The Quality of Husserlian Phenomenological Research in the Health Sciences: A Methodological Systematic Review

Catalin Tufanaru

August 2013

School of Translational Health Science
Joanna Briggs Institute
Faculty of Health Sciences
University of Adelaide

Thesis Supervisor
Professor Alan Pearson AM
School of Translational Health Science
Joanna Briggs Institute
Faculty of Health Sciences
The University of Adelaide
Table of contents

- Abstract of the thesis  page 1
- Statement  page 3
- Acknowledgement  page 4
- Chapter 1: Introduction
  - Background/Context of the review  page 5
  - Review Objective/Question  page 9
  - Definitions of terms  page 9
- Chapter 2: The Systematic Review
  - Review Questions/Objectives  page 11
  - Inclusion Criteria  page 11
  - Review Methods  page 12
- Chapter 3: Results  page 24
- Chapter 4: Discussion and Conclusions  page 41
- Appendices  page 45
- References  page 123
Abstract of the thesis

The objective of this Thesis was to provide a narrative synthesis of the literature on the quality of existing Husserlian phenomenological research studies in the health sciences. A methodological systematic review was performed. Only studies that focus on adult patients’ experiences of preventive, screening, diagnosis, treatment or rehabilitation interventions/procedures were considered to serve as a paradigm ‘case’ of the use of the Husserlian phenomenological approach within the broad field of health.

The review question was: What is the quality of existing Husserlian phenomenological research studies in the health sciences? For this review, quality refers to the extent to which there is congruence between the Husserlian phenomenological approach and the content of Husserlian phenomenological research studies.

This review considered studies that included adults (aged 18 years old or older), regardless of gender or ethnicity, cognitive abilities or impairments/dysfunctions, principal diagnosis and co-morbidities, severity or stage of the disease or co-morbidities, who had received preventive, screening, diagnostic, treatment or rehabilitation interventions regardless of healthcare setting and type and specifics of interventions/procedures. Only studies with the experiences from the patient’s perspective were considered for inclusion in the review. Qualitative research studies grounded in the work of Husserl, including studies that utilise the Giorgi’s or Colaizzi’s approach (or any similar phenomenological descriptive approach) were considered for inclusion in the review.

The search was limited to English language publications from January 1960 to September 2012. A three-step search strategy was utilised in this review, an initial limited search of MEDLINE and CINAHL, followed by a second search using all identified keywords and index terms undertaken across databases, and a third search of reference list of all identified articles.
Papers selected for retrieval were assessed by two independent reviewers for methodological validity prior to inclusion in the review using a standardised critical appraisal instrument from the Joanna Briggs Institute. Data were extracted from papers included in the review using a standardised data extraction tool from Joanna Briggs Institute. Methodological critique of the included studies was performed during the data synthesis stage of the review. The purpose of the methodological critique of included studies was the examination of their congruence with the central tenets of Husserlian phenomenological approach. Given the objective of the systematic review no studies were excluded after critical appraisal. Thirty studies were included.

The review of the included papers identified clear inconsistencies between the tenets of Husserlian philosophical phenomenology and the research approaches used in included studies but the creative adaptation and transformation of phenomenological ideas and approaches for the specific purposes of qualitative scientific research are justified and the results of the research are useful if the circumstances and consequences of these adaptations and transformations are understood. Deficiencies found in included studies were examined with the intention to clarify the conditions for better application of the phenomenological method. Recommendations are provided for future health research motivated by this specific philosophical perspective.
Statement

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

I give consent to this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

I also give permission for the digital version of my thesis to be made available on the web, via the University’s digital research repository, the Library catalogue and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

Catalin Tufanaru
21st of August 2013
Acknowledgement

My sincere thanks and deepest appreciation to Professor Alan Pearson AM, my Supervisor, for his guidance, encouragement, support, and endless patience.