

Are we taking conclusions in qualitative health research too far?

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Carlsen, B., & Riese, H. (2026). Is current qualitative health research useful? Generalisation practices in qualitative interview studies in health research. *BMC Medical Research Methodology*.



Why generalisation in qualitative health studies matters

- Qualitative approaches firmly established within health research
- Qualitative findings are increasingly used as evidence for practice and policy innovations
- Increasing use of QES adds to the importance of the quality of qualitative research



A central tension

- Qualitative research values context, meaning and situated understanding
- But practical usefulness expected in health research
- Researchers need to remain faithful to particular contexts while simultaneously demonstrating relevance beyond the context
- This tension provided the starting point for our study.

Question:

How are researchers generalising in published studies?



Theoretical background:

The aftermath of the positivism debate

- Statistical generalisation
- Transferability/case to case generalisation
- Analytical/theoretical generalisation



Empirical background

- Little empirical knowledge exists
- Only two previous empirical studies found
- Neither focused on contemporary health research



Research questions

How and how often do qualitative health researchers:

- generalise?
 - justify generalisations?
 - overgeneralise?
-
- Hypotheses about why



Study design

- Mapping study, mixed methods
- PubMed
- 50 most recent open-access qualitative interview studies
- Published in 2024
- Health journals
- English language



Assessing generalisation

- Concept: Interpretive consistency
- Evaluated:
 - aims
 - sampling
 - findings
 - conclusions
 - implications for practice



Findings:

Publication growth

- 13,880 articles (2024); 384 articles (2006)
- Illustrates the exponential growth of qualitative health research
- Also means that an increasing number of studies are likely to be included in evidence syntheses



Findings:

Characteristics of the sample

- Wide range of health-related topics
- 30 journals
- Substantial variation in sample size; median: 18, mean: 33.5
- Most followed very similar article structures.
- Most used purposive sampling, no randomised samples
- Most described their aim as exploring or understanding participants' experiences.
- And notably, almost none discussed epistemological positioning in any substantial way.



How did we judge?

- **Pragmatic approach** rather than textbook categories (statistical, theoretical or transferability-based generalisation)
- **Any statement that extended findings beyond the study participants or immediate study context** as a form of generalisation
- **Diffuse and implicit claims difficult to assess**
- **Generalisations with a breach in interpretive consistency were usually deemed unjustifiable**
- **Examples follow...**



Main quantitative findings

- 50/50 = 100% studies generalised
- 45/50 = 90% included practice implications
- 35/50 = 70% explicitly noted limitations on generalisations
- 16/50 = 32% justified generalisations

Only:

32% justified



How do researchers generalise?

- Moving from participants to broader populations
- Using indefinite categories
- Shifting from past tense to present tense
- Moderation terms often help authors moderate their claims
Examples: «suggest», «indicate», «can», «may»



Example of a justifiable generalisation

- "These findings suggest that the revised CIP [coordinated individual planning] process that involves shared decision making can contribute to shifting staff perspectives." (Jones, 2025)
- Why we judged this as justified:
 - ☒ Explicit moderation
 - ☒ "suggest"
 - ☒ "can contribute"
 - ☒ Discussion of study limitations
 - ☒ Good alignment between aim, methods and conclusions

A plausible possibility rather than an overly broad claim.



Example of a carefully qualified practice implication

- Gelaude et al. (2025)
- First:
 - *Generalization of findings should thus be undertaken with caution; findings from this study may not be transferable to other HIV-negative HLMSM [Hispanic/Latino persons, persons who live in the U.S. South, and men who have sex with men], or to other HIV-negative populations in the southern U.S.*
- Then:
 - *Future HIV prevention efforts may benefit from...*
- Why this works:
 - ☒ Explicit limits
 - ☒ Context acknowledged
 - ☒ Moderate language
 - ☒ No claim of universal applicability



Example of an unjustified generalisation

- Perdomo Sandoval & Goberna-Tricas (2025) acknowledge:
 - - *the results lack statistical significance to be extrapolated to the rest of CWSWs [cisgender women sex workers] due to the qualitative nature of the study*
- But later conclude:
 - -*the social stigma experienced by CWSWs makes them feel impure, segregated, and abandoned...*
- Problem:
 - ✗ Their own limitations disappear
 - ✗ Conclusions move beyond the sample
 - ✗ Strong claims about a much broader population



Overgeneralisation in practice recommendations

- Liu et al. (2024) recommend:
These measures must be employed to improve the implementation of hospice referral, realize the multiple benefits of hierarchical diagnosis and treatment, boost patients' satisfaction with the referrals, and ensure the rational and efficient distribution of hospice resources.
- Why is this problematic?
- Strong normative recommendation, "must" implies certainty
- Limited qualitative evidence base
- Recommendation exceeds empirical foundation

Our main observation:

Most overgeneralisations occurred in recommendations for practice and policy.



What characterised strong studies?

Studies with the most defensible generalisations tended to have:

-  Realistic and appropriately scoped aims
-  Richer contextual information
-  Broader or more diverse samples
-  Explicit acknowledgement of limitations
-  Support from previous research
-  Moderate, yet precise language
-  Strong interpretive consistency



Main conclusions

- Qualitative health studies routinely generalise
- Most generalisations extend beyond the immediate data
- Researchers are often careful in reporting findings and limitations
- Caution frequently disappears when discussing implications for practice
- Interesting paradox regarding meta-studies/QES



For discussion

1. **How can qualitative research be both context-sensitive and meaningfully generalisable?**
2. **And how can we**, as researchers, supervisors, project leaders, peer reviewers, or editors, **contribute to sound generalisation practices?**





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