

**TRANSFERABILITY IN QUALITATIVE NURSING RESEARCH:
ITS IMPLICATIONS FOR EVIDENCE-BASED CARE**

MAVERICK B. CALAMAAN¹

¹Master of Arts in Nursing (MAN) Student, Graduate School of Education, University of Perpetual Help System DALTA, Las Piñas City, Philippines

Abstract

Transferability constitutes a cardinal dimension of rigor in qualitative nursing research, delineating the extent to which findings may possess contextual applicability across diverse clinical milieus. Within the paradigm of evidence-based care, the capacity to extrapolate meaning from contextually bound data is indispensable for informed clinical decision-making. Despite its theoretical prominence, transferability remains inconsistently operationalized, thereby constraining the translational efficacy of qualitative evidence in nursing practice. This inquiry employed an integrative review design, synthesizing extant empirical and methodological literature pertinent to transferability in qualitative research. Purposive selection of peer-reviewed sources ensured the inclusion of contextually rich and methodologically robust studies. Data extraction and thematic analysis were undertaken to identify recurrent patterns, conceptual frameworks, and methodological strategies that enhance the applicability of qualitative findings across settings. The synthesis revealed that transferability is predominantly reinforced through the provision of thick, nuanced contextual descriptions, purposive sampling of information-rich participants, and rigorous methodological transparency. Ancillary strategies, including reflexivity, triangulation, and the maintenance of audit trails, further augment interpretive depth and contextual relevance. However, the findings also underscore a persistent deficiency in detailed contextual reporting within qualitative nursing studies, thereby attenuating their practical utility. The study elucidates that transferability is not an intrinsic attribute but a methodologically constructed outcome contingent upon deliberate research design and reporting practices. Strengthening transferability enhances the interpretive and pragmatic value of qualitative evidence, thereby facilitating its integration into evidence-based nursing care. Consequently, advancing methodological rigor through comprehensive contextualization and transparent reporting is imperative to optimize the applicability of qualitative insights in diverse healthcare environments.

Keywords: transferability, qualitative research, nursing research, trustworthiness, qualitative rigor, evidence-based practice

Introduction

Qualitative research occupies a pivotal niche in nursing science, furnishing profound insights into the lived experiences of patients, the intricacies of care delivery, and the multifaceted realities of healthcare environments. Unlike quantitative paradigms that privilege statistical generalization and numerical abstraction, qualitative inquiry emphasizes meaning-making, contextual depth, and interpretive understanding. This methodological orientation enables nurse researchers to explore complex human phenomena, including emotions, perceptions, and social interactions, which are often inextricable from clinical practice (Balay-odao et al., 2024; Spronck et al., 2025). Consequently, qualitative research contributes significantly to the development of patient-centered care and holistic nursing interventions.

In the pursuit of methodological rigor within qualitative inquiry, the concept of trustworthiness has emerged as a foundational evaluative framework. Among its core dimensions, credibility, dependability, confirmability, and transferability, transferability assumes a distinctive

role by addressing the applicability of findings across diverse contexts. Originally conceptualized by Lincoln and Guba (1985), transferability refers to the extent to which research findings may hold relevance beyond the immediate study setting. Rather than relying on statistical generalization, qualitative research situates transferability within the domain of contextual comparability, wherein readers are empowered to determine the extent of applicability based on detailed descriptions provided by the researcher (Calaguas, 2025).

Central to achieving transferability is the practice of “thick description,” a concept rooted in interpretive social science that entails the comprehensive portrayal of research contexts, participant characteristics, and situational dynamics. Through such detailed and nuanced accounts, researchers furnish readers with sufficient contextual information to assess the congruence between the original study environment and their own settings (Engstrom & Cockerham, 2025; Laustsen et al., 2025). This approach underscores the epistemological stance that knowledge in qualitative research is context-bound, and that its applicability is contingent upon the interpretive judgment of the audience rather than universal generalization.

Notwithstanding its theoretical salience, transferability remains inadequately operationalized in numerous qualitative nursing studies. Empirical literature indicates that many research reports lack sufficient contextual detail, methodological transparency, and reflexive engagement, thereby constraining the reader’s capacity to evaluate the applicability of findings (Anderson et al., 2025). This deficiency is particularly problematic in nursing practice, where contextual variability, such as differences in patient populations, institutional resources, and cultural dynamics, necessitates careful consideration of applicability before integrating research findings into clinical decision-making.

Moreover, the underdevelopment of transferability poses significant implications for the advancement of evidence-based practice (EBP) in nursing. As EBP relies on the judicious integration of the best available evidence with clinical expertise and patient preferences, the inability to ascertain the contextual relevance of qualitative findings may limit their utilization in practice (Al Omari, 2025; Phillips et al., 2025). In this regard, transferability serves as a critical bridge between qualitative knowledge production and its practical application, enabling nurses to adapt insights from research to their unique clinical environments while maintaining fidelity to contextual nuances.

Given these considerations, there is an exigent need to critically examine the conceptualization and implementation of transferability in qualitative nursing research. This paper therefore seeks to elucidate the methodological strategies that enhance transferability, including thick description, purposive sampling, reflexivity, and transparent reporting. Through advancing a more rigorous and systematic approach to transferability, the study aims to strengthen the integration of qualitative evidence into evidence-based clinical practice, contributing to more context-sensitive, patient-centered, and empirically grounded nursing care.

Methods

Research Design. This study employed a review of related literature (RRL) using an integrative review approach. This design was appropriate because it allows the inclusion and synthesis of both theoretical and empirical literature to generate a comprehensive understanding of the topic (Maree, 2025; Newton & Knight, 2022).

Sampling. The literature included in this study was purposively selected based on relevance and credibility. Sources included peer-reviewed journal articles and academic books focusing on philosophical foundations, research designs, integration strategies, and healthcare applications.

Instrumentation. Data collection involved a systematic process of searching, screening, and selecting literature from academic databases, institutional libraries, and reputable online sources. This structured approach enhances transferability by ensuring that only contextually rich

and credible sources were included, providing a transparent basis for readers to evaluate how findings may relate to their own settings.

Data Analysis. Data was analyzed using thematic analysis through systematic coding and categorization of extracted literature to identify recurring patterns and key themes.

Results

The synthesis of the reviewed literature indicates that transferability is a fundamental but often underdeveloped dimension of rigor in qualitative nursing research. While it is widely recognized as part of trustworthiness, it is frequently inconsistently operationalized, limiting the extent to which qualitative findings can be meaningfully applied across different clinical and institutional contexts. The analysis revealed several interconnected methodological strategies that collectively strengthen transferability, which are presented as integrated themes.

A central finding across the literature is the critical importance of thick description as the primary mechanism for achieving transferability. Studies consistently demonstrate that providing rich, detailed, and contextually grounded descriptions of the research setting, participants, and processes allows readers to evaluate the degree of similarity between the original study environment and their own contexts. Thick description extends beyond simple reporting of events and includes deep interpretive explanation of meanings, social processes, and contextual influences shaping the phenomenon under investigation. Through this approach, the responsibility for determining transferability is effectively shifted to the reader, who assesses the relevance of the findings based on contextual comparability.

Another key theme identified is the role of purposive sampling in strengthening transferability. The literature emphasizes that intentional selection of participants based on their direct experience with the phenomenon under study enhances the richness and depth of the data generated. By focusing on information-rich cases, purposive sampling ensures that findings are grounded in meaningful lived experiences, thereby increasing their relevance to similar populations and clinical settings. Strategies such as maximum variation sampling and extreme case sampling further enhance this process by capturing a broad spectrum of experiences or exploring atypical cases that define the boundaries of the phenomenon.

The analysis also highlights the importance of methodological transparency through the maintenance of an audit trail. An audit trail provides systematic and traceable documentation of all research decisions, processes, and analytical developments throughout the study. This includes preservation of raw data such as transcripts and field notes, documentation of methodological changes with clear justifications, and the use of reflexive and analytical memos that capture evolving interpretations. Such transparency allows readers and other researchers to follow the logic of the research process, thereby strengthening the dependability and supporting the potential transferability of the findings.

Reflexivity, triangulation, and member checking emerged as additional interconnected strategies that enhance interpretive rigor and indirectly strengthen transferability. Reflexivity involves continuous critical examination of the researcher's assumptions, positionality, and potential biases, ensuring that interpretations remain transparent and grounded in awareness of subjectivity. Triangulation strengthens the depth and robustness of findings by integrating multiple data sources, methods, or theoretical perspectives, thereby reducing the likelihood of single-source bias. Member checking further enhances interpretive validity by allowing participants to review and confirm the accuracy of findings, ensuring that interpretations closely reflect their lived experiences.

Discussion

The findings of this integrative review highlight transferability as a central yet frequently underdeveloped criterion of rigor in qualitative nursing research. Rather than being equated with

statistical generalization, transferability is grounded in contextual interpretation, wherein the relevance of findings is determined by the extent to which readers perceive alignment between the original study context and their own practice environment. This perspective reflects the interpretive foundation of qualitative inquiry, in which meaning is co-constructed within specific social and clinical contexts rather than universally applied across populations (Chironda et al., 2024; Shali et al., 2025).

Within the field of nursing, this interpretive dimension is particularly significant due to the dynamic and heterogeneous nature of clinical environments. Variations in patient populations, institutional resources, and care delivery systems make rigid generalization of qualitative findings both impractical and inappropriate. Instead, transferability enables nurses to critically evaluate whether insights derived from one context can be meaningfully adapted to another. In this way, qualitative evidence derives its clinical value not from universal applicability but from its capacity to support contextual reasoning and informed adaptation in practice (Cleofas & Abesamis, 2025; Stacciarini et al., 2026).

The synthesis further demonstrates that transferability is not an inherent property of research findings but is actively constructed through methodological decisions across the research process. Among these, thick description plays a foundational role by providing detailed and nuanced accounts of the research setting, participants, and social processes involved. Such depth of contextualization allows readers to assess similarities between contexts and determine the applicability of findings to their own settings (Gilliss & Milone-Nuzzo, 2025; Holland et al., 2025). However, contextual description alone is insufficient without deliberate and appropriate participant selection. Purposive sampling ensures that data are derived from individuals with direct and meaningful experience of the phenomenon, thereby enhancing the depth, relevance, and contextual grounding of the findings (Brown, 2025).

In addition, reflexivity emerges as a critical mechanism for enhancing interpretive transparency. Through continuously examining their own assumptions, positionality, and potential influence on the research process, researchers make visible the subjective dimensions of knowledge construction. This reflexive practice allows readers to better understand how interpretations were developed and how these may be transferred to other contexts (Casey et al., 2025; Kavuran et al., 2025). Similarly, systematic and transparent reporting, including the use of audit trails, strengthens methodological clarity and enables readers to trace the research process, thereby reinforcing both dependability and transferability (Kane et al., 2025; Silva et al., 2025).

Despite the recognized importance of these strategies, this review identifies a persistent limitation in qualitative nursing literature: insufficient contextual detail. Many studies prioritize thematic findings while underreporting the environmental, cultural, and institutional conditions in which the data were generated. This lack of contextual depth restricts the reader's ability to assess applicability, thereby weakening the translational potential of qualitative evidence in clinical practice (Dong et al., 2025; Hosseini et al., 2025).

This limitation reflects an ongoing methodological tension between conceptual generalization and contextual specificity in qualitative research. While abstraction contributes to theory development, excessive detachment from context may compromise the usability of findings in real-world nursing settings. Strengthening transferability therefore requires a deliberate balance between analytical interpretation and rich contextual grounding, ensuring that findings remain both conceptually meaningful and practically applicable (Fu et al., 2025; Hosseini et al., 2025).

Conclusion

Transferability remains a critical component of rigor in qualitative nursing research, enabling findings to be meaningfully applied across diverse clinical contexts. Through the provision of rich contextual descriptions, deliberate participant selection, reflexive engagement, and transparent methodological reporting, researchers can significantly enhance the applicability

and interpretive value of qualitative findings. Strengthening transferability not only reinforces the trustworthiness of qualitative inquiry but also supports the effective integration of qualitative evidence into evidence-based nursing practice, thereby contributing to more informed clinical decision-making and improved patient outcomes.

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