Research made simple: using multiperspective interpretative phenomenological analysis to explore healthcare phenomena

How to cite:

© 2021 Wendy McInally; 2021 Carol Gray-Brunton

https://creativecommons.org/licenses/by-nc/4.0/

Version: Accepted Manuscript

Link(s) to article on publisher’s website:
http://dx.doi.org/doi:10.1136/ebnurs-2021-103428

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online’s data policy on reuse of materials please consult the policies page.
Title  “Research Made Simple: Using Multi-Perspective Interpretative Phenomenological Analysis to explore healthcare phenomena”

Authors: Wendy McInally Carol Gray-Brunton

Institutional Affiliations:
Faculty of Wellbeing, Education and Language Studies, Open University, Edinburgh, UK
School of Health & Social Care, Edinburgh Napier University, UK

Corresponding author: Dr Wendy McInally
wendy.mcinally@open.ac.uk

Competing Interest
None declared
Using Interpretative Phenomenological Analysis (IPA) to explore multi-perspectives

IPA was originally developed in 1995 by Johnathan Smith as a method to undertake experiential research in psychology and has gained prominence across health and social sciences as a way to understand and interpret topics which are complex and emotionally laden, such as disease, chronic illness experiences (1, 2). IPA aims to uncover what a lived experience means to the individual through a process of in-depth reflective inquiry (3). The IPA draws on phenomenological thinking, with the purpose to return ‘to the things themselves’ (3, p168). However, IPA also acknowledges that we are each influenced by the worlds in which we live and the experiences we encounter. Therefore, IPA is an interpretative process between the researcher and researched, influenced predominantly by Heidegger's interpretive phenomenology, hermeneutics and idiography. Within IPA, it is typical for researchers to select a small homogenous sample to explore the shared perspectives on a single phenomenon of interest (4). Within IPA studies the focus has been on individual people living within diverse settings and populations such as chronic or long term illnesses. The focus is on understandings of rich, lived experiences and, given the small samples, IPA studies have typically not focused on those connected to the person living with diversity or disease. Recently, there has been an interest within IPA to suggest the value of capturing more complex data through multiple perspectives using designs and processes to address this shortcoming in IPA (4). This may involve the use of multiple participants and a range of data collection methods for example the use of dyads or focus groups. The aim of this paper is to explore the utility of IPA approaches using multi perspectives through focusing on a specific case study to illustrate this approach.

Case study

This case study focuses on an IPA study which focused on the lived experiences of adolescents and young adults (AYA) and their family/significant other living with Malignant Melanoma (MM). Families and other people important to the experience can provide a logical and insightful perspectives on a shared psychosocial phenomenon. Multi-perspective designs are gaining increasing prominence among researchers who recognise that an experience such as living with a long-term disease “is not solely located within the accounts of those with the diagnosis” (4 p.182). For the purposes of this case study the family/significant other were seen as integral to the experience for the AYA living with MM and their journey together in supporting one another through this experience.
During the 1970s melanoma in AYA was rare, but over the intervening decades, there has been a marked increase in the reported incidence of MM AYA around the globe (5, 6). There is a significant amount of biomedical empirical research evidence on melanoma but a dearth of qualitative research around the lived experience for AYA and their family/significant other living with this disease.

A purposive sample of young participants, 16 to 26 years, were identified by the Clinical Nurse Specialists (CNSs) that ensured the participants were experiencing the same phenomenon (8, 9,10). Although the intention was to carry out individual interviews with all the participants following the typical IPA approach, as most of the AYA lived at home the young participants expressed the desire for a shared interview and this was accommodated by the first author. The four individual (n=4) and three dyad interviews (n=6) allowed for the shared experience and the phenomena to be captured and understood through data analysis and interpretation (4). Although the use of individual and joint interviews had implications for data collection and analysis, such as the parent wishing to have their voice heard over their child, the researcher had to ensure that questions were also directed to the young participant in order to capture both voices. In depth semi-structured interviews were undertaken within the AYAs primary treatment centre on the day of the outpatient appointment and they were often accompanied with someone who was significant in their journey. Interviews lasted between 90 to 120 minutes.

This study was novel to the experiences of AYA and family/significant other living with MM which offers a new perspective on the dynamics that are present within the MM experience. Our findings can be valuable for both an AYA, family/significant other and health and social care professionals. Both AYA and the family/significant other seemed to consider the emotional implications of talking about the disease. Throughout this process, participants seemed to strive for a shared understanding of the MM experience, a story that unified rather than divided them.

**Strengths and Challenges**

A social phenomenological perspective demands an emphasis on understanding the participant's experience of the world from their situation, and then interpreting how that understanding is inter-subjectively constructed (11, 12). In-depth semi-structured interviews, therefore, offered an appropriate and compelling method to generate data which permitted such insights and reflections, allowing participants to reconstruct their understandings of a
phenomenon (3) through narrative. Qualitative researchers are increasingly utilising “joint interviews” (dyad) to explore the lived experiences in health and capture the multi-perspective. However, the decision of whether to interview participants separately or together as a dyad is an important consideration because it influences the nature of the data collected and having two different types of data. Each transcript was analysed separately both for the AYA and then the family /significant other, whether as an individual or dyad. This was important as the researcher (first author) was not sure whether the findings for the AYA would be different from that of the family/significant other. There also needs to be time built into the study for the data analysis and IPA founders suggest following the IPA methodology, researchers should follow the key steps (3). Analysing the data individually allowed the narrative to ‘open up’ and reveal the experiences of the participant’s as various ‘individual parts’ and then as a ‘whole’ (2-3). Throughout the data analysis the six key steps supported the rigour, transparency, and coherence of the findings.

Findings of the case study

This study was organised hierarchically into themes, and following the iterative process of analysis, the 'Life Interrupted' metanarrative was identified from all the participant's lives. ‘Life interrupted’ speaks to the various ways that participant’s lives were interrupted due to the cancer diagnosis, and the journey this disease took them on as well as the unsettling emotions that were experienced during this journey. This is woven into the whole journey experience and Figure.1 illustrates the core conceptual thread and the interconnection between AYA and the family/significant other. The interconnection between the four super-ordinate and the 12 sub-themes is also shown. The ebb and flow of familial relationships can, in some situations, magnify the impact of the physical disease, with the emotional turmoil often rivalling the physical manifestation of the disease (8 12). Conversely, relationships may help the AYA and the family/significant other cope with the disease in a more positive and supportive way. The importance of these unique and changing relationships in living with MM should not be underestimated, and psychosocial research about YPs experiences of cancer would be enhanced through the further use and development of the multi-perspective approach underpinned by IPA as used in this study which is able to capture these dynamic inter-relationships. A visual representation is provided within Figure 1 and how the individual voices were captured through the individual and dyad interview.
**Conclusions**

This paper presents experiences of life events and processes that are intersubjective and relational. Meaning is “in between” us but is rarely studied that way in phenomenological inquiry (4) The meanings of events and processes are often contested and can sometimes be understood in a more complex manner when viewed from the multiple-perspectives involved in the system which constitutes them. Multiple perspective designs can be a useful way for IPA researchers to address research questions which engage with these phenomena.

**Figure 1 Visual multi-perspective IPA design**
References


