Misusing phenomenology in nursing research: identifying the issues

Veronica Corben MSC, BSc (Hons), PGDE, RGN, is a senior lecturer, University of Luton.

Veronica Corben looks at some of the pitfalls for researcher and reader in phenomenological research.

The debate over what actually constitutes nursing has raged fiercely for years. Traditionally, the influence of the medical hegemony has had a profound effect on nursing’s development (1), promoting a traditionalist, positivist approach to its future. This has fuelled the idea of nursing as science, and heavily influenced early research methods in nursing, which adopted primarily an empirical, reductionist, objective approach (2).

Nursing has been slow to develop its own body of research, perhaps because of the inability to define what nursing is. One consequence has been that nurses in general have developed little appreciation and understanding of research. Initial development of a research method for nursing followed the methods of the day, namely an empirical approach.

In more recent years, partly as a result of the development and influence of the social sciences, there has been a move towards nursing as an art as well as a science (2), resulting in a more humanistic approach to research. Phenomenology and grounded theory are
examples of this approach (3), which has enabled less easily measured aspects of nursing, for example, caring and empathy, to be researched more fully (4).

This article discusses some of the problems of the phenomenological method, focusing particularly on its potential misuse within nursing research. Issues surrounding the potential misuse of the method can be divided into:

- Philosophical
- Methodological
- Researcher role
- Issues of validity and sampling
- Data analysis and discussion of results.

Key phenomenological texts will be used throughout to identify and clarify these issues.

**Philosophical considerations**

Phenomenology is often described as a philosophical approach to research (5), as if this meant it was deserving of special consideration. However, it could be argued that positivism, from which traditional research methods are derived, relies on philosophical concepts also (6). It is important that, as readers of research, you understand the philosophical underpinnings of any method of research, to enable you to critique the research itself. Misunderstandings by researchers of the philosophical issues underpinning phenomenology have led to confusion about the use and application of the method (7).

One of the problems is that perspectives on phenomenology have developed and changed considerably over the course of this century. It was initially developed by Husserl (8), in 1913, who perceived it as being a way of examining the ‘primordial essence of phenomena’ as they appear through consciousness (9). It is a purely descriptive way of viewing the phenomenon ‘as it is in the life world’, as described in earlier articles in this journal.

This was subsequently refined by Heidegger (10), who proceeded to add meaning and interpretation to the original descriptions, a process
called hermeneutics. Since then, Gadamer (11) has developed the idea further to ensure that, where possible, meaning is ascribed to the phenomenon under investigation, in a contextual situation, often involving the researcher too (2). This demonstrates a clear change in philosophical approach.

In more recent years, social scientists such as Giorgi (12) and Colaizzi (13), have attempted to add structure to the interpretation of meaning, which is a far cry from the Husserlian origins of peeling back the phenomenon to reveal its true essence, and to enable the reader to attempt to understand the lived experience for an individual.

**Difficulties for the reader of research**

For nurse researchers commencing phenomenological enquiry, it is therefore necessary to understand where the current methods have originated, and whether what they are doing or you are reading is actually true phenomenological study. This is often made more difficult because the language used is often difficult to understand – such as terms with complex meanings such as hermeneutics and existentialism. Consequently, these terms are often misused. The process of ‘bracketing’, for example, was discussed earlier in this journal in much greater detail by Ian Beech, and will be discussed later in this paper, is open to wide interpretation, and may need to be seen in its original Husserlian context to be truly appreciated and applied.

So where does this leave the nurse when reading phenomenological research? One would expect to assume that the researcher had fully understood the philosophical underpinnings, but the complexity is not always easy to grasp (6), and even well-known phenomenological texts do not always make the principles clear. It appears to present an ideal way of describing the nature of immeasurable concepts, but I am suggesting that, while this is the case, we must be careful what we call phenomenology. Perhaps something called phenomenology is in fact different, if equally valuable.
Other philosophical issues of concern

Another potential problem leading to misuse of the method is that the original Husserlian text was written in German and, in translation, what to us are ordinary words, such as ‘objects’ and ‘real’, lose the special meaning assigned to them by Husserl (7). ‘Object’ to Husserl conveyed anything in the external world, including abstract things like concepts, which would not be normally included in our experience of ‘object’. Without being able to read the primary source, these words may be easily misconstrued by nurse researchers. It is important that readers of phenomenology understand these original meanings correctly. Because of the complexity of the approach, nurses probably read about the origins of phenomenology through secondary or even tertiary sources which rely on the interpretation of others (7).

Phenomenology has also to be seen in the light of history too. One wonders how many nurses undertaking this method understand the probable Nazi influence on Heidegger’s thinking (3). His work is seen by some as encompassing fascist and anti-humanistic tendencies in a search for a more reductionist and hermeneutic approach. Does this make Heideggerian philosophy acceptable as a foundation for nursing research? Holmes (3) suggests we should salvage that which is useful to us.

You may be wondering whether such a detailed understanding of Heideggerian and Husserlian philosophy is really necessary, but, considered in relation to fundamental methodological issues, it becomes crucial to one’s appreciation of the validity of the method.

Methodological issues

There is sometimes confusion between grounded theory and phenomenology, and this is known as ‘method slurring’ (14). It is important to recognise the differences, as lack of understanding can lead to a misuse of method and, therefore, of accuracy of data collection and analysis and of rigour (5). Morse (16) referred to this misuse of the methods as a common occurrence in nursing literature.

Subject-object relationship Misunderstanding of what is originally meant by ‘phenomena’ will result in a misuse of the method and a
Phenomenology revisited

potential for wrong interpretation of the findings. Nurse researchers rarely take the term to include the phenomenon itself, rather the subject’s perception and experience of the phenomenon. Heidegger (17) and Husserl (8) included both when attempting to understand the essence and meaning of ‘phenomena’. They viewed the essence of the phenomenon as being the relationship of the ‘subject’ to the ‘object’, that is, how it exists in relation to other things in the world, as well as its own existence. Researchers tend to lose sight of the particular, for example, Beck (18), in describing post-partum depression, focuses particularly on the participant’s experience of it, rather than the nature of the depression itself as perceived by them.

Similarly, Benner’s work (19) identifies the experience of expertise, but not a description of what expertise is as seen by the participants, (20). This is a major criticism of her work. Field’s (21) study on the experience of giving an injection, however, identifies the object or phenomenon ‘particular’, that is, the injection itself, as well as the act of giving it. This will result in different data being collected (Box 1).

Without clarity in the researcher’s mind about such fundamentals, the method is likely to produce inaccuracies in terms of the description of the phenomenon and its subsequent interpretation. It could be argued that this means that part of the reason for using this approach has been lost, and that the eidetic reduction, or distilling the essence of the phenomenon, is only partly complete. The techniques of reduction require much skill and understanding, and one wonders how much of this nurse researchers are aware of.

The nature of bracketing Most readers of phenomenology are familiar with the term ‘bracketing’. Again different words are used to describe it, for example, Heidegger (10) talks about it as ‘epoché’, which can be misleading for the reader. There is much misunderstanding about the nature and use of bracketing. For Husserl (22) and Heidegger (10), it is a crucial part of the philosophical approach. It is part of the phenomenological or eidetic reduction, and is performed by the researcher prior to commencing the research itself (5). It is the
suspension of his or her beliefs and preconceptions in the outer world, enabling the phenomenon to be seen and understood in its primordial state. It also enhances scientific rigour (22).

How possible is this when the researcher may have clear ideas and preconceptions because of knowledge and experience (23)? Can one ever then arrive at a true description of the phenomenon? Bracketing is also often seen as a research method. This is a misuse of its original meaning (7).

Forrest (24), in her study of caring, referred briefly to ‘setting aside one’s own judgement and preconceptions’, as if this were easy. Baillie (25), in her study on empathy, at least acknowledges the difficulty. **Is phenomenology inductive?** Phenomenology is a descriptive form of research that includes neither induction nor deduction, in its purest form. Field’s (21) phenomenological study of giving an injection is a classic example of this approach. It attempts to describe the phenomenon itself and the experience as perceived by nurses, leaving the rest to the reader to interpret for themselves. It is a method intended not to generate theory, but only to allow the reader an insight into the lived experience of the phenomenon.

**The role of the researcher**

So where does the researcher’s role fit into the order of things? For true phenomenological investigation, a clear understanding of its underpinning principles, and skill at interviewing, are obvious

---

**Box 1. Describing the phenomenon**

Phenomenon ‘particular’ (for example, the injection)

+ Phenomenon as perceived (for example, lived experience of giving an injection)

= Total description of the phenomenon
Phenomenology revisited

prerequisites. Rarely in literature is any clear account given of the researcher’s abilities, training and so on. How can the reader be sure of these prerequisites? In my own research (26), I acknowledged this difficulty and attempted to rectify it by involving an experienced qualitative researcher in a pilot interview. Because mathematical equations and statistics are not involved, this approach is sometimes seen as an easy option (5).

Reed (27), in her article on using this method with nurses caring for older people, addresses some of these issues honestly. Researchers need to be honest about the limitations of their studies with the reader.

Researcher bias The notion of researcher bias is an important one, affecting the truthfulness and accuracy of the phenomenon identification, because no one else can test it (6). The data, by definition of the method, has to stand alone, unchallenged. Major problems are presented by this issue. Researchers are supposed to bracket all their preconceptions and so forth before commencing an interview, and yet Gadamer (11), a later hermeneutic writer, includes the respondent as a co-researcher, and refers to the hermeneutic circle as including the researcher also (2). If the researcher is part of the process of identifying the essence of the phenomenon, how can he or she be independent of it too? Ashworth (5) wrote of the researcher as being totally immersed in the experience also.

Researcher bias may also influence the questions or emphasis of comments made at interview. Wilde (28) wrote about the unique role of the researcher in phenomenology, and the need for some rapport with the subject, which again could introduce bias. One might say that a true epoché is impossible to achieve. The interest of the researcher in the research topic may also lead to unconscious bias and preconceptions which are difficult to bracket. My own study into the lived experience of bank nurses arose from a personal interest and experience in the role, which was very difficult to bracket. Wilde (28) suggested that self-disclosure by the researcher is often useful in phenomenology, and that it may enable richer descriptions to be reached, but this must create
Further bias and the potential for misuse of method.

It is also important when reading research to identify the credentials and background of the researcher, and possibly of any issues relating to sponsorship, to enable you to reach your own conclusions about the existence of researcher bias.

**Sampling issues**

Sampling issues may contribute to the misuse of the method. In qualitative research, sample selectivity is particularly important (15). In phenomenology, the sample has naturally to include only those who have experienced the phenomenon, as Baillie (25) clearly identified in her criteria for her sample. Because of the nature of the dialogue and the relatively unstructured approach of ‘tell me as it is’ (29), the subjects need to understand and be articulate in expressing their thoughts about the phenomenon. To view the phenomenon to the depth required to distil its essence and a richness of description, also requires a fair degree of self-awareness and personal strength because of the potential vulnerability of describing a phenomenon which may relate to experiences that are very personal to another person (28). In my study, two bank nurses required post-interview counselling because of the pain involved in recounting their experiences.

For these reasons, phenomenological samples are always purposive, and very often small in size (6). In Baillie’s study (25) and my own (26), the sample was only nine, and Forrest’s (24) was only 17. Even in Benner’s major study (19), less than 100 participants were used in total. This is not a problem in that this method does not produce generalisable data, but the actual size must raise questions for the reader as to whether these experiences are typical. Many reader may attempt to extract generalisations from the data, even though the method is not about doing so.

Interestingly, Morse (30) wrote that not only should participants in purposive samples have had significant experience of the phenomenon, but also that this should be considered typical. However, Morse later described the need to include some atypical descriptions so that the
Phenomenology revisited

entire range of the experience has been identified. Benner (19) attempted to do this by ‘pairing’ newly qualified nurses with preceptors, but no examples of lack of clinical judgement amongst experts are provided in her ‘exemplars’ (20). This is rarely evident in the literature.

From my own experience, it is also difficult to avoid being very selective in choosing subjects to ensure that useful rich data is achieved. This must lead to bias and potential distortion of the overall picture of the phenomenon for the reader. Forrest (24), however, advertised using a poster and a newsletter across two large hospitals, thus reducing selection to a minimum. Beck (18) and Benner (19) do not specify where participants in their main sample have been drawn.

Issues of validity

Ashworth (5) described external validity as being irrelevant to the method. This is because the data gathered is unique to the individual describing it and cannot, therefore, be generalised to other similar studies or even the immediate study sample (31). This lack of challenge is a potential cause of misuse of the method by less rigorous researchers, especially if the data is not returned to the participants to check for ‘trustworthiness’ (32).

Stephenson and Corben (31) describe the only possible internal validity or ‘credibility’ in such qualitative methods as resting in the richness of the description, which is not open to debate in this method. Smith (32) suggested it may also include situations where the reader is able to relate closely to the description from their own experience. It may not, however, be like that. Where does that leave the reader?

Ashworth (5) suggested that validity rests in the data being judged by the participants as revealing accurately their portrayal of the life world of the phenomenon (5). In summary, I would suggest that it should be possible to say at least that the research describes what it intended to, or not.

As mentioned before, generalisability should not be part of the phenomenological approach. Both Husserl and Heidegger see the
phenomenon as unique, and surely this cannot be transferable. Other writers (33) consider the potential for generalisability, for example, being able to say ‘It’s like that for me’. One could argue about how rigorous this is.

It may now be clearer to the reader that there are many potential pitfalls in this unique method, stemming largely from a misunderstanding of its fundamentals, resulting in misuse and misinterpretation. You as the reader need to be clear about the intended aims of phenomenology before reading such studies, and then come to your own conclusions about any possible misuse of the method.

Data analysis
Having obtained data from a purposive sample and honoured the essence of the phenomenon, we need to examine Husserl’s approach to its analysis. He viewed phenomenology as essentially a descriptive exercise, as well as in relation to the observer or subject, with no reference to analysis of its essence beyond phenomenological reduction, which consists of the bracketing exercise. How often is data presented in this raw state? Field’s study (21) is one of the few that does this.

Benner’s exemplars (19) are presented largely in an already categorised form in relation to the ‘novice-expert’ issue and the ‘domains of nursing’. Readers are, therefore, unable to view the richness and uniqueness of the descriptions for themselves. No clear explanation of how the categorisation occurred, even of the use of an interpretative framework, is provided. Benner described only how the interpretations had to be agreed by the whole research team. Beck (18) stated much the same. Paley (7) argued that we should ask for justification of how such meanings are reached. No criteria appear evident in any studies I have read. This is surely a shortcoming.

Contextual features influence data analysis also. Pascoe (2) referred to writers who suggested that the phenomenon should be seen ‘in context’, which seems a contradiction to the suspension of all other perceptions by bracketing. Benner (19) in a sense does this by using critical care settings for all her exemplars, so that the context is ‘fixed’ for her
Phenomenology revisited

interpretation, although this is not acknowledged in her definitions of expertise and excellence. If she had referred to the setting, this would have clarified the development of such concepts as excellence.

Because of the potential for misuse and bias in this method, it is vital that data is returned to the participants for clarification of accuracy, especially if it is to be interpreted at all. Few researchers acknowledge that this has been done. Of the studies examined, only Beck (18) makes this clear. I returned the themes identified in my research to the participants and had to make alterations as a result. Ashworth (5) suggested that this is a useful way of clarification. How can we otherwise, as readers of research, be sure of any validity of data?

‘Pure’ versus interpretative phenomenology

The real difficulties of phenomenological interpretation become clear when contemporary hermeneutic thinkers take the process of analysis further. Social scientists such as Colaizzi (13) and Giorgi (12), to name those most well-known, have produced structures for analysis to enable themes to be identified, and a description of the phenomenon to be identified, by collating participants’ individual descriptions. The manipulation of the data into significant statements and formulated meanings (13), and finally producing an essential structure, represents the hermeneutic perspective.

This is the approach used most often in contemporary studies, such as Forrest’s (24) and my own (26). Researchers find it difficult to leave the essence of the phenomenon totally unstructured and uninterpreted, and one wonders whether this is what the reader actually wants. They often want to take away from research texts a structure and meaning of the experience that they can relate to, particularly as it is rare that they will read the original text, and hence much of the richness will be lost.

Baillie (25) aimed to ‘elicit knowledge as to the nature of empathy’, but still followed Colaizzi (13) in her original text. Beck (18), however, admitted to wanting to answer the ‘research question: What is the essential structure of the lived experience of post-partum depression?’.
This is a much more structured approach, and perhaps it is taking interpretation too far.

Paley (7) suggested that we should acknowledge the difference in the interpretative approach, and then identify the value in it.

What happens with atypical experiences? Or what are the implications of simply not interviewing people with such experiences? If structure and meaning are to be applied to the phenomenon, surely these cannot be excluded? Are we sure what the criterion of ‘expert’ meant in relation to Benner’s sample (20)? Rarely do researchers discuss or identify these issues. The influences of a purposive sample will make this worse. If no attempt was being made to structure meaning, this would be of less importance, because each description would stand alone.

Discussion of results
Can results ever be discussed using this method? If they are to be taken as they are presented and used, or interpreted as the reader wishes to, can any decisions or conclusions be reached? The uniqueness of the Husserlian phenomenon would say no. A hermeneutic approach permits us to rationalise results and provide some structure, and to possibly make recommendations.

Beck (18) used her work to provide 11 theme clusters which contain statements describing the fundamental structure of post-partum depression. In my study (26), I also identified themes that seemed common to the role in all participants, and with which they agreed, because, like Beck (18), I wanted to use the results to develop practice further. One could argue, however, that this suggests a return to the reductionist approach to nursing research of measuring and structuring those aspects of nursing which are immeasurable.

Conclusion
Many potential problems are highlighted in this article. There are difficulties in ensuring that the researcher and reader fully understand the philosophical principles underpinning the method, and also in
Phenomenology revisited

interpreting the language used.

There are issues about the sample and the researcher’s role in data collection, and the notion of bias. The dilution of the original essence of the phenomenon may be lost in the transcription on to paper and subsequent essential structuring of the phenomenon.

There are major issues about the appropriateness of the hermeneutic approach, (7). There are also potential issues about this method being seen as an easy option for researchers, because of its unstructured approach (6), and the fact that much of the data collected cannot be tested for accuracy and rigour. There is little literature to support this, but it is a commonly held view heard often informally. The method of identifying criteria and categorising data is often unclear also, for example in Benner’s (19) and Beck’s works (18).

So what of the future for phenomenology? As a reader of research studies, you may become very frustrated with the original Husserlian approach, where structures are not identified, conclusions not reached and recommendations not made. Hermeneutics enable us to take a more pragmatic approach, and this may be a far more useful tool for learning and development of the more immeasurable aspects of nursing, by providing identification of the features of phenomena, to which readers can relate and develop further themselves.

Perhaps, as Paley (7) suggested, we should not attempt to call this method true phenomenology. There is nothing intrinsically wrong in this approach, but we should be honest about our intentions and philosophical underpinning, and perhaps call this something different. There is a fear that without sound philosophical knowledge, researchers may be embarking on a collision course with more traditional rigorous methods, because the approach is seen as being neither scientific nor philosophical. The method has much to recommend it, but we need to be clear about what we as researchers are doing and how our presentation of the research is being interpreted by its readers.
References.
Phenomenology revisited

31. Stephenson N, Corben VC.