

Phenomenological Research and Health Services: Understanding the Lived Experience

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Life World and Lived Experience

The goal of phenomenological research is not to identify the facts about a phenomenon, but to understand individuals' meaning of their experiences

Human experience is intentional: it is always “consciousness of” or an “experience of” something.

Focus on participants' “lived experience”

Structure of perceptual experience in lived experience composed of the themes of corporeality (embodiment), temporality (lived time), and relationality (lived others).

Philosophical Background

- Edmund Husserl, established the discipline of phenomenology.
- ***Transcendental*** or ***Descriptive phenomenology***,
 - *Epistemology*: Theory of knowledge
 - *Intentionality*: Experience is an action as the individual focuses on a specific aspects of 'things' or 'events'.
 - Aim is to go beyond, or “transcend” our own perceptions or understandings.
- Martin Heidegger developed *Hermeneutic* or ***Interpretive phenomenology*** using
 - *Ontology*: the science of being
 - Aim is to understand how we exist, who we are in the world
 - Rejects (mostly?) notion of transcendence, our prior understanding are the basis of our experience of the world

Descriptive phenomenology

- The researcher stance is naiveté, to achieve suspend/*transcend* subjectivity
- Goal (aspirational): to see the phenomenon from the perspective of the other: *“as if for the first time”*
- Paradigm: Post-positivist: the ideas and identity researchers always influence what they observe, but research aspire to be as objective as possible by attempting to identify and address their biases.
- Epistemology: Critical realist/Modified objectivist
- Examples: Giorgi’s descriptive phenomenological psychological method (Giorgi, 2009)

Bracketing

- Intentionally setting aside one's own belief about the phenomenon under investigation, or what one already knows about the subject prior to and throughout the phenomenological investigation to better focus on the participant's experience.
- The impact of the researcher on the inquiry is constantly assessed and biases and preconceptions neutralized to minimize our influence on the phenomena
- Bracketing practices
 - Reflexivity
 - Multiple researchers triangulate their reductions to confirm appropriate bracketing was maintained
 - Member checking
 - Interviewing practices

Interpretive phenomenology

- Researcher Stance: Understanding how the participant makes sense of what is happening to them
- Pre-understanding cannot be eliminated or “bracketed”.
- Goal: To make sense of the participants’ ‘lived experiences’
- Paradigm: Interpretive/Constructivist
- Epistemology: Relativist/Subjectivist:

- Methods: Benner’s PA (Benner, 1994), Munhall’s PA (Munhall, 1994, 2012) van Manen’s PA (Van Manen, 2014, 2016) Smith’s interpretative phenomenological analysis (Smith, et al., 2009), Halling’s dialogal research (Halling, et al.,1991)

Phenomenological research in Practice

- Descriptive and Interpretive is a continuum, not an either/or
- Bracketing cannot never completely eliminate or mitigate researcher subjectivity
- Interpretive phenomenological research is strengthened by understanding the experience from the participants' perspective
- Rigorous research practices both help us to get closer to, and cause us to miss participant's lived experiences
- The values of bringing a “phenomenological ear” to any qualitative research

Interpretive Phenomenological Analysis

- Roots in existential/phenomenological psychology
- Focuses on participants meaning and sense-making
- Utilized in healthcare research to understand patient experience

- (Smith, et al., 2009)

IPA research steps

- Constructing a Research Question and Deciding a Sample
- Idiographic: Detailed findings reflecting the perceptions and understandings these participants, no claim to be representative of larger populations
- Small sample sizes (6 is ideal)
- Data collection: Semi-structured Interviews
 - Neutral
 - Open ended questions
 - Funneling
 - Lengthy interviews 1 hour +
- Transcription

IPA Analysis

- Multiple readings of transcripts
 - Looking for Themes in the First Case
 - Initial Themes
 - Connecting or “clustering” the Themes
- Continuing the Analysis with Other Cases
- Developing superordinate themes
 - Focus on commonality of experiences across participants
- Writing up

Understanding the experience of Veterans who require lower limb amputation in the Veterans Health Administration

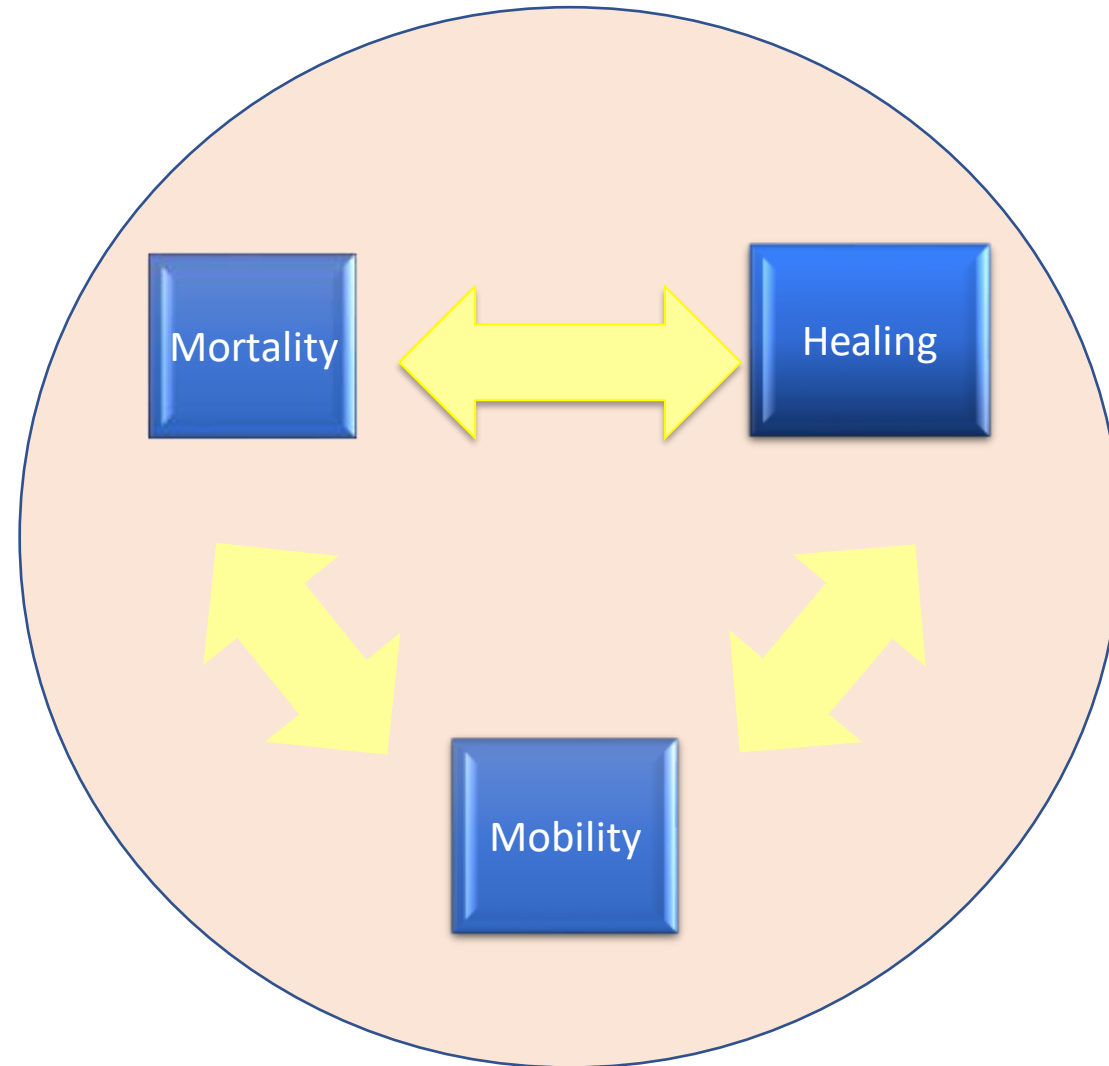
A Case Study

[Understanding the experience of veterans who require lower limb amputation in the veterans health administration | PLOS ONE](#)

Background on lower limb amputation

- Patients with vascular disease or diabetes
- Decision point around amputation level
 - No clear clinical guidelines or evidence that clearly define which amputation level is best for individual patients
 - Partial foot, below the knee, above the knee
 - Risk for re-amputation
 - Mortality risk differs with each amputation level

Decision Making- Balancing Outcomes



Case Study Goals

Create a **Patient Decision Aid (PtDA)** that will educate patients about amputation surgery, prosthetic use, inform them about the possible outcome differences, and help them determine and rank their outcome priorities and values.

Understand patients experience in decision making regarding
amputation level decision making

Why Phenomenological Approach?

- Understand what is salient to people when making decisions about their leg amputation
- See the world from the perspective of our participants
- Findings informed subsequent semi-structured interview guide
 - We were able to refine interview guide and focus on relevant elements

Interview Methods

- Broad first question to understand how the participant frames the topic
- Open ended questions
- Neutral language
- Long interviews- length dictated by participant's responses



Interview Methods: Interview Guide

- 1. Tell me about your amputation experience.*
- 2. Tell me about how this all started.*
- 3. Tell me about any conversations you had about amputation before the amputation.*
 - a. [If Needed] Tell me about any conversations you had with your doctor about amputation before the amputation.*
- 4. Is there anything else you would like to share with us?*
- 5. Do you have any questions for us?*

“Semi-structured Prompts”

- *What do you mean by _____?*
- *Tell me more about _____.*
- *Give me an example of _____.*
- *Tell me about a time when _____.*
- *Who _____?*
- *Where _____?*
- *When _____?*
- *Are there more examples of _____?*

Analysis

Interpretive phenomenological approach

Interviews were read multiple times by two analysts to obtain an overall sense of participants descriptions of experience.

Analysts practiced bracketing to identify biases, recorded their biases prior to reading each interview and continued this process throughout the course of analysis

Analysis- Theme Building

- Each analyst wrote summaries of each interview that included the most salient points made by the participant and the analyst's reaction to the interview.
- The analysts and methodologist discussed the contents of each interview and relationships between interviews to tentatively identify emergent, cross-cutting elements of patient experiences
- Developed themes → a consistent and rich description of the meaning of participants' experience, summarized using key quotes

Findings

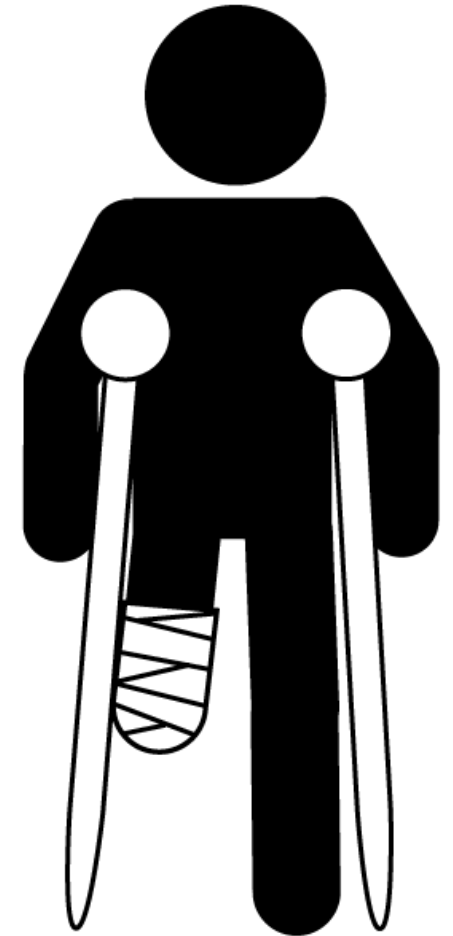
10 Interviews- 30 to 60 minutes

Three cross cutting elements of patient experience related to amputation and participation in shared decision making:

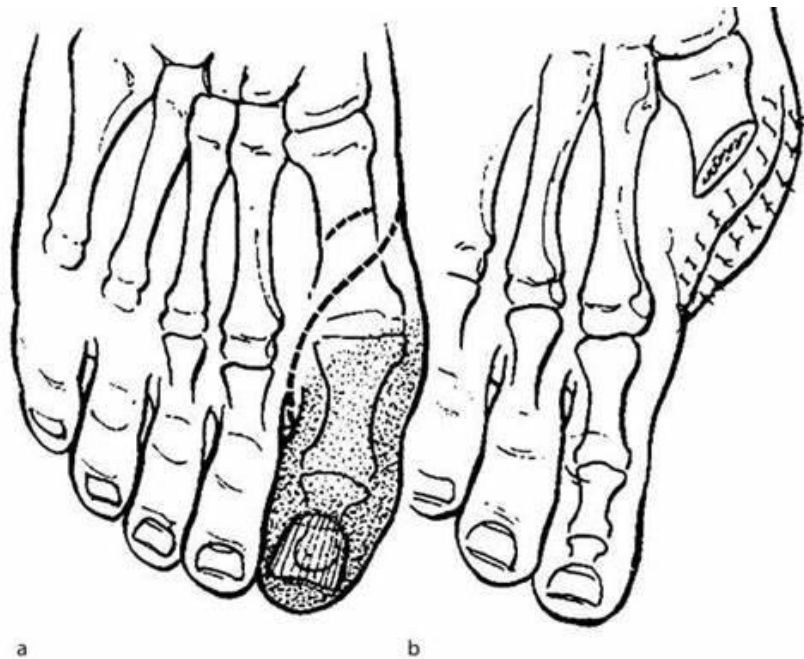
- 1) Lacking a sense of decision making
- 2) Actively working towards recovery as response to a perceived loss of independence
- 3) Experiencing amputation as a Veteran.

Lacking a sense of decision making

*“He just told me that it’s a procedure that has to be done. He said he wished he couldn’t do it, but that **it had to be done.** That was just the bottom line [...] \ I don’t know, he just said that everything would be ok. So I just took his word for it and he did it.” - Participant 3*



Lacking a sense of decision making



“I don’t know much about it, I was asleep. I was asleep, but when I woke up, all my toes were gone. And I didn’t feel a thing, I didn’t feel nothing” - Participant 11

Actively working towards recovery as response to a perceived loss of independence

“Look, this ain’t stopping me, in fact, I plan on going faster, meaner and harder” - Participant 4



Actively working towards recovery as response to a perceived loss of independence



“I’m going to continue to fight. I’m not going to give up [...] I had (inaudible) and accepting that I am an amputee. A lot of people are in denial, ashamed of the wheelchair. I’m not ashamed of the wheelchair. I don’t feel bad. I’m not doing a pity party; do you understand me ma’am?”

- Participant 10

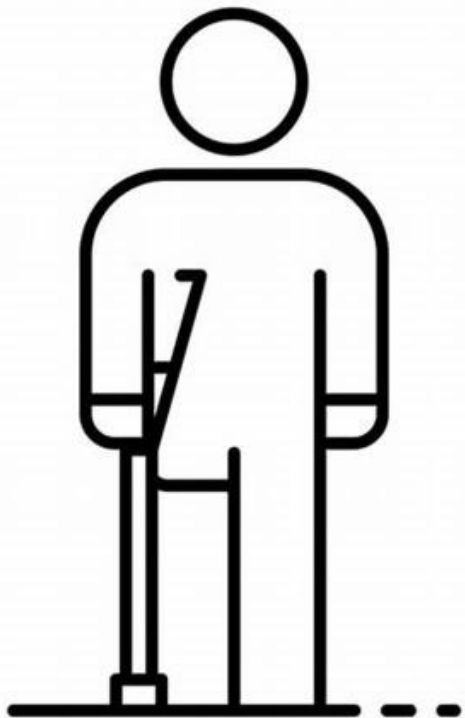
Experiencing amputation as a Veteran.

*“I guess it goes back to being in the Marine Corps, the respect you give to, **I treated my doctors like officers**, that I had when I was in the Marine Corps, as far as ‘yes sir’, ‘no sir’. **I just put my trust in them and made the leap that they were going to do right by me and do what they needed to do to get me up and going.**” -*

Participant 6



Experiencing amputation as a Veteran.



“I should’ve been dead 10 times before I got to be 20. And then, you know, I’ve had plenty of close misses in the military, so it wasn’t anything out of violence that ended up taking me out, it was just a virus, or, whatever you want to call it, an infection in my leg that got into the bone. I guess I was blessed to have any day that I had with them.” - Participant 4



Questions