiences of patients. **Conclusion:** A deeper understanding of the complexities of interpretivism and constructivism in qualitative research is essential. This paper provides a clear, comprehensive guide for effectively applying these approaches in qualitative nursing research.

Keywords

Constructivism, Interpretivism, Philosophy, Methodology, Nursing, Paradigms, Research

1. Introduction

Constructivism is a type of interpretivist philosophy that focuses on how individuals

create meaning based on their unique worldviews [1] [2]. The ability to derive meaning from these worldviews is influenced by socio-cultural factors, including religion, language, laws, customs, traditions, beliefs, moral values, wealth, family status, and living environments [1] [2]. Constructivists believe that truth and knowledge are constructed by the mind, and that reality exists in multiple forms, expressed through symbols and language, and intentionally modified by the human mind to achieve specific goals [2]-[4]. Constructivist scholars focus on examining human experiences as lived and felt by individuals within their social environments [3]-[5]. They view these experiences as evolving, socio-culturally shaped processes, constructed through interaction with others, and seek to understand how patients interpret and make sense of their healthcare experiences [2]-[5]. Constructivists employ two philosophical approaches to create meaning from their worldviews including radical constructivism and social constructivism.

Radical constructivism focuses on how individual minds create meaning of their world [2]. According to this perspective, an individual's mind actively creates and manipulates symbols to construct a reality that satisfies specific goals [6]. Radical constructivists reject the idea that knowledge accurately represents a world independent of human experience [6]. Epistemologically, they view knowledge as 'thinking' and 'acting' in ways that help individuals achieve desired outcomes [6]. Social constructivism focuses on shared meaning of the world created through human interactions within a social context [2]. According to social constructivists, learning is a social process, and knowledge is a social product [7] [8]. Knowledge and reality are co-created through human interactions in social environments [8] [9]. Common forms of human interaction in these environments include communication, negotiation, conflict, and rhetoric [4]. Through these interactions, individuals collectively share subjective experiences using language and social processes (such as cooperation, competition, meetings, accommodation, and group therapy), deriving meanings that are significant to the group [10]. While meaning-making involves interpreting human experiences in ways that are meaningful to people, the quality of these constructions can be influenced by multiple factors, including 1) the breadth and depth of experiences shared by researchers and participants, 2) the types of experiences involved, and 3) the individual's ability to interpret these experiences using appropriate methods [3].

Nursing inquiry can be grounded in either subjective science, which acknowledges the influence of personal and emotional experiences in patient care, or objective science, which relies on observable and measurable facts to understand complex human phenomena [1] [11] [12]. The art of caring, which encompasses empathy, compassion, and interpersonal care, can be explored using qualitative approaches to understand how nurses interact with patients, provide emotional support, and promote healing [11]. The combined interpretivist-constructivism approach in qualitative nursing research explores how nurses, patients, and healthcare providers perceive and co-construct the meaning of health, illness, and care, while examining the influence of personal, socio-cultural, and environmental factors on

nursing practice and nurse-patient interactions. In this paper, we argue for the value of constructivism in nursing research. We briefly review the elements of interpretivism, the principles of constructivism, the benefits of constructivism in nursing research and its potential application to qualitative stroke nursing research.

1.1. Data Sources

Relevant studies were identified by searching CINAHL, Medline, PsycINFO, and PubMed for articles published between 1981 and 2024. Keywords used to conduct the search included constructivism, interpretivism, philosophy, methodology, nursing, paradigms, and research. Relevant textbooks fundamental to this topic were used to support the arguments in this manuscript.

1.2. Ethics

This manuscript did not require ethics approval.

2. Discussion

2.1. Integrating Principles of Constructivism with Community Reintegration After Stroke

Stroke survivors often experience challenges reintegrating into society after a stroke [13]. Understanding the experiences, needs, and potential outcomes of these patients may help promote successful reintegration into society. Constructivist stroke nursing researchers utilize Guba and Lincoln's [14] fundamental principles of constructivism to enhance their understanding of stroke patients' needs, experiences, and progress during community reintegration. These principles include: 1) relativism, 2) contextuality, 3) transactional and subjectivist, 4) values and ethics, 5) collaboration and participation, and 6) focus on meaning and understanding [14].

2.1.1. Relativism

The reality of post-stroke patients reintegrating into the community may exist in multiple intangible ways, constructed by the minds of patients, caregivers, families, and other members of the rehabilitation team to achieve specific goals [3] [4]. Constructivist nursing researchers interpret this reality in different ways based on differences in experiences, cultural backgrounds, and social context. They recognize that stroke patients have unique experiences and perspectives regarding recovery and reintegration into the community. Differences in perspectives, needs, and reintegration goals of stroke patients may necessitate the creation of nursing interventions that tackle the physical, emotional, and psycho-social challenges patients face as they reintegrate into the community.

2.1.2. Contextuality

In constructivist inquiry, interpretations and meanings of data are influenced by

the context in which it was collected and the interactions between participants and researchers [15]. The transferability of results to other situations or settings may be limited due to differences in context. In stroke rehabilitation practice, constructivists acknowledge that patients' recovery and potential reintegration into the community are influenced by cultural beliefs, family support, environmental resources, and individuals' socio-economic status [13]. Due to variations in context, investigators are urged to consider the influence of context when designing outpatient stroke rehabilitation interventions aimed at enhancing patients' reintegration into societal life.

2.1.3. Transactional and Subjectivist

Prior to commencing research, constructivist researchers should discuss issues related to their study with practitioners to refine their thinking and research objectives [5]. During data collection in an outpatient stroke rehabilitation setting, researchers and participants may continuously influence each other. For example, the individual values of researchers and participants may influence their thinking and behavior, potentially influencing the type and quality of data collected. Participants may be influenced by their perceptions of investigators and how the investigators will use their information [16]. During data analysis in constructivist research, findings (themes) emerge from the interaction between researchers and participants [17]. Researchers interpret the data through the lens of participant perspectives and research questions.

2.1.4. Values and Ethics

In constructivist inquiry, human values are critical and have the potential to influence the inquiry process. The beliefs and values of constructivist researchers, including preconceived knowledge about the phenomena under study and the study setting, may lead to a lack of openness to new perspectives, selective focus on information that supports existing beliefs and values, and biased interpretation of research data [14]. Constructivists' assumptions, being foundational to their beliefs about reality, may guide the researcher's selection of theories and methods for underpinning research. For example, because reality is socially constructed (through human interaction), qualitative interviews are suitable for data collection, and constructivist interpretivism is a suitable philosophical approach for understanding individuals' experiences and meanings.

2.1.5. Collaboration and Participation

In constructivist inquiry, collaboration between individuals with different perspectives can lead to collective construction of new knowledge. Through dialogue and social interactions, individuals share insights or diverse views, negotiate differing perspectives, and refine their understanding of the world (reality). Active participation in research and other real-world activities enables constructivists to solve problems, question assumptions, explore new ideas, and gain a deeper understanding of phenomena, thus contributing to their own knowledge

development [8].

2.1.6. Focus of Meaning and Understanding

Constructivists view learning as a process of actively constructing knowledge through interaction with others in a social environment and sharing individual experiences [8]. Learners further derive meaning from these constructions, based on prior knowledge, experience, and context. During research, constructivists pose and answer research questions through reflection and other qualitative approaches. Active participation in the research process deepens their understanding of findings in ways that may shape their lives and activities.

2.2. Linking Interpretivism and Constructivism

Interpretivism and constructivism are linked by their shared focus on understanding how individuals interpret their experiences and the world around them. In constructivist inquiry, the two paradigms emphasize the importance of socio-cultural factors and the co-construction of knowledge. Both paradigms reject the positivist notion of an objective, universal reality and advocate for a flexible, participant-driven approach to investigating and understanding complex human phenomena. Interpretivism is a philosophical paradigm that focuses on understanding the meaning of human behaviors, experiences, interactions, and society from the participants' viewpoint [1]. Interpretivists seek to understand how individuals interpret their own reality and the meanings they attach to their lives or actions [1]. Regarding social context, interpretivists posit that phenomena are best understood when their interpretation is situated in specific social, cultural, or historical contexts [18]. They view individuals holistically, considering the context in which phenomena are experienced. For example, interpretivists may consider the impact of psycho-social factors when investigating stroke patients' experiences during reintegration into society [13]. Regarding knowledge co-construction, interpretivist researchers engage with participants in ways that allow for a deep understanding of how meaning is co-created and interpreted. Interpretivism rejects the positivist notion that all reality (truth) can be understood using objective scientific methods and supports the view that subjective phenomena are better understood in a naturalistic setting using qualitative approaches [19].

Constructivism posits that knowledge is constructed when researchers are engaged with participants in a dialogical process [8] [20]. During this interactive social process, researchers and participants negotiate and shape the meaning of their own reality [8] [20] [21]. Constructivist researchers reject the positivist belief that reality is objective and measurable only through scientific methods [19]. In stroke nursing inquiry, constructivists utilize the hermeneutic-dialectic approach to understand the lived experiences of stroke survivors during community reintegration process. The hermeneutic aspect of this approach enables stroke researchers to engage (during interviews) with stroke survivors, caregivers, and rehabilitation professionals to explore the meanings of personal reintegration experiences. Researchers co-construct and interpret these meanings, considering contextual

factors that may impact the reintegration process (e.g., age, employment, socioeconomic status, social support, and community resources [13]).

The dialectic aspect of this approach enables constructivist researchers to understand the contradictions or tensions in research data and use them to deepen their interpretations. For example, stroke survivors reintegrating into the community may express the desire to resume employment, but also experience fear and anxiety about their functional and cognitive abilities. Using the dialectic approach, the researcher may ask questions to further explore the specific fears, how they relate to physical or emotional abilities, and how the presence (or lack of) family support impacts their feelings and the reintegration process. Exploration of these fears and engaging in dialogical interaction with other participants and the literature may enable the researchers to identify successful ways of resolving these contradictions [22]. Constructivist researchers may use the dialectic approach to explore tensions among caregivers (related to the burden of care) and frustrations of stroke survivors (related to the inability to generate income to support families) and make recommendations for integrating the needs of these caregivers and stroke survivors into the rehabilitation care plan.

2.3. Constructivism: Benefits and Limitations for Nursing Research

A constructivist approach offers numerous advantages for underpinning nursing research. The collaborative construction of knowledge by engaging patients, caregivers, and healthcare professionals during research interviews promotes meaningful, personalized care. This practice aligns with current perspectives on patient-oriented research [23] and nursing's ethical duty to deliver effective care [11] [24]. The main benefit is its flexible methodology, using qualitative methods like observations, focus groups, and interviews to study complex subjective phenomena beyond the reach of quantitative methods. This methodology allows researchers to deeply understand the perspectives and meanings of patient experiences situated in unique contexts. By recognizing the importance of involving patients, caregivers, and healthcare professionals in health decision-making and incorporating their perspectives and lived experiences, patient outcomes are improved.

In nursing inquiry, the limitations of constructivism are related to patient and researcher bias, subjectivity in interpreting results, challenges with transferability, and resource demands for conducting qualitative studies. Interpreting patients' experiences is inherently subjective and may be influenced by both the patients' and researchers' personal biases [1] [12] [25]. This limitation can be addressed through strategies such as member checking (asking participants to review and validate study findings), reflexivity (encouraging researchers to self-reflect on personal biases and their influence on data analysis), triangulation (using multiple sources and methods in research), and peer debriefing (engaging with peers to review and discuss data collection, analysis, and interpretation processes) to ensure rigor, transparency, and validity in qualitative research [26]. Constructivism focuses on understanding the experiences of individuals or small groups in unique

settings, which limits the transferability of findings to diverse patient groups or broader healthcare settings. Prolonged engagement with participants and the use of in-depth interviews can be time-consuming and costly, thus posing feasibility challenges in large qualitative studies.

2.4. Steps for Conducting Constructivist Stroke Nursing Research

Constructivist researchers may follow specific steps to guide their research. For instance, Appleton and King [27] proposed seven steps for conducting constructivist nursing research. Outlined below are the steps, with the first author's (ET) stroke nursing research illustrating an interpretivist-constructivist framework for supporting nursing research.

2.4.1. Step #1. Personal Intuitive Experience

In qualitative nursing research, subjectivity, personal perspective, and a holistic understanding of reality are critical when exploring complex human phenomena. Key factors that guide constructivist nursing inquiry include investigator's knowledge, personal interests, and experiences [27]. A nurse's personal intuitive experience may trigger a sense that certain nursing interventions are more effective than others and guide the nurse in formulating research questions to explore patients' needs and responses to those interventions. In constructivist stroke inquiry, researchers' knowledge of stroke rehabilitation and their interests in outpatient rehabilitation outcomes may drive them to investigate the psychological and social functions that impact community reintegration after stroke.

2.4.2. Step #2. Issues of Ethics and Rigor

Nursing researchers collect, analyze, and interpret subjective data. However, their interpretations may be influenced by bias, potentially leading to misinterpretation of the data [25]. To minimize bias, constructivists cultivate self-awareness of their personal biases and take steps to prevent them from influencing the interpretation or presentation of findings. Before data collection, constructivist researchers obtain ethics clearance, secure informed consent to respect participants' autonomy, and outline measures to ensure anonymity and confidentiality [28]. The risks and potential benefits of the study are clearly explained to participants. Rigor in constructivist research is essential to ensure that research findings are trustworthy, meaningful, and applicable to practice. Trustworthiness in constructivist research can be established using the concepts of credibility (trust in the accuracy of results validated through member checking), transferability (extent to which results can be transferred to other settings, or situations, evidenced by detailed contextual description), dependability (extent to which results are consistent and the study can be replicated, evidenced by a documented research process and a clear audit trail), and confirmability (extent to which results reflect participants' viewpoint and not researcher's interests, bias, and motivations) [29]. Constructivists maintain methodological rigor by selecting qualitative methods that align with research objectives and questions.

Appropriate data collection and analysis methods ensure that study findings accurately reflect the authentic views of participants.

2.4.3. Step #3. Tentative Research Design

In constructivist inquiry, changes in the initial research plan are expected (e.g., changes in focus area, research questions, sample selection, data collection, and analysis) as new themes, meanings, and patterns emerge during the research process [27]. A temporal research design allows researchers to revisit earlier stages of data collection or analysis to further explore new themes and unexpected findings. A tentative design also enables researchers to adapt to contextual changes, such as socio-cultural shifts and changes in individuals' circumstances. Constructivists ground research in the realities of participants by utilizing, for example, open-ended interview questions to collect data. The questions may evolve as the researcher gains more insights from participants' experiences and worldviews. Being reflexive and open to change allows constructivist researchers to become self-aware of their own personal biases and take steps to prevent these biases from influencing study findings. The use of a tentative theoretical framework allows flexibility in the researcher's understanding of emerging theories and concepts.

2.4.4. Step #4. Purposive Sampling and Issues of Access to the Natural Setting

Purposive sampling selects knowledge-rich participants based on their willingness and ability to provide meaningful, context-rich data [30]. For example, stroke patients with functional difficulties after inpatient rehabilitation would be selected to explore the impact of physical and psycho-social factors on post-stroke community reintegration. Since constructivists focus on emergent themes from research data, purposive sampling criteria may evolve as new themes emerge during data collection. Regarding issues of access to the natural setting, constructivist stroke researchers believe that accessing the natural setting where post-stroke patients live (e.g., home or other community setting) promotes engagement with participants in environments that shape their experiences and provide a holistic understanding of patients' recovery and reintegration into society. Observation of participants in a naturalistic setting enhances researcher's understanding of physical and psycho-social challenges that stroke survivors experience during societal reintegration.

2.4.5. Step #5. Data Collection Process and Researcher as an Instrument

In constructivist nursing inquiry, subjective data can be collected through in-depth interviews, which allow participants to share their thoughts, feelings, and experiences about health and care, offering insight into how they interpret their experiences in context; focus groups, which enable participants to interact and co-construct meaning through discussion and shared insights; and observations, which allow researchers to observe and document behaviors, actions, interactions, and how individuals construct meaning in naturalistic settings (31) The quality of data collected during interviews, focus groups or observations depends on how proactive

investigators are during the interview, focus group or observation process [31]. Skillful investigators who engage participants in meaningful open conversations and provide helpful cues and explanations during interviews enable participants to share more information. Trusting and empathetic relationships between investigators and stroke patients may encourage the patients to share deeply personal challenges faced during reintegration into the community. The researcher's role as an instrument is closely integrated with the data collection process. In qualitative inquiry, constructivist researchers are viewed as instruments because their observations, actions, and interpretations directly influence the data collection process. The researchers influence how the questions are framed and how participants' responses are interpreted.

2.4.6. Step #6. Inductive and Constant Comparative Analysis

With inductive analysis, constructivists may analyze study data simultaneously as it is being collected. This approach facilitates the identification of emergent themes without researchers imposing predefined categories for analysis. While data management can be performed manually, researchers may use Non-numerical Unstructured Data Indexing, Searching, and Theorizing (NUDIST) software to organize the data [32], and then follow Lincoln and Guba's [16] recommended steps of unitizing (arranging data into units), categorizing (grouping the units into categories based on their similarities), and searching for patterns in the data (looking for relationships between categories) [16]. Inductive analysis of stroke data may allow constructivist researchers to generate a theory grounded in the lived experiences of stroke patients. This theory may highlight the role of physical and psychosocial functions in successful community reintegration, shed light on the barriers and challenges that hinder effective reintegration, and reveal the perceptions of stroke patients regarding their societal reintegration process. The challenge in theory generation lies in balancing multiple theoretical frameworks with emergent data. Researchers address this limitation by remaining sensitive to theoretical differences and open to new interpretations that emerge from the data. Researchers use comparative analysis to identify similarities, differences, and underlying reasons for variations in the data [27]. The challenge with this method lies in managing large, complex qualitative data. Constant comparative analysis ensures that emerging themes from inductive analysis are continually refined and compared with new data, allowing researchers to track the evolution of themes across different participants and contexts.

2.4.7. Step #7. Interpretation of Findings and Presentation of Results to Groups in Similar Contexts

Accurate interpretation of findings is crucial in shaping and refining nursing interventions. In constructivist stroke nursing research, researchers and participants collaboratively interpret stroke survivors' lived experiences, considering physical, emotional, psychological, socio-cultural, and environmental influences. Their interpretations center on how stroke patients perceive their identities, social roles

(e.g., worker, parent, breadwinner, community member), support systems (family, friends, community groups), community resources (transportation, housing), and the barriers/challenges faced as they reintegrate into the community [13]. Constructivists strive to understand (from participants' viewpoints) the experiences and meaning of recovering from stroke and returning home after discharge from inpatient rehabilitation. During this period, some stroke patients may feel 'useless' due to limited ability to perform certain physical tasks (e.g., bathing, dressing, and walking), while others may feel dissatisfied and bored due to inability to resume previous roles like employment [33].

In constructivist inquiry, sharing findings with groups in similar contexts is critical to the co-construction of knowledge and the development of context-specific interventions. Presenting findings to groups in similar contexts ensures that the results are meaningfully shared with individuals who have a common understanding or experience. Presenting rehabilitation research findings to stroke survivors in outpatient rehabilitation settings empowers them to reflect on their experiences post-discharge from inpatient rehabilitation, thus contributing to their understanding of the post-stroke community reintegration process. Facilitating mutual sharing of research experiences among participants can foster collective learning and mutual support [20], deepening the sense of community among stroke survivors and their caregivers.

3. Conclusion

Interpretivists encourage researchers to use approaches that deepen the understanding of human experiences, behaviors, and interactions from the perspectives of those living them. The interpretivist philosophy and constructivist approach offer a flexible, participant-driven framework for developing non-scientific knowledge. The approach addresses complex subjective human phenomena while respecting the unique perspectives and contexts of patients, caregivers, and health-care professionals.

Authorship Statement

ET conceived and designed the discussion, gathered and analyzed the literature, drafted the manuscript, and approved it for publication.

SA gathered the literature, provided suggestions and feedback, and approved it for publication.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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