

Enhancing the quality of hermeneutic research: decision trail

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Background. Researchers have ethical and professional obligations to produce research of a high standard. The constituents of quality in research appear to differ between authors, leaving readers unsure about which pathway to follow. This can reflect inadequate consideration of the theoretical framework guiding the study. Many papers fail to consider the theoretical underpinnings of the methodology chosen and the link between these and the methods employed. These need to be accessible to readers in order to assess the trustworthiness of the research.

Aim. This paper discusses the development of trustworthiness in hermeneutic phenomenological research.

Discussion. Referring to a study on lived experience of Chronic Fatigue Syndrome/myalgic encephalitis, I describe the decision trail and discuss the strengths and limitations of the choices made throughout the study.

Conclusion. The methodology focused my approach more fully on the importance of recognizing the influences that I brought to the study and the impact of these in generating the data. It highlighted the fact that the process of setting out my horizon can never be complete, the importance of analysing the data at a macro and micro level, acknowledging the evolution of the data over time, and ensuring that analysis does not move beyond the data and out of the hermeneutic circle. In seeking to make the decision trail clear to others, researchers must distill the philosophical principles of the methodology and set these out in a way that is accessible and open to scrutiny.

Keywords: nursing, qualitative research, trustworthiness, hermeneutics, phenomenology, chronic fatigue

Introduction

Qualitative research continues to be regarded by some as a 'soft option' lacking scientific rigour and open to possible bias or even fraud (Chapple & Rogers 1998). The unclear process by which qualitative researchers arrive at interpretations and lack of detail about the process of analysis have been criticized (Pollock 1991, Clarke 1998, Crist & Tanner 2003). The decision trail is rarely set out and many studies appear to suffer from 'method slurring' (Baker *et al.* 1992, p. 1355), using methods that derive from more than one methodology:

It is important to acknowledge at the outset that particular philosophical underpinnings or theoretical orientations and special

purposes for qualitative inquiry will generate different criteria for judging quality and credibility. (Patton 2002, p. 543)

Every decision taken by the researcher should be a reasoned one, reflect the theoretical framework of the methodology employed and be made explicit to others (Koch 1996). All research methodologies hold ideas about the nature of truth and reality (paradigms or worldviews), based on alternative epistemologies and ontologies. Researchers must be conversant with these and apply their interpretation of the theoretical framework to the research methods adopted.

This paper draws on a study that took a hermeneutic or Heideggerian phenomenological approach, tempered by Gadamer's philosophical hermeneutics (Heidegger 1962, Gadamer 1976), a methodology widely used in nursing

research. The key elements of this approach are the fusion of horizons, the hermeneutic circle, and the temporality of truth and dialogue.

The horizon or prejudices that each researcher brings to a study are influential on the research process and require reflection (Gadamer 1976). These are the historically and culturally produced understandings that influence interpretation and, thereby, constitute understanding. Horizons comprise preunderstandings or prejudices that enable us to make sense of events and people (Gadamer 1976). Researchers cannot 'eliminate' their experience, which is inextricably linked to interpretation (Thompson 1990, p. 246). Readers, as interpreters themselves, participate in the process of interpretation by bringing their own horizons to the work. The themes emerging from the text may, therefore, be different for each reader but, critically, although readers may not share the author's interpretation, they should be able to follow the pathway that led to the interpretation given (Benner 1994).

'The hermeneutic circle' is a metaphor for describing the analytic movement between the whole and the part, in which each gives the other meaning (Heidegger 1962). Analysis involves a prolonged period of reflection on both parts of the data and the whole, in order to situate the meanings derived. Researchers involved in this process recognize that this stage must come to an end, but that further analysis would yield changes in interpretation:

No individual inspection of a work ever exhausts its meaning; interpretation can always be rectified. Even the best is only an approximation of the meaning. (Ormiston & Schrifly 1990, p. 97)

Thus, the researcher holds a temporal understanding of the data, recognizing that research represents a temporary coalescence of views about a phenomenon or experience:

The human sciences, because they are engaged in temporal investigation, are not designed to arrive at an atemporal causal certainty. Instead their investigations have as their object the rendering of life and the world continually understandable. (Faulconer & Williams 1985, p. 1186)

Each person's interpretation of a text will change over time as their horizon evolves.

In addition to the principles set out by the theoretical framework, I drew on the five points identified by Guba and Lincoln (1989) as constituting quality in research. These principles reflected the key elements of my methodological approach.

The trustworthiness of a study can be endorsed if: the researcher describes and interprets their experience (credibility); readers consider that the study is transferable to another

context and are able to follow the decision trail of the researcher throughout the study (dependability), finding no ambiguity about choices made (Guba & Lincoln 1989); and the researcher shows how interpretations have been arrived at during the inquiry (confirmability). Findings should be informed by attention to praxis and reflexivity, understanding how one's experiences and background affect what one understands and how one acts in the world, including during inquiry. These criteria contribute to the 'trustworthiness' of the data (Guba & Lincoln 1989, pp. 76–77).

In hermeneutic phenomenological research, an ability to follow the decision trail relating to theoretical, methodological and analytic choices is an important indicator of trustworthiness (Koch 1994). In this paper, an illustration of how these principles were considered in a study on the lived experience of people with Chronic Fatigue Syndrome/myalgic encephalomyelitis (CFS/ME) is set out in three sections: formation and development of the research question, data collection and analysis, and the credibility of the researcher.

Development of the research question and sampling

This section outlines the development of the study from inception through to the data collection phase and discusses the fundamental decisions taken during that time.

While preparing to work on a randomized controlled trial (RCT) on the management of people with CFS/ME I undertook a review of the literature. A large number of articles on aetiology and management were found but there was an absence of qualitative work on what it was like to live with CFS/ME. The literature search included all available sources of data: qualitative and quantitative accounts of living with a chronic illness, 'grey' literature, newspaper articles, websites, and information from patient associations.

The research question, for a study separate to the RCT, was therefore developed in an inductive manner and the question 'What is the lived experience of CFS/ME from the perspectives of people living with this condition, and family members?' reflected the level of available knowledge.

The validity of the research idea can be enhanced when the researcher can demonstrate that little is known about the topic (Field & Morse 1994) or that the area has not been investigated in their own discipline (Stern 1980). This study was undertaken against a background of little qualitative work on CFS/ME and none that explored the family perspective. The research had the potential to make a contribution to the knowledge base in this area.

I then turned to how I would answer the research question, and a review of potential methodologies was undertaken. In short, a quantitative approach would have required a focus on particular aspects of living with CFS/ME and my own judgements on the nature of these. A questionnaire would not have produced the depth of information sought and would have been inappropriate for exploring sensitive topics, such as family relationships.

Although I had established that a qualitative approach was appropriate, consideration of the many methodologies within the qualitative paradigm was needed. I considered both the potential contributions and the limitations of each methodology. A hermeneutic phenomenological approach was chosen.

Hermeneutic phenomenology is highly suited to answering 'what' and 'how' questions about human issues and concerns but does not aid in prediction (Leonard 1984). It can provide a better understanding of what the issues and concerns are and, thus, help to anticipate future events, and can develop understanding of the significance of an event or topic to the person or family.

This approach is time-consuming in terms of data collection and in-depth analysis and is, therefore, expensive and it also involves an emotional investment, because of the depth of data shared. Not everyone, researchers and participants alike, is willing or has the time to participate in this type of research.

Foreshadowed understandings, including one's preconceptions and biases, must be acknowledged as clearly as possible. Some have criticized interpretative work for being biased toward the investigator's knowledge and experience and for not remaining true to the participant's lived experience (Tripp-Reimer & Cohen 1987). Getting too far out of the hermeneutic circle can decontextualize the interpretation from the original text. Hermeneutic phenomenology tries to address this by remaining close to the original text and uncovering biases for the scrutiny of others.

There is academic pressure to go beyond description and 'light' interpretation, in order to contribute towards the development of theoretical frameworks. The researcher must balance this against Heidegger's warning:

Whenever a phenomenological concept is drawn from primordial sources, there is a possibility that it may degenerate if communicated in the form of an assertion. It gets understood in an empty way and is passed on, losing its indigenous character and becoming a free-floating thesis...The difficulty of this kind of research lies in making it self-critical in a positive sense. (Heidegger 1962, pp. 60–61)

When an interpretative account loses its contextuality and temporality and operates beyond its original context, it may be reduced to what Dreyfus (1991) refers to as 'levelling to

banality' and then becomes mere assertion. This, according to Dreyfus, is equivalent to sliding 'from the truth of primordial pointing out to the untruth of mere correspondence' (p. 276), thus reverting to commonplace observations or the Cartesian mode of inquiry.

A review of the strengths and the limitations of the methodology sets out the methodological horizon under which the researcher is working, and provides the reader with information to determine the dependability of the choices made.

Several sampling approaches exist. Theoretical sampling was not appropriate in this study, as a grounded theory approach was not taken. The aim was not to sample on the basis of concepts that have proven theoretical relevance (Strauss & Corbin 1990) but to gain variation in the sample. A combination of purposive sampling and snowballing was chosen. Purposive sampling was used to ensure that people of all ages who attended the CFS clinic were included. This was not a stratified random sample, which would seek a particular number of people across set parameters. The snowball technique was used to recruit people who did not attend the CFS/ME clinic, through patient support groups and, in turn, to recruit people who did not belong to any patient groups. This promoted variation in the sample and ensured that it was not restricted to clinic attendees or members of patient groups. As many family members and 'fictive' kin (Allan 1996) were interviewed as possible. Family members were included because they form an important part of the lived experience of CFS/ME:

Chronic illness may fall as heavily on the family as on the patient, in terms of problems created for daily living and family life. (Anderson & Bury 1988, p. 99)

In recognition of the significant role that others outside of the immediate family can play in the experience of illness, people with CFS/ME were asked to identify all those people who played a significant part in their illness experience and who could be approached for interview. A decision to stop recruitment was made when 17 people with CFS/ME were involved in the study. The decision reflected the need to achieve a balance between the time available to work on the study, the longitudinal nature of the study, in which participants would be interviewed up to three times, and an appreciation of the depth and associated time needed to undertake the analysis. Theoretical saturation is not sought in hermeneutic studies as the temporality of truth is recognized. Further, the research question was deliberately broad and a progressively intense focus on specific aspects of the lived experience was not sought.

Enhancing the quality of data collection and analysis

Eighty-five interviews were collected over a three and a half-year timespan; these involved up to three interviews with each participant. A longitudinal approach recognizes that 'private' accounts (Cornwell 1994) are more likely to be elicited from participants through multiple interviews, and allows the researcher to revisit issues and discuss new areas that have emerged from the data. It also allows participants to discuss areas that they may have forgotten or decided to withhold during the previous interview. Interviews were conducted at participants' convenience, to encourage as wide a participation amongst family members as possible. This was normally in the home environment and during evenings and weekends. They were tape-recorded and participants' consent to do so was sought. Importance was placed on collecting an accurate account through taped interviews. The potential distraction of the tape recorder was felt to be outweighed by the quality of the data gained. Use of the spoken word of those living with CFS/ME as the source of data did not require my judgement of what constituted experience, as would be the case if observational methods had been used or if I had taken notes during interviews. In addition, participants were asked to read through the transcribed interview and make comments, further contributing to the credibility of the data collected. No-one asked for any material to be removed from the transcript. Comments made were all points of clarification to develop my understanding of the text and so contribute to the fusion of horizons (Geanellos 1998).

Features of the circumstances under which the data was collected require consideration. One person stated that others in the house could hear them and lowered their voice at key points in the interview. Another person told me that they wanted to finish the interview before a family member returned home. Issues such as these were noted in my journal and the impact considered when analysing the data.

Management of the research interview, in terms of interviewer style and questions asked, will influence the data collected. Participants were encouraged to describe their everyday experiences and assured that no subject was too trivial. A common starting question was used: 'Can you tell me when you first started to notice symptoms related to CFS/ME?' No further guidance was given throughout the interview beyond this starting question, and participants covered the topics they felt were relevant and in their own order. Questions were only posed for the purpose of clarifying points raised. A structured or semi-

structured interview approach was not appropriate as I did not want to define the areas that each participant would cover, rather I wanted participants to bring up issues that were important to them and so promote the fusion of horizons. The disadvantages of using an unstructured approach were that not all participants covered the same areas, e.g. the financial impact of CFS/ME, and analysis was more time-consuming because of the unfocused nature of the data.

The nature of qualitative analysis is at the heart of much controversy (Pollock 1991, Patton 2002). This relates, in the main, to dependence on the analyst's insights and conceptual capabilities, coupled with ambiguity about the process of analysis. A suspicion may arise that the data have been shaped, knowingly or otherwise, by predispositions and bias. To help counter this, the researcher's awareness of their predispositions, making biases as explicit as possible can be shown. An attempt to bracket out the researcher's influences, as in Husserlian or transcendental phenomenology, is antithetical to the generation of understanding. The researcher's horizon cannot be blocked out (Gadamer 1976). The key principles that guided my analysis of the data were: entering the hermeneutic circle to engage in a process of moving from the part to the whole, allowing emerging data to remain open to divergent interpretations, and recognizing the temporality of truth and the horizons of the interpreter and the text.

During analysis, I engaged in a systematic search for alternative themes, divergent patterns and rival explanations of the data. The aim was not to disprove the alternatives but to look for data that supported alternative explanations. When patterns and trends were identified, attention was given to findings that both did and did not support these, and I continued to allow individual accounts to be heard. This approach to analysis and writing:

...adds credibility by showing the analyst's authentic search for what makes most sense rather than marshalling all the data toward a single conclusion. (Patton 2002, p. 555)

In assessing the findings of a qualitative study, the reader begins by taking each claim made and asking how plausible it is. A key area is the provision of sufficient contextual evidence to support it (Patton 2002).

In my study on CFS/ME, evidence was provided through extracts from participants' accounts. In presenting these, I considered three potential sources of error that may dissipate the credibility of the data provided:

- The possible effects of the researcher's presence on the account, an area covered in the next section on the credibility of the researcher.

- The nature of the phenomenon being described and the implications of this for the likelihood of error, discussed above in the section on data collection.
- The reporting process itself, including the possible relevance of what has been missed out.

Quotations can only reflect a proportion of the evidence available to support a claim and they are taken out of the context of the interview. Inclusion is driven by the researcher's choice, and the word limit of a report or paper often dictates how many can be included.

Claims may be supported by references to published sources but potential threats to validity within the source should be acknowledged. For this reason, drawing on published sources alone is unlikely to be sufficient to endorse credibility (Hammersley 1990).

In presenting the findings, I gave attention to the range of quotations used to support each area of discussion. As many quotations as possible were included, and these were of sufficient length to maintain the context of the information presented.

Credibility of the researcher

Hermeneutic phenomenology recognizes the influence of the researcher on the conduct and presentation of a study. Although approaches such as ethnography and symbolic interactionism also recognize this, in hermeneutics researchers' ability to describe and interpret their experience is an integral part of the research process (Guba & Lincoln 1989). The potential effect of the researcher on the data collected is often referred to as the problem of reactivity (Hammersley 1990). The researcher must be aware of the potential effects of their personal and social characteristics on data collection (Goffman 1959). Literature that reports the process of the qualitative researcher's experience as data is rare (Koch 1994). Hermeneutic phenomenology relies on the self-awareness of the researcher to record their influences. It is vital that some information about the researcher is included. In reporting the CFS/ME study, my background was set out, allowing readers to judge the credibility of the research in relation to intellectual rigour, professional integrity and methodological competence, and the influence of experience and background on my approach.

My self-awareness was further raised by keeping a journal in which the content and process of interactions were noted (Koch 1994). The journal acted as a record of events and how my 'horizon' was developing, and provided material for reflection. To illustrate this concept, examples from my journal are set out below, under the headings of 'Experiences', and 'Prejudice'.

Experiences

I explored my experiences whilst conducting the interviews, noting down the nature of interactions. The main issues that arose during interviews were: maintaining a non-therapeutic relationship, ensuring confidentiality, and not intervening or influencing the care received.

During the interviews I was aware of my duty to maintain the confidentiality of participants. Sometimes, quite innocent comments could have betrayed this, for instance, an interviewee saying 'I don't know if she [my wife] has told you about this' or 'I don't know if my sister agrees with this but...'. It would have been easy to 'give away' potentially important information just through the nod of a head.

In seeking information or assurances about the nature of their own experience, participants commonly asked whether it was 'normal' and asked about the findings of the study so far. I felt that a degree of reciprocity was important and recognized that feedback was vital in this. However, at this stage I only discussed the findings very broadly, without reference to individuals.

During the interviews, some participants asked for advice about managing symptoms and specialists working in the area of CFS/ME. I was aware that I should not be involved in a therapeutic relationship with participants and always ensured that boundaries were respected, reminding participants, when necessary, that I could not offer advice on symptom management or provide emotional support. I informed them about the research evidence available and, if someone asked about the CFS clinic, told them where it was based and the consultant's name, but stressed that this was an area to be discussed with their general practitioner (GP). In this way, I prevented my role as researcher from fusing with my experience as a health professional.

Prejudice

In the journal I acknowledged my historical, cultural, personal and professional background (Gadamer 1976) and noted the effect of my 'horizon'. I recorded the ways in which my socialization into nursing helped me to negotiate access to potential participants, particularly in the CFS/ME clinic. Familiarity with medical terminology allowed me to follow people's, sometimes detailed, accounts of medical tests and procedures undertaken.

Following the first interviews, I noted down my reaction to the severe disablement experienced. Articles presenting survey data on disability do not convey its real meaning, as communicated by a person with CFS/ME who describes

What is already known about this topic

- In hermeneutic phenomenological research, an ability to follow the decision trail relating to theoretical, methodological and analytic choices is an important indicator of trustworthiness.
- Researchers must be aware of the potential effects of their personal and social characteristics on data collection.
- Literature that reports the process of qualitative researchers' experiences as data is rare.

What this paper adds

- Key areas to be considered in enhancing the trustworthiness of qualitative research with a focus on hermeneutic phenomenological research.
- An illustration of the practical application of the philosophical elements of the methodology, using examples from a study conducted on chronic fatigue syndrome.
- Discussion of both the strengths and the limitations of the methodological approach.

inability to function across a number of domains. In my journal, I noted:

I felt sad when I left Alan's house. He looked so confined sitting in that room, the one [in which] he has spent most of the last 8 years. He had a view of the garden, and yet was unable to go out into it very often and mourned his inability to maintain it. It was a hot sunny day and he looked over into the garden a lot during the interview. The impact of CFS/ME was so graphically represented that day, sitting in a darkened room when so much vitality was just a stone's throw away beyond the patio doors.

The impact on people of the stigma attached to CFS/ME by health professionals struck me, and I wrote in the journal:

The hurt and stress that others can cause through their choice of words is marked. Today Helen was visibly moved when she described the time her GP sent her away without any guidance, words of disbelief about the reality of symptoms ringing in her ears. She had no diagnostic label, was debilitated and incapable of looking after herself. At this stage people need some form of guidance even if the origin of the symptoms is questioned.

In my nursing career, I follow the Nursing and Midwifery Council Code of Conduct (NMC 2002) in helping:

...individuals and groups gain access to health and social care, information and support relevant to their needs. (NMC 2002, p. 4)

The Code states that nurses should 'promote and protect the interests and dignity of patients and clients' (p. 3) and respond to care needs irrespective of personal characteristics or presenting health concerns.

I believe that the treatment that patients received breached ethical principles and raised issues about care delivery. Further, my experience as a nurse taught me to recognize patients' symptoms as 'real' to them. One quote that stayed with me after my training seemed particularly relevant: 'pain is what a patient says it is and exists when he says it does' (McCaffery 1983, p. 95). Inherent in this is the acceptance, without prejudice, of what the patient says. I found the treatment that some of the participants had experienced unacceptable and detrimental to their welfare. A review of the notes at a later stage helped to show how my horizon was operating during and shortly after the interview, and prompted reflection on the horizon of the text and the prejudices that I brought, and continued to bring, to the analysis.

Conclusions

This paper has described the development of trustworthiness and hence the quality of a hermeneutic phenomenological study by setting out the links between the theoretical principles of the methodology and the methods used.

I consider that attention to this process has helped to bring out both the strengths and the limitations of the methodological approach.

The methodology focused my approach more fully on the importance of recognizing the influences that I brought to the study and the impact of these in generating the data. Journal entries included in the text can reveal ways in which the researcher participates in making data.

I acknowledge that the process of setting out my horizon can never be complete or fully understood by others, but that I have taken this direction as far as possible in working towards the development of a fusion of horizons.

The principles of the hermeneutic circle served to highlight the value of analysing the data at a macro and micro level over a number of years, living with the data, and acknowledging the evolution of the data over time, both through conducting further interviews with participants and through awareness of changes in social, political and personal contexts.

The methodology also served to guide the level of interpretation undertaken, advocating that analysis should move beyond description but that interpretation should not move beyond the data and out of the hermeneutic circle.

During the study I also recognized limitations that may impact on the trustworthiness of the data. Hermeneutic phenomenology is a philosophy and not a methodology, and the researcher is required to read and extract the principles of this and apply them to the study. This leaves the researcher open to criticism that the process of translating philosophy into practice involves the researcher's interpretation. In seeking to make the decision trail clear to others, the researcher must distill the philosophical principles which are necessarily subjective and set these out in a way that is accessible and open to scrutiny.

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