

# Exploring the Philosophical, Paradigmatic, Conceptual-Theoretical Underpinnings of Qualitative Research

A Focus on a Phenomenological Study in Intensive Care Unit

**Brigitte S. Cypress, EdD, RN, CCRN**

*Qualitative research has become more accepted as a legitimate mode of inquiry in the social and behavioral sciences for many years but not without controversy and confusion even now in the 21st century. The procedures for conducting a qualitative research study evolve from a philosophical, paradigmatic, and interpretive frameworks. These are the aspects of a naturalistic inquiry where inconsistency is evident related to its complexity. The purpose of this article is to describe qualitative methods focusing on these aspects that included phenomenology to set the stage for discussion and using a phenomenological study as an exemplar to further illustrate the process.*

*Keywords: Paradigm, Phenomenology, Philosophical underpinnings, Qualitative research*

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Qualitative research has made a strong impression on nursing science since the 1990s. This burgeoning interest in qualitative research methods from early times is not without confusion, controversy, and experience of a lack of or inconsistency of protocols or structure.<sup>1</sup> From the 1990s and now, there is still some work to be conducted in the refinement and establishment of consistency of research methods and guidelines. The key to understanding qualitative research lies with the idea that

meaning is socially constructed by individuals in interaction with their world. Qualitative research offers the opportunity to focus on finding answers to questions centered on social experience, how it is created, and how it gives meaning to human life.<sup>2</sup> The world or reality is dynamic and not a fixed, single, or measurable phenomenon. There are multiple constructions, interpretations, and contexts of reality that are active, and it also changes in time.<sup>3</sup> Recognizing this fact is the first

step in establishing a truly humanistic perspective of qualitative research.

There are issues that arise from the application of qualitative methods for examining nursing phenomena.<sup>1,4</sup> The first question is, “Should the research methods used in other disciplines including assumptions, paradigms, and goals be used in nursing without modification?” There are also questions that relate to the methods themselves. Are these methods simply techniques for data collection and analysis—or if they must be used within the context of their discipline’s theoretical assumptions and perspectives?<sup>1(p15)</sup> Conceptual confusion is also almost always present extending beyond the methods themselves. For example, phenomenology may be used to refer to a philosophical stance or a research method or equivalent to qualitative research in general. Another area of concern is the use of qualitative methods to test theory. Morse<sup>1(pp16-17)</sup> (1991) stated, “The strength of qualitative methods is in the process of induction; the data ‘emerge’ to provide a theory, not the reverse. Qualitative data cannot be categorized to fit into a framework.” From these methodological concerns arising from the 1990s, questions still arise now in the 21st century. The questions that Morse<sup>1(p17)</sup> (1991) asked are still applicable to this day: (1) Should qualitative methods be rigorously prescriptive, as are quantitative methods, or loosely described to give investigators the freedom to develop their own style? (2) If the qualitative methods that originated from other disciplines must be adapted to nursing, who is responsible for this process of modification, and is this a matter of trial and error?

The purpose of this article is to describe qualitative methods, specifically the philosophical assumptions and stance, paradigms, and the conceptual-theoretical aspect including the deductive-inductive perspectives of a naturalistic inquiry with the focus on phenomenology using a phenomenological study as an exemplar.

A qualitative study begins with posing a broad research question focusing on a phenomenon of which little is known.<sup>5</sup> The process of designing a qualitative study begins not with the methods—which is actually the easiest part of the research—but rather the broad assumption central to the inquiry. After a research question to be answered has been identified, researchers need a thorough understanding of the philosophic assumptions that are the foundation of the method. Almost always, novice researchers develop and conduct research studies beginning with the methods without having a solid understanding of the philosophic underpinnings or the broad assumptions central to the qualitative inquiry. This lack of understanding has the potential to sloppy science, resulting in misunderstood findings. Ironside<sup>6(pxvi)</sup> (2005) stated, “The nature of inquiry is determined more by

researcher’s pre-given understandings than by rules and guidelines detailing ‘proper’ methodological procedures for epistemological development. Methods are not directed to an end (an answer) but constantly self-renew as questioning continues.”

In qualitative research, inquirers make assumptions. According to Creswell<sup>7(p16)</sup> (2007), these philosophical assumptions consist of a stance toward the nature of reality (ontology), how the researchers know and what they know (epistemology), the role of values in the research (axiology), the language of research (rhetoric), and the methods used in the process (methodology). Philosophical assumptions and the questions to ask are presented in Table 1. Qualitative researchers take a philosophical stance on each of these assumptions when they decide to undertake a naturalistic inquiry. After the researcher makes the choice, the study is further shaped by paradigms or worldviews that qualitative researchers bring to the research study. A paradigm or worldview is a basic set of beliefs that guide action.<sup>7</sup> Because a paradigm’s fundamental assumptions about the world determine what questions may (and may not) be asked, methodological choices only make sense in the context of a paradigm.<sup>8</sup> Paradigms used by qualitative researchers vary with the set of beliefs they bring to research. It is important in a research design to make explicit what paradigm a researcher will work on. Using an established paradigm allows one to build on a coherent and well-developed approach to research.<sup>9(p36)</sup> Some examples of this worldviews are postpositivism, social constructivism, advocacy/participatory, and pragmatism and they are presented in Table 2.<sup>7</sup> All are beyond the scope of this article. The focus of this article is on social constructivism because it is evident in phenomenological studies.

Social constructivism is often combined with interpretivism. The goal of the research is to describe and understand the subjective meanings that individuals attach to the world in which they live and work and are negotiated socially and historically. This worldview manifests in phenomenological studies, in which individuals describe their lived experiences of a phenomenon. A description of

**TABLE 1** Philosophical Assumptions and Questions to Ask

Assumptions	Questions
Ontological	What is the nature of reality?
Epistemological	What is the relationship between the researcher and that being searched?
Axiological	What is the role of values?
Rhetorical	What is the language of research?
Methodological	What is the process of research?

**TABLE 2** Paradigms or Worldviews

Assumptions	Postpositivism	Social Constructivism	Advocacy/Participatory	Pragmatism
Ontology	Critical realism: real “reality” but only imperfectly and probabilistically apprehendable	Relativism (constructed realities); interpretivism	“Voice” of participants heard throughout the research process	Not committed to any 1 system or philosophy; external world independent of the mind; belief of not asking questions about reality and laws of nature; world is not an absolute unity
Epistemology	Modified dualist objectivist; reductionistic; critical tradition/community findings probably true	Transactional/subjectivist; subjective meanings are negotiated socially and historically; focus is on specific contexts of people; addresses the processes of interaction among individuals; understanding of the world; created findings; researchers inductively develop a theory or pattern of meaning	Alternative view; contain an action agenda for reform that may change the lives of participants, researchers, and institutions	Truth is what works at the time; not based on dualism between reality independent of the mind or within the mind
Methodology	Modified experimental/manipulative; critical multiplism; chiefly quantitative methods; falsification of hypothesis; emphasis on empirical data collection; cause-and-effect oriented; deterministic based on previous theories; may include qualitative methods	Hermeneutic/dialectical	Participatory action is recursive/dialectical; emancipatory; practical; collaborative	Researchers are “free” and have the freedom of choice on methods and procedures of research; the “what” and “how” to research are based on its intended consequences—where they want to go with it, rather than the antecedent conditions; methods are not the focus but rather the problem and questions being studied; may include mixed methods research

constructivism and its paradigm position is provided in Table 3. Phenomenologists use an emergent qualitative approach to inquiry, collect data in a natural setting from individuals who have experienced or lived the phenomenon, and analyze it in an inductive way until patterns or themes emerge and are illuminated. Any substantial previous structuring of the methods leads to a lack of flexibility to respond to emergent insights and can create methodological “tunnel vision” in making sense of the data.<sup>7(p80)</sup> No preconceived theories or frameworks guide the collection and analyses of data. Theories, models, or explanations are not generated from the analysis.<sup>4</sup> Researchers also recognize that their own background shapes their interpretation and acknowledge how their interpretation flows from their own personal, cultural, and historical experiences.<sup>7</sup> The final written report includes the voices of participants, the reflexivity of the researcher, and a complex description and interpretation of the phenomenon.

Beyond these methods, phenomenology has a strong philosophical component to it.<sup>2</sup> From a philosophic

viewpoint, the study of humans is deeply rooted in descriptive modes of science. Human scientists have been concerned with describing the fundamental patterns of human thought and behavior since the early times.<sup>2</sup> For

**TABLE 3** Constructivism and Paradigm Position

Issue	Constructivism
Inquiry aim	Understanding; reconstruction
Nature of knowledge	Individual reconstruction; coalescing around consensus
Knowledge accumulation	More informed and sophisticated; vicarious experience
Goodness and quality criteria	Trustworthiness and authenticity
Values	Included, formative
Ethics	Intrinsic; process tilt toward revelation
Voice	“Passionate” participant as facilitator of multivoice reconstruction

example, phenomenologists who support Edmund Husserl—the “father of phenomenology”—and his followers believe that the purpose of phenomenology is to provide pure understanding (descriptive phenomenology). Supporters of the philosophic positions of Martin Heidegger and his colleagues believe that phenomenology is interpretive or hermeneutic. Neither of the two are incorrect. Each approaches the study of lived experiences from different perspectives, sets of goals, and expectations. There is confusion among novice qualitative researchers and even experts using the phenomenological approach. First is what to label the type of phenomenological studies they conducted: descriptive versus interpretive or a combination of both (descriptive-interpretive/hermeneutic). Sandelowski<sup>10</sup> (2000), for example, presented that the qualitative, descriptive study is the method of choice when straight descriptions of phenomena are desired especially for researchers wanting to know the who, what, and where of events. It is a fact that, foundational to all qualitative research approaches, qualitative, descriptive studies comprise a valuable methodologic approach in and of themselves. Sandelowski<sup>10(p339)</sup> (2000) further stated, “If their studies were designed with overtones from other methods, they can describe what these overtones were, instead of inappropriately naming or implementing these other methods.” In addition, there are many other philosophical bases among researchers following the footsteps of Husserl and Heidegger that one can choose from such as Moustakas<sup>11</sup> (1994), Van Manen<sup>12</sup> (1990), Stewart and Mickunas<sup>13</sup> (1990), Giorgi<sup>14</sup> (1985), Colaizzi<sup>15</sup> (1978), and Van Kaam<sup>16</sup> (1966). According to Van Manen<sup>17</sup> (2014), phenomenology can also be classified into different periods, namely, early 20th century (Husserl, Heidegger, Scheler, and Stein), mid-20th century (Patocka, Levinas, Sarte, Merleau-Ponty, de Beauvoir, Blanchot, Arendt, Gadamer, Marcel, Ricouer, Henry, and Derrida), and late 20th and early 21st century (Lingis, Ihde, Waldenfels, Serres, Nancy, Marion, Agamben, Stiegler, Figal, Romano, and Gosetti-Ferencei). These phenomenologists offer varied methodological and philosophical insights that may guide our inquiries. It is also not easy to place the various phenomenological traditions and orientations in precise philosophical and historical frameworks. Each of these traditions helps researchers look at the world and at life in a new and different manner.<sup>17</sup> Across all of these perspectives, however, the philosophical assumptions rest on some common grounds: the lived experiences of persons, the view that these experiences are conscious ones, and the development of descriptions of the essences of these experiences, not explanations or analysis. The subjective character of experience and the importance of appreciating subjective experience when understanding other people are emphasized.<sup>8</sup> Streubert and Carpenter<sup>2(p19)</sup> (1999) stated, “Making explicit the school of thought that

guides an inquiry will help researchers conduct a credible study and help these people who use the findings apply the results within an appropriate context.” Apart from knowing the assumptions and philosophical component of a qualitative study, the researcher has to be aware that qualitative research is not conducted only to answer research questions; rather, it is also conducted to develop theories.

Theory is an organized and systematic set of interrelated statements that specify the nature of relationships between 2 or more variables with the purpose of understanding a problem or nature of things.<sup>2</sup> Theories provide the structure of a research study and are also used to inform its ontological, methodological, and evaluative commitments. Quantitative researchers collect facts through empirical investigations to explain and predict phenomena using a theory (referred to as the theoretical framework) reflecting a deductive theory-testing approach. A specific hypothesis can be deduced from a theory that serves as a more general statement of interrelated phenomena that helps to unveil existing relationships. Qualitative research however is supposed to begin without a previous theory. Qualitative researchers use an inductive inquiry that is oriented toward discovery or theory developing approach. Inductive reasoning underlies qualitative approaches to inquiry. Qualitative research methods are inductive. Findings illuminated through qualitative research may lead to the development of yet unknown theories, but not all qualitative studies lead to theory development. Grounded theory is 1 specific qualitative research approach in which theories are developed or generated during the process of research. Although, generally, phenomenology tries to push off theory in the sense of abstractive science, phenomenology may also bring in theory when exploring a human phenomenon or event.<sup>17(p67)</sup> Concepts and constructs represented in qualitative research methodologies represent a form of theory and are theory driven. Thus, it is generally accepted that qualitative research findings have the potential to create a theory.<sup>2</sup> The differences between a conceptual and theoretical framework are presented in Table 4.

Aside from philosophical viewpoints and theoretical assumptions, there are other misconceptions and/or confusion noted among qualitative nurse researchers. Some mistakenly equate “paradigm” to either “quantitative or qualitative” methodology. Risjord<sup>8</sup> (2010) concurs and emphasizes that there is a mismatch between the idea of a paradigm and the philosophical commitments of nursing researchers. He discussed that the problem of thinking with nursing is the idea of a “quantitative and qualitative paradigm and that both are associated to a theory.” Nurses assume that any theory that is testable by measurements is supposed to be a part of quantitative paradigm and that

**TABLE 4** Conceptual Versus Theoretical Framework

Elements	Conceptual Framework	Theoretical Framework
Inception	Evolves from the researcher's synthesis of empirical and theoretical findings from the literature	Stems from preexisting theory and logical review of literature
Purpose	Clarify concepts and propose relationships among concepts in identified phenomenon; provides context for interpreting the study findings	Explains the relationship between 2 or more variables; provides and guides the researcher with the overall methodology (research design; sampling; data collection, analysis, and interpretation); standardized context or none
Review of literature process	Mainly inductive oriented toward discovery or theory developing approach	Reflects a deductive approach; hypothesis is deduced from a theory to unveil existing relationships; use a theory testing approach
Methodological approach	Qualitative research in general but may be used in quantitative and mixed method research; data are collected from interviews, observations, and descriptive surveys but may include empirical surveys	Mainly quantitative research; data are collected from empirical and experimental investigations (surveys and tests)
Application	Less formal structure and limited to a specific problem and context	More formal and wider application beyond the identified problem and context

qualitative is associated with phenomenology. Risjord<sup>8(p200)</sup> (2010) further stated that “there is no quantitative paradigm because there is no single quantitative theory with ontological commitments, or implications for methodology. The qualitative paradigm is associated with phenomenology. Here, the problem is not that there are too many theories; there are none at all. Phenomenology is not a theory in Kuhn’s sense. It is a broad and varied school of philosophical thought.” Phenomenology has been beneficial to nursing as a body of methodological ideas that support the use of qualitative methods, but qualitative methodology is often difficult because it requires sensitive interpretive skills and creative talents from the researcher.<sup>17</sup>

**■ PHENOMENOLOGY AS A METHOD**

Phenomenology is both a philosophy and a method.<sup>18</sup> It is as much a way of thinking or perceiving as it is a method. What is the phenomenological method? Phenomenological methodology cannot be reduced to a general set of strategies or research techniques.<sup>17</sup> From Heidegger<sup>19</sup> (1982), Van Manen<sup>17(p41)</sup> (2014) quoted, “It is difficult to describe phenomenological research methods since even within the tradition of philosophy itself, there is no such thing as one phenomenology, and if there could be such a thing it would never become anything like philosophical technique.” There should be openness and acceptance with respect to the realization that phenomenology is a method consisting of methods.<sup>17</sup> From Blumensteil<sup>20</sup> (1973), Streubert and Carpenter<sup>2(p44)</sup> (1999) also stated, “Phenomenological method is the trick of making things whose meanings seem clear, meaningless, and then, discovering what they mean.” A method refers to the way or

attitude of approaching a phenomenon. How we study phenomena influences what we find.<sup>6</sup> Although Van Manen<sup>12</sup> (1990) does not approach phenomenology with a set of rules or methods, he discusses phenomenology research as a dynamic interplay of 6 research activities, namely, (1) turning to the phenomenon that seriously interests us and commits us to the world, (2) investigating experience as we live it rather than as we conceptualize it, (3) reflecting on the essential themes that characterize the phenomenon, (4) describing the phenomenon through the art of writing and rewriting, (5) maintaining a strong and oriented pedagogical relation to the phenomenon, and (6) balancing the research context by considering parts and whole. Van Manen’s<sup>12</sup> (1990) 6 research activities were used to explore, describe, and understand the lived experiences of patients, family members, and nurses during critical illness in the intensive care unit (ICU) for this phenomenological study conducted in the year 2010. A detailed discussion of the 6 activities and the study has been described in a previously published article. An exemplar discussing the philosophical assumptions and stance, paradigms, and the conceptual aspect of the study is presented hereinafter.

**■ EXEMPLAR: A PHENOMENOLOGICAL STUDY PERSPECTIVE OF A CRITICAL CARE REGISTERED NURSE AND PHENOMENOLOGIST**

Phenomenological research begins with wonder at what gives itself and how something gives itself.<sup>17</sup> Surrendering to such a state of wonder gives way to a phenomenon. A phenomenon is an event or a lived-through experience as it shows itself or as it gives itself when it makes an appearance in our awareness.<sup>17</sup> It does not manifest itself

as a result of human willing but occur as we deal with them.<sup>6</sup> The phenomenon of interest for this phenomenological study was the lived experiences of patients, family members, and their nurses during critical illness in the ICU. How does one decide to use the phenomenological method for a topic needing investigation? What phenomena important to nursing lend themselves to this type of qualitative inquiry? Streubert and Carpenter<sup>2(p55)</sup> (1999) stated, “The answers to these questions are grounded in nursing philosophic beliefs about humans and the holistic nature of the nature of professional nursing.” Investigation of phenomena vital to nursing requires that researchers study lived experiences as it is presented in everyday world of nursing practice.<sup>2</sup> The phenomenological approach supports new initiatives for nursing care where the subject matter is often not amenable to other investigative and experimental methods. I was a critical care nurse for 20 years. As I reflect on my long experience, I can say that caring for the critically ill brought meaning to my life related to the knowledge and meaningful experiences I gained from such a career in nursing. I have continuously engaged in providing care to critically ill patients with varied, multiple acute conditions and their families in a diversity of critical care settings. I have seen patients who, after a critical illness, recovered fully or with positive outcomes and those with poor outcomes resulting in disability and even death. I noticed that there have been an increasing number of patients with prolonged length of stay in the ICU related to complications, comorbidities, and exacerbation of chronic health illnesses. As the phenomenon was getting clearer to me, I then asked the questions, “Is there a need for further clarity on this phenomenon of interest?” and “Is there anything published on this subject or perhaps what is published needs to be described in more depth?” My positive response to both these questions helped clarify that the phenomenological method is the most appropriate approach for the study. Past studies have examined the effects of critical illness to both the patient and family members including the nurses' ICU experiences—these studies were conducted either from the perspective of nurses, patients, and family members individually or between nurse and patients, nurse and family, and patients and family. There is a scarcity of research studies in the literature conducted on the triad of nurses, patients, and family members looking at the experience of critical illness and their perspective of each from the other. Most of the studies related to critical illness and the families are also quantitative with a focus on selected areas of concern and/or selected individuals in the family. Studies that describe the experiences of the triad of nurses, patients, and family members during critical illness in the ICU reveal a gap in the literature that is left unexplored and one that I ought to

fill. By conducting this phenomenological research, I aimed to further explore, describe, understand, and illuminate the meaning of ICU experience as perceived by patients, their family members, and the nurses. Phenomenological inquiry requires that the integrated whole be explored; thus, it is a suitable method for this phenomenon that is important to nursing practice. Phenomenology also aims to describe phenomena in rich language as they present themselves. Van Manen<sup>12(p27)</sup> (2014) articulated that “it is more a method of questioning than answering, realizing that insights come to us in the mode of musing, reflective questioning and being obsessed with sources and meanings of lived meaning.” By understanding the meaning of ICU experience from the 3 key players, I hoped to contribute knowledge that would impact the provision of care in the ICU, thus improving patient outcomes. After the phenomenon of interest was explicitly identified and the purpose of the study was clearly delineated, research questions were posed.

A phenomenological question explores what is given in moments of prereflective, pre-predicative experience as we live through them.<sup>17</sup> The research questions that guided this study were as follows: (1) “What are the patients and their families' experiences of the nurse in an ICU environment?” and (2) “What are the nurses' experiences of the patients and families in an ICU environment?” After these research questions were posed, philosophical assumptions were made that helped guide methodological decisions and a well-developed phenomenological research design. The descriptive-hermeneutic phenomenological approach by Van Manen<sup>12</sup> (1990) and the philosophical perspective of Merleau-Ponty<sup>21</sup> (1945/1962) were used for this exemplar study.

Merleau-Ponty<sup>21</sup> (1945/1962) suggested that phenomenology is the rigorous science of the search for essences. He combined Husserl's transcendental approach to epistemological questions with an existential orientation derived from Heidegger. Merleau-Ponty argued that the lived body was not an object in the world but rather the person's point of view of the world. The body itself is the knowing object. He was concerned with a science of human being and that the relation between human and world is ontological. Merleau-Ponty<sup>18(p383)</sup> (1962) stated, “It is through my relation to others, and also through my relation to things that I know myself.” Furthermore, he emphasized that intentionality is relatedness to the world, the integral connectedness between humans and the life world in which attention of humans is always directed toward specific events, objects, and phenomena. For Merleau-Ponty<sup>22</sup> (1964), in this condition of being in a situation in an already given world of relationships, the other's universality leads them to a selective operation to adapt to the situation. Each body, with its own structure, selects ways

to adapt, which are never repeated either with others or with itself at other moments and places. Understanding the meaning of some experience requires us to describe the intentional stance (or situated perspective) of the event from the point of view of the experiencing person. This is also related to his concept of relationality. From Merleau-Ponty's perspective and this study, Cypress<sup>23(p278)</sup> (2011) stated:

In this study, lived relation during the ICU experience was with their critically ill loved one, with each other, with nurses, physicians and other healthcare staff, and with others who supported them. There is an implicit connection between the physicians, nurses, family members and the health care staff and the ICU works as a whole because of this interdependence. To achieve relational integrity and effective adaptation during critical illness, patients have to interact with the nurse, family members and significant others for care, support and security. ICU nurses are positioned to focus on caring for the patient. To provide holistic care however, caring cannot be directed exclusively to the patient, especially in the context of critical illness. Care of the patient and family become intertwined in that what affects one member potentially impacts the entire family. Thus, the hospitalization of a family member has an impact on the whole family system's equilibrium. To be able to help the family function in crisis related to critical illness, the nurse needs to promote adaptation and emotional stability.

Merleau-Ponty<sup>21</sup> (1945/1962) also suggested that phenomenology is the rigorous science of the search for essences. The specific aim of his phenomenology was to give direct description, not a causal explanation of experience. Lived experience given in the perceived world must be described.<sup>24</sup> Merleau-Ponty also asserted that phenomenology is a philosophy that sees people in a world that already exists before any reflection. He sees this individual as the body itself, at a place and time, acting in the world in which it lives. The body itself is the perceiving subject: the point of view of the world and the time-space structure of the perceiving experience. Merleau-Ponty proposes the task of returning to the very thing in a search for the essences of objects and their qualities but seeing these as part of the lived and experienced world, which is a world of things that have not been reflected upon and on which sciences are constructed. Merleau-Ponty believed that it is through the life experience that the person has the potential to find meaning and understanding in life. After developing an overall phenomenological approach and determining a philosophical perspective, considerations for sampling decisions and data collection, analysis, and interpretation were made. I was always aware that qualitative research designs are not fixed and static; rather, they are emergent and flexible.

In qualitative studies, sampling, data collection, and analysis including interpretation take place repetitively. Informed consent is also an ongoing process that continues until data saturation is achieved (process consent). The sampling method usually used is purposive. A purposeful sample of 5 nurses, 5 patients, and 5 family members in the ICU were included. The patient participants in this study were acutely, critically ill patients in the ICU before their transfer to the regular, medical floor with age ranging from 22 to 70 years. Eligibility was determined to ensure the patient's mental capabilities to answer questions and tell their stories. All of the nurses who participated in this study held a bachelor of science in nursing, were registered nurses in New York State and between the ages of 25 and 60 years, and had at least 2 years of critical care experience in the ICU. The sample of family members included the patients' spouses, a daughter, and a patient's mother who were at the bedside most often in the ICU and were between 22 and 70 years old. These family members were the patients' immediate family, significant others, primary support system, and caregivers and were named by patients as their family. A description of patients, family members and nurses' demographic characteristics are provided in Tables 5–7. Rigorous data collection procedures then ensued more than 6 months through in-depth face-to-face interviews to be able to explore the phenomenon under study until data saturation was achieved. An inductive approach for data analysis was used. Data analysis began with the very first data collection to facilitate the emergent design and structure. Analysis of the data proceeded with the description of the lived experiences of 15 participants of critical illness in the ICU and its interpretation of the overall meaning of individual interviews. The transcripts were approached with an open attitude, seeking what emerged as important and of interest from the texts. The understanding of something written is not a repetition of something past but the sharing of a present meaning.<sup>25(p392)</sup>

No conceptual or single statements can capture the full mystery of the ICU experience of the participants. A

**TABLE 5** Nurse Participants' Demographic Data

Participant Number	Age, y	Sex	Educational Level	Years of Nursing Experience	Years of Intensive Care Unit Experience
1	40	Female	MS	17	15
2	38	Male	BSN	7	5
3	36	Female	BSN	3	2
4	52	Female	MS	25	20
5	50	Female	BSN	20	18

**TABLE 6** Patient Participants' Demographic Data

Participant Number	Age, y	Sex	Diagnosis
1	61	Male	Hemorrhagic stroke
2	43	Male	Diabetic ketoacidosis
3	55	Male	Asthma, emphysema, respiratory failure
4	23	Male	Multiple gunshot wounds
5	70	Female	Exacerbation of congestive heart failure

thematic phrase does not do justice to the fullness of the life of a phenomenon. It only serves to point, to allude, or to hint at an aspect of a phenomenon.<sup>12</sup> These processes and considerations facilitated the articulation of structural patterns related to the perceived ICU experiences across all interview texts of the participants.

Uncovering thematic aspects related to the ICU experience was conducted using Van Manen's<sup>12</sup> (1990) 3 phenomenological approaches, namely, (1) the wholistic or sententious approach, (2) the selective or highlighting approach, and (3) the detailed line-by-line approach. Van Manen<sup>12(p92)</sup> (1990) stated that "any lived experience is an appropriate source for uncovering thematic aspects of the phenomenon it describes." Themes and descriptors were illuminated and interpreted to achieve an understanding of the perceived phenomenon as experienced by the participants in this study.

Phenomenology as an approach for my study allowed the description and understanding of the phenomenon of interest. Themes were first generally classified into 2 categories. The 2 categories were the integrating common themes and the specific themes. A total of 5 integrating common themes were illuminated. The lived ICU experience among all the participants is interdependence. The patients, their family members, and nurses are one or intertwined. Adaptation in the ICU, as experienced by the participants from 3 categories, integrates family as a unit, physical care/comfort, physiological care, and psychosocial support resulting in transformation. The second set of themes was categorized into nurse-, patient-, and family member-specific themes. A total of 3 themes were illuminated that comprised the second set of themes: (1) advocacy, (2) uncertainty, and (3) confidence in the nurse and health care team. These themes constituted essential essences of the perceived experience of the nurses of patients and family members and of the patients and families of the nurses in the study.<sup>23</sup> From these findings, I was always aware that the meaning or essence of a phenomenon is never simple or 1 dimensional. Meaning is multidimensional and multilayered.<sup>12,17</sup> Meaning is never and can never be finally complete. There is no end to meanings. It is infinite, always contextual, and recognized

as expandable and expanding. Meaning is limited only by our readiness to enlarge our understanding.<sup>26</sup> I also considered the threat of possible researcher bias. Researcher bias is frequently an issue because qualitative research is open, exploratory, and less structured than quantitative research.

It was important that I identified that my interest was not infused with bias and prejudice. Through reflexivity and bracketing, I was always on guard of my own biases, assumptions, beliefs, and presuppositions that I might bring to my study but was also aware that complete reduction is not possible. Van Manen<sup>12(p47)</sup> (1990) articulated that "if we simply try to forget or ignore what we already know, we may find that the presuppositions persistently creep back into our reflections." Streubert and Carpenter<sup>2</sup> (1999) also concur that the only way to really see the world clearly is to remain as free as possible from preconceived ideas or notions but asserted from Merleau-Ponty<sup>24</sup> (1956) that complete reduction may never be possible because of the intimate relationship individuals have with the world. During data collection and analysis, I made my orientation and preunderstanding of critical illness and critical care be explicit and known but held them deliberately at bay and bracketed them.

## CONCLUSIONS

Qualitative research and the larger discussion about philosophical, paradigmatic, theoretical, and interpretive frameworks that researchers bring to a study are complex and not without confusion and controversy. Phenomenology as a research approach provided an avenue for investigation that allows the description of lived experiences of phenomena that are important in nursing practice. This approach of naturalistic inquiry that begins with philosophical assumptions and stance, paradigms, and possibly a conceptual-theoretical lens was applied in exploring the meaning of the lived experiences of critical illness of patients, family members, and their nurses in the ICU using the philosophical perspective of Merleau-Ponty and the phenomenological research activities by

**TABLE 7** Family Member Participants' Demographic Data

Participant Number	Age, y	Sex	Relationship to Critically Ill Patient
1	62	Female	Wife
2	70	Male	Husband
3	45	Female	Mother
4	38	Female	Father
5	60	Female	Husband

Van Manen. Data were collected in a natural setting from 15 participants and analyzed inductively to establish patterns or themes. The findings presented the voices of the participants, a robust description and interpretation of the phenomenon, the reflexivity of the researcher, and knowledge that adds to the health care literature that calls for action.

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## ABOUT THE AUTHOR

**Brigitte S. Cypress, EdD, RN, CCRN**, is an assistant professor of Nursing, Lehman College and The Graduate Center, City University of New York.

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Address correspondence and reprint requests to: Brigitte S. Cypress, EdD, RN, CCRN, P.O. Box 2205 Pocono Summit, PA 18346 (Brigitte.cypress@lehman.cuny.edu).

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