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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 word 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. 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. 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 (2009),2 provides an overview of the key differences between Husserl’s and Heidegger’s phenomenological perspectives.

**Table 1. Key differences between Husserl and Heidegger approaches to phenomenology**

<table>
<thead>
<tr>
<th>Descriptive phenomenology (Husserl) also labelled transcendental phenomenology</th>
<th>Interpretive phenomenology (Heidegger) also labelled hermeneutic phenomenology</th>
</tr>
</thead>
<tbody>
<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 <strong>is not influenced</strong> 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 <strong>is influenced</strong> 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 finding out participant’s views, rather than their lived experience.

Building on the work of Husserl and Heidegger, different approaches and applications of phenomenological to research have developed. Table 2, adapted from Rodriguez (2009), highlights the differences between the main traditions of phenomenology.

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</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>Giorgi(^1) and the Duquesne school, and more recently Les Todres(^4)</td>
</tr>
<tr>
<td>The Sheffield School</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, such as their illness.</td>
<td>Ashworth and colleagues(^5)</td>
</tr>
<tr>
<td>Heuristic</td>
<td>The researcher reviews different types of data, as all experiences of the phenomenon 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>Moustakas(^6)</td>
</tr>
<tr>
<td>Relational approaches</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>Finlay(^7)</td>
</tr>
<tr>
<td>van Manen approach</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 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 Manen(^8)</td>
</tr>
<tr>
<td>Interpretive Phenomenology Analysis (IPA)</td>
<td>The researcher undertakes interviews and individual experiences are illustrated through thematic analysis. Findings explore the lived experience of the</td>
<td>Smith(^9)</td>
</tr>
</tbody>
</table>
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, 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. 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 conditions, 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 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 commits 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.

Ten parents of children with life-limiting conditions were interviewed with the aim of gathering lived experiences and generating thick descriptions of what it is like to be a parent of a child with a life-limiting condition. 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: Lived experience of parenting a child with a life-limiting condition**

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 experience 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 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 detail of IPA in the next Research Made Simple series.

**References**

2. Rodriguez A. 'We are here for a good time not a long time: Being and caring for a child with a life-limiting condition'. 2009; University of Huddersfield; PhD thesis.


