

Method and Protocol



Qualitative Research: The Heart of Evidence-Based Practice

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Abstract

Evidence-based practice in healthcare remains challenging. The sheer volume of studies, methodological diversity, scarce resources, and professionals' difficulties in locating, appraising, and implementing evidence all contribute. In addition, there is often a lack of clear, evidence-based health-policy guidelines. In addition, there is a predominant positivist paradigm in the training of most health professionals, which makes it challenging to introduce the results of qualitative studies into practice. We believe that qualitative research provides a unique insight into the experiences, needs, difficulties, and choices of people going through transitions between health and illness. This is a theoretical paper based on a narrative literature review, the authors aim to reflect on the results of qualitative healthcare research, the difficulties in translating the knowledge obtained by more constructivist and interpretative methods, and the gains that can be made from an Evidence-Based Practice supported by the results of qualitative studies that make it possible to respect the patient's values and preferences, allowing person-centered care. Studies that enable the exploration of experiences, perspectives, and meanings in complex areas, such as self-care, behavioral change, and adherence to therapeutic regimens, support health professionals' clinical decision-making. This support reflects the multifaceted nature of human experiences in care settings and is vital for understanding phenomena both in isolation and in relation to other research approaches. Qualitative studies are the heart of evidence-based practice because they deepen and individualize knowledge about phenomena and make it possible to focus care on people, especially those with increased vulnerability.

Keywords

qualitative research, evidence-based practice, healthcare, evidence ecosystems, person-centered care

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Introduction

Qualitative research has been established as an essential approach in the health sciences, as it enables a deeper understanding of the experiences, perceptions, and meanings attributed by individuals and communities to health and disease processes. This method captures nuances that quantitative studies do not always encompass, contributing to a more holistic view of reality for patients and healthcare professionals. [Fornari \(2020\)](#) highlight the relevance of this approach in health, emphasizing its application in contexts such as education, healthcare delivery, and health-related social sciences. The authors stress that qualitative research is essential for understanding complex and subjective phenomena, fostering more contextualized knowledge that applies to healthcare practice.

Similarly, [Pope and Mays \(2009\)](#) reinforce that qualitative healthcare research enables a detailed exploration of patients' and professionals' experiences, feelings, and behaviors. These aspects are fundamental for improving the quality of care and the patient experience. Additionally, the authors discuss the inherent challenges of this approach, such as data subjectivity and the need for specific skills among researchers. To ensure methodological rigor, they emphasize the importance of proper training to enable professionals to conduct qualitative studies in an ethical and scientifically valid manner.

However, integrating qualitative research into evidence-based practice still faces significant challenges. The predominant positivist paradigm in the education of healthcare professionals tends to favor quantitative methods, which may lead to underestimating the contribution of qualitative approaches. The results of a focus group study with final-year nursing students, who participated in a knowledge-transfer project into clinic, conclude that students value their involvement because it allows them to increase their knowledge about the research and develop important competencies required for evidence-based decision-making, such as evidence-based decision-making, learning to question, learning to transfer their knowledge into the clinic, evaluating investigations, interpreting results, and communicating science ([Cardoso et al., 2021](#)).

These results are interesting because they point to the need for health curricula to go beyond teaching research, that is, to focus the approach on methods and techniques of knowledge production and address central aspects related to evidence-based practice, enabling students to have contact with projects in this area to develop complex skills that are necessary to be able to make decisions based on knowledge as healthcare professionals. As stated by [Nunan \(2021\)](#), its importance that research be efficiently produced, evaluated and acted on. For this author hand in hand with this comes the ability to ask, find, appraise and apply evidence to support effective decisions. These essential abilities must be explicitly taught by qualified instructors.

But this gap between qualitative research and evidence-based practice is not only present in the training of teachers and students, many researchers and policymakers perceive these methods as less rigorous or more subjective, hindering their acceptance of institutional policies and practices. Nevertheless, including qualitative research is essential for capturing the complexity of human experiences within social and healthcare contexts ([Minayo & Costa, 2019](#)). By considering perceptions, values, and needs, this approach enhances the depth of knowledge and promotes more person-centered care, leading to more effective and humanized interventions.

In this context, [Palazzo and Diez-Garcia, 2021](#) emphasize that the researcher's stance is crucial for recognizing and appreciating qualitative research, particularly in the health field. The authors argue that how researchers conduct and disseminate their studies influences qualitative research's perceived rigor and validity. Furthermore, [Ailinger \(2003\)](#) highlights six key contributions of this method to evidence-based nursing practice: hypothesis generation, development and validation of instruments, providing context for evaluation, development of nursing interventions, formulation of new research questions, and application of qualitative result analysis. These contributions demonstrate how qualitative research enriches clinical practice by enabling a deeper understanding of patient needs and fostering more personalized and effective care.

Considering the above, qualitative research plays a crucial role in health, providing valuable insights that complement quantitative data and deepen understanding of health phenomena. Recent studies highlight their multiple contributions, from improving clinical practices to developing public policies that align with population needs. Therefore, recognizing and valuing the importance of qualitative research is essential for building more equitable, effective, and person-centered healthcare systems.

Although there is growing international recognition that qualitative methods and techniques provide an in-depth understanding of phenomena and can help explain the implementation and acceptance, or lack thereof, by the target population of services and interventions aimed at them, the authors observe that the stereotypical perception of qualitative findings as overly subjective and contextualized to specific situation or context often hinders their transferability and implementation in different settings ([Praça & Baixinho, 2025](#)). This view has a significant implication for healthcare, as it affects the use of evidence derived from qualitative methods, which are valuable not only for understanding the values and preferences of patients and their families but also for supporting the implementation of evidence. Qualitative methods address complex questions, such as why efforts to implement best practices may succeed or fail, and how individuals experience and make decisions ([Hamilton & Finley, 2019](#)).

The literature review allows us to observe that there is a shortage of studies that defend the contribution of qualitative research to the production of robust evidence that enables evidence-based practice. Therefore, the questions are: How does qualitative research contribute to each stage of evidence-based practice in healthcare? What barriers and facilitators emerge when integrating constructivist and interpretive approaches?

Based on the above, this article aims to reflect on the results of qualitative healthcare research, the difficulties in translating the knowledge obtained by more constructivist and interpretative methods, and the gains that can be made from an Evidence-Based Practice (EBP) supported by the results of qualitative studies that make it possible to respect the patient's values and preferences and promote person-centered care.

Method

This is a theoretical paper developed in two stages. In the first, we conducted a narrative literature review, associating the terms (((Evidence-Based Practice [Title/Abstract]) OR (Evidence Ecosystems [Title/Abstract])) OR (evidence based practice [MeSH Terms])) OR (ecosystem [MeSH Terms])) AND ((Qualitative research [Title/Abstract]) AND (qualitative research [MeSH Terms])). The search were made in Medline (via PubMed) and CINAHL, in december 2024 to identify original studies published in English, Portuguese or Spanish, in the last five years, that answer to the question: What are the contributions of qualitative research to evidence-based practice? The literature review and critical analysis of the state of the art were important to to establish a foundation, define key concepts, and suggest potential relationships between them.

In the second phase based on the literature review and critical analysis, the authors reflect on the importance of qualitative studies to enable evidence-based practice and the development of Evidence Ecosystems, which are central to the full use of evidence (both qualitative and quantitative) in clinical contexts, to enable person-centered care and, concomitantly, citizen involvement in research, because without the co-construction of knowledge and the use of more participatory research methods, it is not possible to have true evidence-based practice.

The interpretation provided by the research team, with extensive experience in these areas, presents a new perspective and interpretation through a thematic analysis. Therefore, the paper offers the opportunity to extend understanding of the phenomenon under study and contribute to the broader field of knowledge. The proposed theoretical framework provides a lens through which to understand the findings and their implications (Thatcher & Fisher, 2022).

We draw on Hamilton and Finley (2019) to elucidate how constructivism engages with the notion that knowledge emerges from the social interaction between researcher and participants, locating each finding within specific experiential contexts. In parallel, we adopt an interpretivist stance as articulated by Palazzo (2021), which emphasizes apprehending the meanings and interpretations that participants attribute to the phenomena under study, while recognizing researcher reflexivity and the plurality of perspectives. This theoretical positioning guided our thematic analysis, enabling us to treat the narratives derived from the literature as dynamic co-constructions in which both the researcher and the investigated actors collaboratively produce knowledge.

Evidence-Based Practice and Evidence Ecosystems

Healthcare continuously requires decision-making regarding people's health and illness. Making clinical judgments involves a complex process integrating knowledge domains and decision-making mechanisms (Baixinho et al., 2022; Marques et al., 2022). To address these challenges, EBP has become a critical aspect of healthcare, emphasizing the need for professionals to consciously, explicitly, and thoughtfully use the best available scientific evidence in decision-making (Mohamed et al., 2024; Santos et al., 2024). EBP is defined as healthcare decision-making informed by the best available research evidence while considering societal perceptions, justice, the feasibility of implementation, accessibility, long-term sustainability, and stakeholder approval (WHO, 2021).

The applicability of EBP in clinical settings is not always straightforward, posing several challenges of varying complexity. According to Miranda da Silva et al. (2024), these challenges are often linked to producing high-quality knowledge, requiring research that employs rigorous and contextually relevant methodologies. A significant gap frequently exists between ideal practices and the care provided in daily clinical settings. As Schneider et al. (2018) also highlight, this challenge reflects that healthcare professionals do not always feel prepared to search for scientific evidence. Many face difficulties in identifying reliable sources, formulating research questions, and critically analyzing the literature, which can hinder the effective integration of evidence into practice.

The proper dissemination of evidence can also pose a challenge to the implementation of EBP due to the technical and complex terminology used in scientific studies. This can hinder the comprehension and interpretation of evidence by managers and the public. This challenge is reinforced by Mohamed et al. (2024), who highlight that healthcare managers do not always fully understand the importance of EBP. Therefore, it is essential to translate scientific terminology into accessible and comprehensible language. Finally, institutional policies supporting the implementation of EBP play a crucial role. If institutions do not ensure consistent access to the most relevant evidence for clinical practice, the integration of EBP may be compromised, ultimately affecting potential improvements in healthcare delivery (Mohamed et al., 2024).

Barriers to change may arise from cultural obstacles, skepticism toward evidence, low engagement, or the persistence of traditionally established practices. [Mohamed et al. \(2024\)](#) emphasize this challenge by highlighting the resistance to change among healthcare professionals, who often prefer traditional care methods. Additionally, [Arnold et al. \(2024\)](#) point out the low level of engagement among healthcare professionals in adopting EBP. This lack of involvement can hinder the integration of scientific evidence into daily clinical routines, limiting the potential for improved healthcare outcomes.

These challenges highlight the need for an environment that enables rapid and systematic access to essential information. Evidence ecosystems have emerged to address this, as advocated by the World Health Organization ([WHO, 2021](#)). An evidence ecosystem can be understood as the intersection of two distinct systems: research and evidence support systems. This ecosystem demonstrates the formal and informal connections between various stakeholders and their capacities and resources in producing, translating, and applying evidence ([WHO, 2021](#)).

The institutionalization of evidence ecosystems should foster collaboration between academia and healthcare institutions while equipping healthcare professionals with the necessary skills to ensure a bidirectional transfer between theory and practice ([Arnold et al., 2024](#); [Baixinho et al., 2022](#); [Yang et al., 2025](#)). Evidence ecosystems should not merely compile information but actively facilitate the integration of various sources and tools. This ensures that professionals have timely access to high-quality, up-to-date data, an essential component for the effective implementation of EBP ([Miranda da Silva et al., 2024](#)).

Until now, the responsibility for generating evidence has been primarily associated with academia, while the utilization of evidence, including the identification, processing, and contextual adaptation of scientific knowledge, has often been linked to clinical practice ([Arnold et al., 2024](#)). However, EBP requires the participation of multiple stakeholders, including researchers, healthcare professionals, and patients, to ensure a comprehensive understanding of all perspectives. Evidence ecosystems foster a collaborative environment, encouraging the exchange of information across different fields of knowledge ([Yang et al., 2025](#)). This multidisciplinary collaboration enhances the quality of evidence, enables the development of guidelines that address multiple dimensions of a problem ([Miranda da Silva et al., 2024](#)), and facilitates informed decision-making in the implementation of appropriate healthcare interventions ([Arnold et al., 2024](#)).

The interrelationship between EBP and evidence ecosystems operates reciprocally. While EBP benefits from the rich and integrated environment provided by evidence ecosystems, these ecosystems, in turn, evolve in response to the demand for evidence generated by healthcare professionals in their daily practice ([Miranda da Silva et al., 2024](#); [Yang et al., 2025](#)). This synergistic interaction between EBP and evidence ecosystems enhances accuracy and safety in clinical decision-making ([Baixinho et al., 2022](#)). The structured framework that EBP provides for using the best available evidence is, at the same time, supported by the organization and accessibility of that evidence through ecosystems. Consequently, decision-making processes become more evidence-based, reducing unwarranted variations in clinical practice and promoting optimal healthcare outcomes ([Baixinho et al., 2022](#); [Miranda da Silva et al., 2024](#)).

Certain key principles must be adopted to integrate EBP and evidence ecosystems fully. One essential aspect is investing in technological infrastructure and training professionals to effectively utilize these resources ([Arnold et al., 2024](#); [Mohamed et al., 2024](#); [Schneider et al., 2018](#)). At the same time, it is crucial to develop an organizational culture that actively promotes the continuous search for updated evidence and its application in clinical practice ([Mohamed et al., 2024](#); [Schneider et al., 2018](#)).

In summary, EBP and evidence ecosystems are complementary and essential for informed decision-making. Their joint action presents a significant opportunity to transform how knowledge is applied in practice, enhancing the quality of services provided and improving the safety of clinical decision-making

(Baixinho et al., 2022; Miranda da Silva et al., 2024).

Evidence-Based Practice and Person-Centered Care

EBP cannot be separated from person-centered care. Caring and being cared for are intrinsic to the human experience. When considering person-centered care, it must be understood as a holistic approach, not limited to addressing physical health but encompassing the entire complexity of the individual, including their personal and social dimensions, while respecting their beliefs and lived experiences (Grover et al., 2022; McCormack & McCance, 2013).

Care is founded on mutual trust, understanding, and information sharing, where respect for the cared-for individual must serve as the guiding principle for best healthcare practices (Grover et al., 2022). The centrality of the person and their family in care, aligned with EBP, involves key aspects such as greater emphasis on patient participation in decision-making regarding their healthcare and the need to establish a therapeutic relationship that ensures a balance of power between patients and healthcare professionals (Ferla et al., 2023).

For EBP to be effective, healthcare professionals must not only focus on implementing knowledge in clinical practice but also consider that healthcare consumers (patients) have varying levels of health literacy. Therefore, it is essential to reconsider care processes, adopt diverse strategies, and ensure communication is tailored to each target group, promoting accessibility and understanding (Baixinho et al., 2022).

Engle et al., 2021 highlight this dissonance, noting that although healthcare organizations increasingly strive to provide scientifically based and person-centered care, achieving this goal remains challenging due to fundamental contradictions between these objectives, the prevailing organizational culture, and the infrastructure and resources required for success.

The results of the studies highlight several characteristics that enable EBP and person-centered care, which complement each other. Notable features include a culture of innovation and proactivity aimed at improving care, the involvement and accountability of stakeholders in the problem-solving process, institutional support, the use of multidisciplinary approaches to healthcare with shared responsibility and autonomy to provide clinical care based on scientific evidence, emphasizing patient and family preferences, and valuing communication and patient engagement (Engle et al., 2021; Grover et al., 2022; WHO, 2021). Additionally, the empowerment of clinicians and the cultural shift in health systems allow the routine integration of clinically centered care in health (Grover et al., 2022).

We consider that EBP and evidence-based decision-making require inevitable reflection by the agents involved in the process (researchers, clinical practice professionals) so that scientific production adds value when introduced into clinical practice contexts (Praça & Baixinho, 2025). This approach should enable the involvement of the cared-for person in the decision-making process, respecting their values, preferences, and personal needs while also ensuring the coordination and integration of care (McCormack & McCance, 2013).

EBP has prioritized guideline recommendations, risking the exclusion of essential elements for the development of person-centered care. The individualization of care to meet each person's specific needs is significantly hindered by the standardization and homogenization caused by the systematic use of guidelines, a practice strongly contested by some critics (Baixinho et al., 2022; Grover et al., 2022). The criticism extends to EBP models (linear and unidirectional models), which lack the involvement of research consumers (patients and their families) and whose inertia prolongs their integration into clinical practice (Baixinho et al., 2022).

Let us consider the person as the focus and center of care in a firm interaction with professionals. Clinical decision-making focuses on current scientific evidence, previous experience, and the sociocultural context. Transferring the responsibility of health management to the individual sphere by promoting citizen empowerment will be a challenge for new ways of working (Baixinho et al., 2022). The involvement of healthcare teams and institutions in problem-solving leads to significant benefits in the knowledge process. Integrating results into adapting interventions and making more timely and appropriate decisions with distinct operations for different contexts is a significant advantage of knowledge transfer (Grover et al., 2022).

Through the involvement of both the patient and various healthcare professionals, the benefits of a person-centered approach reiterate the relevance of its underlying principles, actions, and procedures, as well as the rapid assessment of its effects on improving the quality of evidence-based healthcare (Ferla et al., 2023).

A possible solution to improve the introduction of research results involves understanding the significance of the results for healthcare professionals, encouraging reflection on their practices and behaviors, improving the effectiveness and efficiency of care, its quality, and consequently, the satisfaction of both professionals and care clients (Baixinho et al., 2022). This should prompt researchers to focus on disseminating and incorporating results into clinical practice from the beginning of the research project (Miranda da Silva et al., 2024), centering care on the person. This challenge increasingly requires the co-construction of research projects with citizen involvement to identify barriers and facilitators in the implementation of person-centered care and define indicators for its implementation. According to Grover et al. (2022), this partnership with patients would not only help evaluate person-centered care but also assist in reducing the ambiguity of its application.

Evidence-Based Practice and Citizen Involvement in Research

The discussion around Patient and Public Involvement (PPI) in all stages of research supports the value of qualitative research itself. Understanding patients' experiences allows exploring obstacles and factors that facilitate adherence to therapeutic regimens, behavioral change, healthcare access, and self-care. This approach meets their expectations, needs, and preferences, contributing in the short term to person-centered research with better utilization of results and, in the medium term, to the reduction of healthcare costs (Arumugam et al., 2023; Baixinho et al., 2022).

PPI in research aims to improve research quality, relevance, and appropriateness. Authors advocate the benefits of citizen participation for more significant and better patient involvement, understanding of reality, promotion of knowledge-based organizational changes, creating synergies among different stakeholders, and contributing to sustainability (Carroll et al., 2022; Praça & Baixinho, 2025).

On the other hand, involving care recipients from the study project design to the implementation of results enables an understanding of how the intervention can be adapted to the clinical practice environment and specific context, considering its social, cultural, economic, and health policy determinants (Baixinho et al., 2022). Therefore, at a more micro (clinical) level, it is important to promote collaborative work between researchers and clinicians, with the involvement of healthcare clients (Praça & Baixinho, 2025).

The WHO (2021) notes that research and the development of evidence-based products, which enable knowledge transfer to clinical practice, require the involvement of key stakeholders, an interdisciplinary team of professionals, and co-production by researchers and research users. The same organization also warns that such involvement can be central to increasing the likelihood that evidence translates into policy or action (WHO, 2021).

Given this, we support the authors' opinion that qualitative research, along with PPI, in all phases of the research process, from planning to development and intervention evaluation, is essential to meeting the needs, opinions, and values of target users (Muller et al., 2019).

This involvement can help to bridge the gap between the production, transfer and implementation of knowledge, which remains a critical issue for research. As a complex process, it requires a thorough understanding to enable EBP. Achieving this understanding involves a paradigm shift in the way research projects are conceptualized and designed. From their inception, they should account for the transfer of knowledge, empirically supporting the needs of real-world practice through collaborative efforts among researchers, professionals and citizens (Baixinho et al., 2022; Miranda da Silva et al., 2024). Such collaboration enhances or increases the acceptability of knowledge-based interventions. This strategy improves the viability and likelihood of their sustained use and supports the development of decision-support procedures that incorporate evidence and uphold knowledge-based practices (Praça & Baixinho, 2025).

Qualitative Research: the Heart of Evidence-Based Practice

Assuming that the primary goal of EBP is to harmonize, justify, and ensure consistent, high-quality, cost-efficient healthcare practices, it is asserted that practices prioritizing client safety positively affect patient outcomes (Bhatarasakoon et al., 2022; Ylimäki et al., 2022, 2024). Concurrently, in using the best evidence for EBP, healthcare professionals do not limit themselves to scientific data in their decision-making. They also consider the preferences of the client or their family members, the care practice environment, available resources, and the context in which they operate (Ylimäki et al., 2022). This reinforces the need to give voice to the values, experiences, and needs of healthcare clients. In this line of thought, constructivist, interpretivist, and naturalistic approach studies can and should support the clinical judgment of professionals to enable person-centered care.

Pearson (2010) warns that a large amount of qualitative research is not currently being systematically used to inform practice. According to the author, this occurs because many evidence synthesis reviews have not incorporated studies from the qualitative paradigm into their bibliographic samples. Consequently, a large amount of potentially important data is ignored, and it does not influence the clinical practice of healthcare professionals (Pearson, 2010).

The risk of attempting to support EBP within a predominant positivist paradigm using randomized observational studies and meta-analyses centers on care within a biomedical model. Most of these studies focus primarily on technical interventions/procedures referenced as best practices, which do not encompass all clinical activity and do not allow for person-centered care (Baixinho et al., 2020).

Qualitative research investigates the attitudes, beliefs, and preferences of professionals, patients, and their families and how evidence is transformed into practices. Qualitative research involves general questions about human experiences and realities studied through sustained contact with individuals in their natural environments. Additionally, significant and explanatory data are produced that facilitate the understanding of experiences (Frain, 2025), the identification of needs, and the analysis of the process, producing rich and descriptive data that help us understand the experiences and decision-making processes of both patients and their families, as well as professionals.

We support other researchers' opinions that qualitative research is an interdisciplinary and transdisciplinary field that spans the humanities, social sciences, and natural sciences. By enhancing the dialogue between theory and praxis, science methods and techniques, and multidimensional human development, qualitative research requires different disciplinary perspectives, creating knowledge about health/disease transitions and adaptation processes, promoting the quality of care (Baixinho et al., 2020), and contributing to EBP (Ylimäki et al., 2024).

This growing recognition that qualitative methods and techniques allow for an in-depth understanding of health/disease transitions and health interventions that need to be analyzed and understood in depth stems from the need to address the complexity of programs, people, and places (Praça & Baixinho, 2025). This is why interpretivism studies play an increasingly important role in ensuring that evidence synthesis has the maximum value for policy, practice, and citizen decision-making. Only qualitative studies, or those with a qualitative component (e.g., mixed-methods studies), can explore the experiences of people involved in the delivery and receipt of interventions and use various methods to assess the factors shaping the implementation processes of interventions (Pearson, 2010).

In addition to the importance of qualitative studies, both primary and secondary (evidence synthesis of qualitative studies), for the existence of the best available evidence, these studies are also crucial for understanding issues related to implementation, theorizing mechanisms of action, and understanding how context influences and the acceptability of interventions (Baixinho et al., 2022; Praça & Baixinho, 2025). They support the individualization and personalization of interventions, healthcare, and educational methodologies, concurrently aiding professionals' decision-making and increasing the scientific literacy of the population (Praça & Baixinho, 2025).

Figure 1 represents the relationship between qualitative research and EBP, highlighting that, in addition to producing evidence, it enables the understanding of client's needs, values, and preferences and an in-depth comprehension of how professionals and patients make decisions.

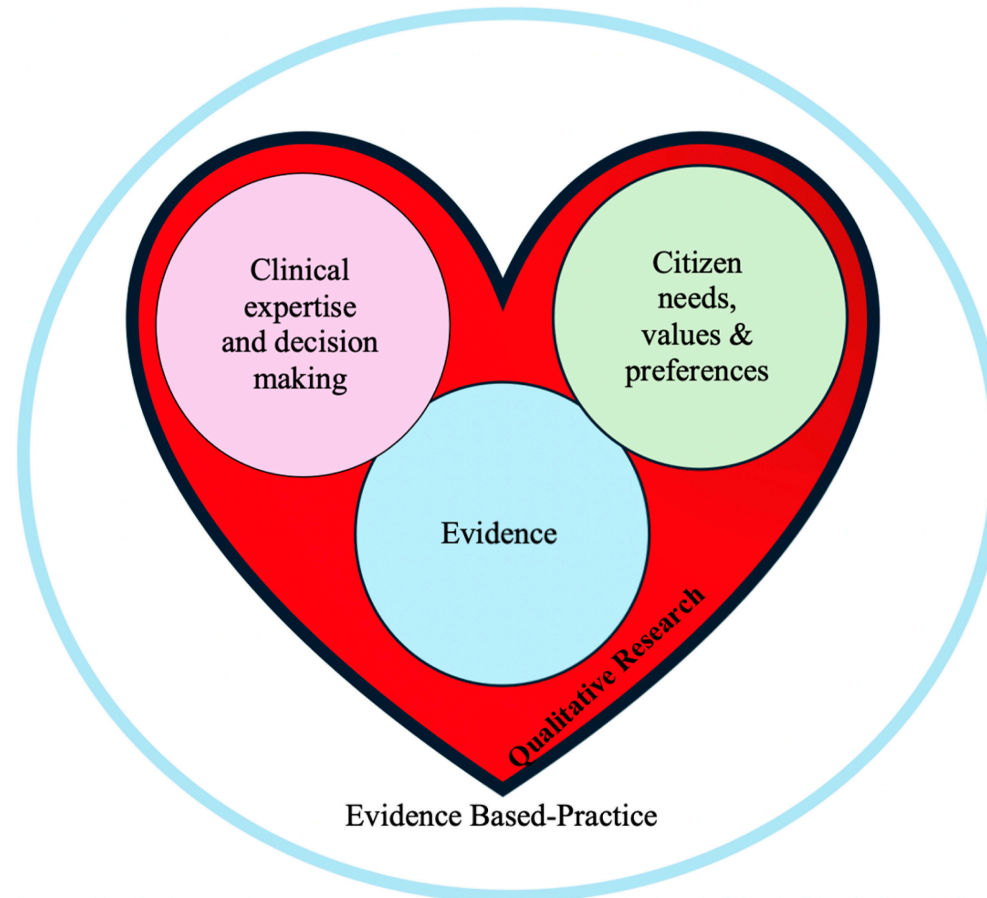


Figure 1. Diagram representing the relationship between qualitative research and evidence-based practice

In summary, it is impossible to discuss EBP without valuing the transfer of knowledge obtained through qualitative methods and techniques to clinical practice.

Limitations, Implications for Practice and Further Research Directions

The limitations of this article arise from its methodological nature. As [Thatcher and Fisher \(2022\)](#) point out, theoretical papers are particularly challenging because they are not constrained by empirical data and offer considerable interpretative latitude. Furthermore, the work may be influenced by the researcher's own biases, assumptions, and perspectives ([Houwer et al., 2011](#)). To mitigate these constraints, we conducted a comprehensive review, performed critical analyses of selected articles, carefully curated content, and validated our conclusions through team-based discussions.

This article, by making it clear that evidence-based practice is not possible without qualitative research, promotes discussion in the scientific community about the importance of integrating the voices of people and their families, professionals, and managers, with models of co-construction of knowledge. It is also

a warning to managers and policy makers to incorporate the results of qualitative studies into clinical guidance guidelines. At a more macro level, it can enable discussion around research financing policies for equity in the evaluation and valorization of different research methods and paradigms.

This paper has the potential to serve as a roadmap for the research, influencing the research questions, data collection methods, and analysis techniques.

Final Considerations

Scientific evidence obtained through qualitative approaches in healthcare encompasses a rich and complex dimension of knowledge capable of guiding EBP toward person-centered care. Research with the rigorous application of qualitative methods has the potential to inform aspects involving people's values and preferences in a contextualized manner based on human experiences. However, the challenge persists in incorporating this evidence into practice to enrich clinical decisions and health policies, which must consider the interpretative and subjective nature of relationships and interactions involving health and well-being.

The centrality of person-centered care as a direct benefit of EBP supported by qualitative study results is the outcome of integrating sensitivity and personalization in knowledge construction. This promotes better outcomes for all involved through more humanized and practical practice that values both technical aspects, interpretative contributions, and subjective dimensions of health. Given all the benefits, investing in and valuing qualitative research is essential to developing and applying more robust methodological guidelines that favor reliability and credibility and translating this evidence into practice in interdisciplinary and collaborative articulations, including citizen involvement in research.

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