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Social phenomenology: a personal research journey

Abstract

Background Phenomenology can often be used as a general approach in studies exploring 'experience'. However, social phenomenology can be seen as a distinct methodological approach for nursing research.

Aim To provide a reflective account of adopting social phenomenology as a preferred methodology in nursing research.

Discussion Personal identity and philosophical viewpoints are not fixed and can change over time, in part due to evolving debates and influences in nursing. People construct meaning in the context in which they are situated and can contribute to researchers' standpoints at a particular point in time. This paper reflects a personal journey through various research influences to culminate in adopting a qualitative research methodology that draws on social and hermeneutic forms of phenomenology.

Conclusion The importance of continually revisiting our own positions as nurse researchers is proposed, to justify our chosen study approaches in a critical and transparent way.

Implications for practice Exploring and understanding patients' experiences and their perspectives is fundamental to evidence-based nursing practice. Social phenomenology can provide a framework to explore the intersubjective dimensions of care, valuing the socio-historical and cultural aspects that influence behaviours, thoughts and actions.

Keywords phenomenology, qualitative research, study design, patient-centred care, nursing research

Introduction

Social constructionism underpins much nursing research, with people understood to construct meaning in the contexts in which they are situated. Nurse researchers must acknowledge their ontological and epistemological positions and how these have influenced their conclusions, if a study is to be valid (Moule and Goodman 2016).

When I started a study to explore young people's perceptions of nursing (Norman 2014), I felt I needed to revisit my own conceptualisation of truth, knowledge and being, to explicate the study's theoretical perspective. This paper explores my personal approach to nursing research and social phenomenology as a preferred methodological approach.

Personal reflections

My identity and philosophical viewpoints have continually changed in my 27 years as a registered nurse and 15 as a researcher and educationalist. The medical model dominated nursing

when I started, with scientific evidence constituting truth, so I was initially a positivist. However, my position continued to change and develop as a result of the ongoing 'mêlée' of emerging nursing theories and philosophies that debated whether nursing was an art or a science. I subsequently assumed a non-positivist stance, as an educationalist and a researcher, in Norman (2014). This mirrored the adoption of qualitative methodologies in nursing research, particularly interpretive phenomenology, which offered a different perspective to the quantitative methodologies of the 1970s and early 1980s (Chinn 2008). This paved the way for a new hermeneutic and holistic qualitative approach (Chan et al 2010).

Shifting from the concept of a determined universal truth to a constructed meaning enabled me to make sense of my changing position. I drew on a social constructionist epistemology, with the realisation that the mind organises all sensory experience so we can make sense of it (Norman 2014). A shift from truth to constructed meanings can be seen as a shift away from positivism (Yoshida 2014) to an alternative viewpoint that I consider to be more relevant to my own beliefs as a nurse educator and researcher.

Meaning is constructed through interaction, and then disseminated or shared (Keat 1992). How someone is shaped can be attributed to culture, but we can still explore being when we are aware of the influences around us and we can reflect on choices made in context. I have increasingly become conscious during my research career of the various influences that have contributed to my current standpoint, including my family, social upbringing, schooling and education (Norman 2014). My responses to changes in policy and organisational dynamics have also influenced me, so that I have moved from being a passive recipient of healthcare structures and functions to more actively and deliberately resisting those forces constructing my world of work. They have also affected the choices I have made in my career, as well as the conflicting positions that I have adopted along the way (Norman 2014). These influences and social relationships have constructed my present world view.

Dewey (1916) and Bandura's (1986) social constructionism accepts that the way people think, act and feel is more about our beliefs than any objective reality. They are shaped and influenced by social learning and interaction in a cultural context, and so perceptions of phenomena in the world around us are socially constructed. This is the position I have taken in much of my research (Norman 2014).

Neither our identities nor our theoretical positionings and views of the world are fixed (Andreouli 2010). Therefore, my philosophical and epistemological stances may evolve in the future. Sartre (1948) stressed that we are always involved in the ongoing project of becoming ourselves. We are in a constant state of 'becoming' (Quinn 2010) and to remain static is to stagnate. Perry (2008) argued that the meaning we derive from our current experiences is influenced by our senses, memories of previous experiences and perceptions of future experiences. My life will influence my approach to studies and the interpretations I make from my social constructionist position.

I chose to use a qualitative research methodology, drawing on hermeneutic and social forms of phenomenology influenced by Schütz (1967), Heidegger (1962), Gadamer (1989) and Van Manen (2016) (Norman 2014). A qualitative methodology incorporates participants' perceptions and can lead to an understanding of the phenomenon being explored, which in Norman (2014) was nursing. Parahoo (2014) suggested that qualitative methodologies are not only congruent to the philosophy of nursing itself but highly suitable to studying phenomena related to nursing roles.

However, the role of theory in phenomenology is contentious. Van Manen (2016) suggested that although interpretive theorising is acceptable, theory might oppose phenomenology. Theory should come from the reflexive analysis and discussions of the data and meaning that emerge.

Social phenomenology

The use of hermeneutic or social phenomenology from a social constructionist stance seems appropriate for exploring views of nursing, since phenomenology is concerned with the activities and relationships in which we live, as well as how the world appears to us as a result of these influences. Merleau-Ponty (1962) argues that perception is developed from an individual's own embodied perspective, with relations to others beginning from a position of difference. This suggests that although we might explore with others our perceptions of a phenomenon, they may not have experienced this phenomenon and can never share our perception of it.

Therefore, we should as researchers acknowledge the risk that we cannot relate to or intuitively understand participants' perceptions of phenomena. Participants may not have any experience of nursing, although their interpretations of information, influences and discussions of nursing will inform their perceptions.

From a hermeneutic phenomenological perspective, research knowledge is simply a form of knowledge and there is no particular, correct path to knowledge (Van Manen 2016). The endeavour must be to understand the subjective world of people's experiences. Gadamer (1989) suggested that interpretivism merges the participant and the interpreter's 'horizons', the horizon being the view from one's current location in time and space. This lends itself well to 'perception and other phenomena such as believing, remembering, anticipating, judging, feeling, caring, loving, imagining and willing' (Ray 1994).

Alfred Schütz proposed that people are engaged in an ongoing process of making sense of their world, according to their system of relevance (Staudigl and Berguno 2013). His social phenomenology includes a process of 'typification' to help us make sense of our world. Typification can be continuous and developing, and each individual will use social knowledge of a situation or phenomenon to construct an 'actor'. For example, someone may not have any personal experience of nursing, but will construct a typification of what nursing means to them or what and how 'a nurse' should be and act in their construction of reality. This construction will be formed from their exposure to knowledge from sources such as their parents, social contacts, media, literature and imagery, and

can be deeply embedded as their preferred truth until a new, stronger influence can shape alternative perceptions.

Implications for research

Exploring patients' views, perspectives and experiences is fundamental to continuous improvement of nursing care. We should stop to consider and acknowledge our own privileged positions as nurse researchers in the process and how we have been influenced in choosing our preferred methodological approach. Social phenomenology can help to provide a framework to explore the intersubjective dimension of care, valuing the socio-historical and cultural aspects that influence behaviour, while recognising the effect of additional influencing factors on perceptions, thoughts and actions.

Nursing care is a social action in terms of social phenomenology set in the 'world of life'. We must embrace and value the interpersonal relationships involved, recognising that everyone has personal knowledge, understanding and experience of their world, not just their biographical situation when they need care. Person-centred care closely aligns with social phenomenology, and nurses can expand their vision of care based on the complexities of the patient's life and social context.

Conclusion

It is important to review continually our own position as nurse researchers during research, acknowledging this may change and develop over time. This helps to justify our chosen approach to research transparently and critically. Taking time to reflect on our preferred methodological approach and why this has been chosen from a personal perspective can be a meaningful learning process.

My preferred approach to social phenomenology (Norman 2014) mirrors much of the nursing care we encounter in research. It can provide a useful lens to view and discover the experiences related to nursing as a profession and nursing care.

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