Phenomenology as a healthcare research method

Alison Rodriguez, Joanna Smith

Qualitative research methodologies focus on meaning and although use similar methods have differing epistemological and ontological underpinnings, with each approach offering a different lens to explore, interpret or explain phenomena in real-world contexts and settings. In this article, we provide a brief overview of phenomenology and outline the main phenomenological approaches relevant for undertaking healthcare research.

What is phenomenology?
Edmund Husserl (1859–1938), a philosopher, established the discipline of phenomenology. In Husserl's approach to phenomenology, now labelled descriptive phenomenology, experiences are described and researcher perceptions are set aside or ‘bracketed’ in order to enter into the life world of the research participant without any presuppositions.1 Experience is recognised to involve perception, thought, memory, imagination and emotion, each involving ‘intentionality’, as the individual focuses their gaze on a specific ‘thing’ or event.1 Martin Heidegger (1889–1976), a student of Husserl, rejected the theory of knowledge or ‘epistemology’ that influenced Husserl's work, and instead adopted ‘ontology’, the science of being. In relation to research, ‘epistemology’ is concerned with what constitutes valid knowledge, and how knowledge is gained with a distinction between justified belief and opinion, while ‘ontology’ ‘is more concerned with the nature of reality and now we understand what exists and is experienced.

Heidegger developed interpretive phenomenology using hermeneutics, the philosophy of interpretation, and postulated about the concept of 'being' in the world, asking, 'What is being?'. Heidegger was interested in interpreting and describing human experience but rejected ‘bracketing’ because he accepted that prior understandings impact on our interpretations of the world.1 Table 1, adapted from Rodriguez,2 provides an overview of the key differences between Husserl’s and Heidegger’s phenomenological perspectives.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Key differences between Husserl’s and Heidegger’s approaches to phenomenology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Descriptive phenomenology (Husserl)</strong></td>
<td><strong>Interpretive phenomenology (Heidegger)</strong></td>
</tr>
<tr>
<td>Epistemological in orientation, questioning knowledge: How do we know what we know? Historical context is irrelevant. The meaning rich data is the subject of analysis. Essences of consciousness or conscious experience can be shared. Meaning is not influenced by researcher belief systems and experiences. Data stands alone but meanings can be reconstructed. Bracketing supports the validity of interpretation, enabling a level of objectivity.</td>
<td>Ontological in orientation, questioning experiences and understanding: What does it mean to be the person in this context, with these needs? Historical context is implicit to understanding the concept being explored. The interaction between the situation and the individual that we seek to identify and interpret is implicit. One’s culture, practices and language can be shared. Meaning is influenced by researcher belief systems. Interpretation explains what is already known. Developing an understanding of the experience is known as the hermeneutic circle.</td>
</tr>
</tbody>
</table>

What is phenomenological research?
The philosophy of phenomenology resides within the naturalistic paradigm; phenomenological research asks: ‘What is this experience like?’, ‘What does this experience mean?’, and ‘How does the lived world present itself to the participant or to me as the researcher?’ Not all health research questions that seek to describe patient or professional experiences will be best met by a phenomenological approach; for example, service evaluations may be more suited to a descriptive qualitative design, where highly structured questions aim to find out participant’s views, rather than their lived experience.

Building on the work of Husserl and Heidegger, different approaches and applications of phenomenological research have been developed. Table 2, adapted from Rodriguez,2 highlights the differences between the main traditions of phenomenology.

Is phenomenology an appropriate approach to undertaking healthcare research?
We will use a study that explored the lived experience of parenting a child with a life-limiting condition to outline the application of van Manen’s approach to phenomenology,3 and the relevance of the findings to health professionals. The life expectancy of children with life-limiting conditions has increased because of medical and technical advances, with care primarily delivered at home by parents. Evidence suggests that caregiving demands can have a significant impact on parents’ physical, emotional and social well-being.4 While both qualitative and quantitative research designs can be useful to explore the quality of life for parents living with a child with a life-limiting condition, a phenomenological approach offers a way to begin to understand the range of factors that can effect parents, from their perspective and experience, revealing meanings that can be ‘hidden’, rather than making inferences. van Manen’s approach was chosen because the associated methods do not ‘break down’ the experience being studied into disconnected parts, but provides rich narrative descriptions and interpretations that describe
Ten parents of children with life-limiting conditions were interviewed with the aim of gathering lived experiences and generating thick descriptions of what it means to be a person in their particular life-world. The phenomenological aim was to develop a ‘pathic’ understanding; the researcher was therefore committed to understanding the experience of the phenomena as a whole, rather than parts of that experience. In addition, van Manen’s approach was chosen because it offers a flexibility to data collection, where there is more of an emphasis on the facilitation of participants to share their views in a non-coercive way and the production of meaning between the researcher and researched compared to other phenomenological approaches (table 2).

Central to data analysis is how the researcher develops a dialogue with the text, rather than using a structured coding approach. Phenomenological themes are derived but are also understood as the structures of experience that contribute to the whole experience. van Manen’s approach draws on a dynamic interplay of six activities, that assist in gaining a deeper understanding of the nature of meaning of everyday experience:

1. Turning to a phenomenon, a commitment by the researcher to understanding that world.
2. Investigating experience as we live it rather than as we conceptualise it.
3. Reflecting on the essential themes, which characterise the phenomenon.
4. Describing the phenomenon through the art of writing and rewriting.
5. Maintaining a strong and oriented relation to the phenomenon.
6. Balancing the research context by considering the parts and the whole.

These activities guide the researcher, alongside drawing on the four-life world existentials (table 2), as lenses to explore the data and unveil meanings.

Table 2: Comparison of the main phenomenological traditions

<table>
<thead>
<tr>
<th>Approach and influence</th>
<th>Methods</th>
<th>Scholars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Descriptive empirical phenomenology: with foundations in the Husserlian method, seeks to identify the essence of the phenomenon through ‘epoché’ (bracketing) and psychological phenomenological reduction.</td>
<td>The researcher compares written descriptions of the phenomenon of interest, for example, the experience of an illness, to identify the essential structures of the phenomenon, such as living with that illness.</td>
<td>Giorgi¹ and the Duquesne school, and more recently Les Todres⁶</td>
</tr>
<tr>
<td>The Sheffield School: builds on descriptive empirical phenomenology with additional analysis of the existentials of the life world (selfhood or identity, sociality, spatiality, temporality, activities of daily living, discourse).</td>
<td>The researcher undertakes interviews and analysis focusing on existential themes, for example the individual’s sense of self and their relationships with others through their day-to-day experience of the phenomenon of interest, that relate for example to living with illness .</td>
<td>Ashworth⁷</td>
</tr>
<tr>
<td>Heuristic: although has Husserlian foundations, the focus is the transformative effect of the inquiry on the researcher’s own experience.</td>
<td>The researcher reviews different types of data, as all experiences of the phenomenon are of interest. The researcher considers the phenomenon of interest on themselves and their own experiences to develop a detailed description and creative synthesis of the experience.</td>
<td>Moustakas⁸</td>
</tr>
<tr>
<td>Relational approaches: although has Heideggerian foundations, the findings are viewed as being co-created through the research dialogue.</td>
<td>The researcher might interview one individual and choose to concentrate on certain elements of that experience, for example, the sense of self, being-in-the-world, ways in which they have coped. Reflexivity addresses the relational dynamics between researcher and co-researchers/participant in generating an interpretation.</td>
<td>Finlay⁹</td>
</tr>
<tr>
<td>van Manen approach: van Manen further developed the Hermeneutic (interpretive) approach by identifying the four life-world existentials that are implicit to understanding lived experience: temporality (lived time), spatiality (lived space), corporeality (lived body) and sociality (lived relationships).</td>
<td>The researcher uses a broad range of data collection methods that are appropriate to participants and the phenomena of interest. Data is analysed using thematic analysis and is influenced by the researcher’s interpretations. The aim is to bring to light the lived experience by considering the four existentials of existence as different perspectives in the analysis. Findings can draw on the arts to better convey meaning, for example, translating key statements into a poem or using drawings or photographs to support or describe the meaning of a theme.</td>
<td>van Manen¹⁰</td>
</tr>
<tr>
<td>Interpretive phenomenology analysis (IPA): with foundations in the hermeneutic method, the focus is on interpretation and engagement with cognitive and social psychological literature.</td>
<td>The researcher undertakes interviews and individual experiences are illustrated through thematic analysis. Findings explore the lived experience of the phenomenon, influenced by researcher interpretations. IPA is inductive and grounded in the data but acknowledges the dominant literature.</td>
<td>Smith et al.¹¹</td>
</tr>
<tr>
<td>Critical narrative analysis: again with foundations in the hermeneutic method, this approach draws mainly on the philosophy of Gadamer and Ricoeur,¹² who take similar stances on the approach to the hermeneutic interpretation of texts, deciphering differences between the structure and use of language to create meaning. Hermeneutics is defined as the theory or practice of interpretation, while a hermeneutic (singular) is defined as a specific type or method of interpretation.</td>
<td>Narrative analysis is performed on interview data, where narratives are analysed in relation to their function, tone and content. In addition, a distinguishing feature of this narrative method is then the action that is taken ‘to interrogate the text using aspects of social theory as a hermeneutic of suspicion’ (p 130).¹³ Social theory, which relates to the phenomenon of interest, is drawn on to further critically examine our understanding.</td>
<td>Langridge¹⁴</td>
</tr>
</tbody>
</table>
The essential meaning of the phenomenon 'the lived experience of parenting a child with a life-limiting condition' can be understood as a full-time emotional struggle involving six continuous constituents, presented in figure 1. Health professional supporting families where a child has a life-limiting condition need to be aware of the isolation faced by parents and the strain of constant care demands. Parents innate parental love and commitment to their child can make it challenging to admit they are struggling; support and the way care and services are delivered should be considerate of the holistic needs of these families (figure 1).

In summary, in Husserlian (or descriptive) derived approaches, the researcher from the outset has a concrete ‘example’ of the phenomenon being investigated, presuppositions are bracketed and the researcher imaginatively explores the phenomena; a ‘pure’ description of the phenomena’s essential features as it is experienced can then be unveiled. While in Heideggerian, hermeneutic (or interpretive) approaches, the researcher’s perspectives, experiences and interpretations of the data are interwoven, allowing the phenomenologist to provide an ‘interpretation’ rather than just a description of the phenomena as it is experienced. In all phenomenological approaches, the researcher’s role in self-reflection and the co-creativity (between researcher and researched) is required to produce detailed descriptions and interpretations of a participant’s lived experience and are acknowledged throughout the researcher’s journey and the research process. These reflections are deliberated to a greater degree in heuristic and relational approaches, as the self and relational dialogue are considered crucial to the generated understanding of the phenomena being explored.

We will provide more specific details of interpretative phenomenological analysis in the next Research Made Simple series.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent Not required.

Provenance and peer review Commissioned; internally peer reviewed.

© Author(s) (or their employer(s)) 2018. No commercial re-use. See rights and permissions. Published by BMJ.

References