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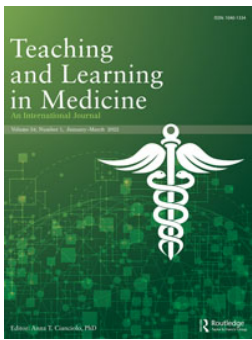
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Phenomenological Research in Health Professions Education: Tunneling from Both Ends

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ABSTRACT

Issue: The term “phenomenology” is increasingly being used in Health Professions Education research. Phenomenology refers to a philosophical tradition or discipline. For researchers in Health Professions Education without a philosophical or humanities background, there are two practical problems. The first is that it is not always clear how studies that call themselves “phenomenological” are distinct from studies that use other methods; phenomenology as a label seems to be used for any study that is interested in the experiences of participants. The second problem is that a more in-depth study of phenomenology in the literature yields either abstract definitions such as “examining the underlying structures of consciousness,” or contrasting translations of phenomenology to concrete research tools. What would phenomenology in medical education research look like that is both true to its philosophical roots and yields research findings that contribute to the quality of medical education? *Evidence:* Two medical education researchers, one with a medical background and the other with a philosophy background, engaged in a dialogue with the purpose of formulating an approach for phenomenology in medical education research. The first departed from the practical demands of his research project in which phenomenology was suggested as a methodology, but guidance was lacking. The other departed from the philosophical tradition of phenomenology with the purpose of exploring how phenomenological insights can be valuable for medical education research. The paper presents these journeys and the results of this dialogue where they formulate starting points for an approach to conducting HPE research that has scientific phenomenological integrity and yields practical results. *Implications:* Phenomenology has been one of the defining developments in philosophy and the humanities in the 20th century. A basic grasp of its insights is useful for medical education researchers since any research today takes place in the light of these insights. Within medical education, there are certain types of phenomena, research questions, and research goals that call for an explicitly phenomenological approach. Rather than prescribing specific methods or methodologies, phenomenology offers signposts for how to think about the relationship between our research object, methods, and data, and our own role as researchers. We suggest that researchers in HPE, when reporting a phenomenological study, instead of claiming to have followed a certain phenomenological method, explain how their research question, methods, and results fit the purposes and standards of phenomenology. We illustrate this with an example of how to use phenomenology in an interview study.

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Introduction

What follows is the substrate of an e-mail dialogue between CBTR (Chris) and MV (Mario). We started this dialogue at the 2019 Association for Medical Education in Europe conference in Vienna, and it has been ongoing since then. The purpose was to connect our two perspectives to a common ground: phenomenology in health professions education (HPE) research. We share an interest in conducting

meaningful research from a phenomenological perspective, as well as a frustration with the current “pointers” that are available for educational researchers. Chris is a general practitioner (GP) and GP training program director, who is conducting PhD research on direct observation of GP trainees by their supervisors. Mario is an interdisciplinary philosopher and educational researcher, with no medical background. Tunneling from both ends is how we experienced this

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attempt to meet on common ground. During this process Mario joined Chris's research project on patients' experiences in direct observation situations, which helped us concretize the phenomenological principles we were discussing. True to the phenomenological approach, our dialogue is still continuing. In this paper, we present our current understanding. While this text is – partly – written as a dialogue, we discussed and wrote subsequent drafts of all sections and the final paper together.

Introduction Chris

A few years ago, my PhD supervisor suggested a phenomenological approach for a patient interview study.¹ We had finished two constructivist grounded theory focus group studies on the residents' and the supervisors' perspectives on direct observation (DO) in general practice training.^{2,3} My supervisor argued that since we were interested in the patients' experiences with DO situations, a phenomenological approach seemed appropriate. This confused me and I asked him what the difference would be from the constructivist grounded theory approach we had used to study the experiences of residents and supervisors. Was that not already phenomenological?

This was the beginning of my quest to understand the value of phenomenology for my research, and to learn how a phenomenological approach differs from what I had been doing so far. I embarked on a search of the literature on phenomenology in and outside HPE. In HPE literature, I found overviews of distinct phenomenological schools.⁴⁻⁶ This literature often explains the differences between Husserl's Descriptive or Transcendental phenomenology and Heidegger's Interpretive or Hermeneutic phenomenology. It provides descriptions of phenomenology and trademark terms such as "bracketing," "phenomenological reduction," and "pre-reflective experience." Unfortunately, I found these descriptions complex and at times contradictory. They did not provide concrete guidance for my project.

I therefore decided to read works by some contemporary phenomenologists.^{7,8} This helped me start to grasp some phenomenological principles, but also added to my confusion. I encountered many disagreements among seasoned scientists in this field: Van Manen attacks Smith's Interpretive Phenomenological Analysis.⁹ Zahavi accuses van Manen of "getting it quite wrong."¹⁰ Apparently, phenomenologists themselves disagree on what phenomenology is. Moreover, I hardly found any practical guidelines on how to apply phenomenology in research, such as in the

context of an interview study. Indeed, this literature made clear to me that one of the core elements of phenomenology is the absence of fixed rules, let alone a research method.

As a third strategy, I studied examples of research papers in the HPE domain that claim a phenomenological approach. Ajjawi and Higgs¹¹ conducted research on how physical therapists learn clinical reasoning and how to communicate about this. Bynum and colleagues investigated shame experiences of residents.¹² McLachlan and colleagues studied patients' experiences of medical student teaching encounters.¹³ There are more examples.^{14,15} The authors of these interview studies describe their phenomenological methods in detail, and I saw evidence of meticulous analyses through immersion in data and thorough reflexivity. Alas, although I was impressed by the quality of many of these papers, to me, the type of results they provided seemed quite similar to the results of other qualitative inquiry methods. I found descriptions of the phenomenological stance and methods somewhat confusing, and was unable to discern any kind of "phenomenological magic," or at least a workable ingredient that would distinguish phenomenological from "non-phenomenological" interview studies.

I concluded that, in HPE literature, phenomenology is often presented as synonymous with investigating subjective experiences that people have with some phenomenon. But other types of qualitative research, such as constructivist grounded theory, can also investigate this. The thought occurred to me that perhaps, 120 years after Husserl, all qualitative researchers have integrated insights from phenomenology so that the term has become superfluous.

So, here I found myself after these three searches, fascinated, overwhelmed, empty handed, and annoyed. Fascinated and overwhelmed by phenomenology as a promising world in itself, but incomprehensible to outsiders. It was clear to me by now that in my lifetime, as a GP, I was never going to really understand classical phenomenology in depth, in the same way that most philosophers, in their lifetime, are never going to master clinical reasoning. I felt empty handed because I had not found a clear practical research methodology, and a bit annoyed with confusing descriptions of phenomenology in research papers that, as far as I could see, did not deliver results that fundamentally differed from some other qualitative approaches.

Nevertheless, phenomenology intrigued me and I saw beauty in its promise to reveal what people basically experience when exposed to a phenomenon. So, instead of throwing in the towel, I became

determined to find out how a phenomenological approach differs from other qualitative approaches, such as constructivist grounded theory, and how that can be captured in understandable language and methods. Somewhere in this process I met you, Mario, at the AMEE conference in Vienna. It was a relief that you, as a philosopher, understood my confusion. It was also a consolation, though inconvenient for the short term, that you yourself were struggling with the application of phenomenology in HPE research; you had no brief answers. That is when we started this tunneling project through an extensive exchange of letters.

Introduction Mario

When you approached me with questions about phenomenology, this was confronting in the sense that I recognized your questions as relevant but could not answer them easily. My background is in the Humanities and I started working in medical education about ten years ago. This was an interesting experience and culture shock. I found out that the approach to research I was used to in the Humanities was referred to as “phenomenology” in medical education research. Often, this was contrasted with “empirical” research. But, to my confusion, I also found out that phenomenology was presented as a “method” for conducting empirical research.

In the Humanities, when someone makes a claim about phenomenology, the first question is “whose phenomenology?” Phenomenology can be seen as an intellectual tradition in which different thinkers respond to each other and differ with regard to what phenomenology is and how to put it into practice. Husserl is generally seen as the founder of philosophical phenomenology. But he responded to earlier thinkers such as Kant and Hegel, who also used the term. His student, Heidegger, in turn responded to Husserl, but also criticized some fundamental assumptions that Husserl had made about phenomenology. In the historical tradition of phenomenology, each thinker both develops notions of their predecessor and criticizes others. For instance, Butler¹⁶ develops de Beauvoir’s notion of gender¹⁷ in a way that was hugely influential in gender studies and cultural theory. All of these thinkers have in common that they first define either what they see as phenomenology, or *whose* phenomenology they are using, rather than treating it as an out-of-the-box method.

When you approached me with questions, I had, as you say, no easy answers. This is an ongoing struggle with philosophy and medical education research.

But phenomenology faces an additional challenge; as a science of studying everyday phenomena, it uses words that are familiar to us in a technical way for instance: experience, meaning, and intention. In our everyday language and HPE research, we often use words such as “experience” as if we know exactly what they mean. Phenomenology calls these into question (what is experience?). Since HPE research is practically oriented, we simply do not have the bandwidth to elaborate on each of these terms in depth.

Let us start with a technical definition of phenomenology nonetheless, although what this definition means in practice will have to become clear as we go along. Doing phenomenology means describing that which arises in consciousness (phenomena). Phenomenology treats phenomena as objects worthy of description in their own right, rather than only as manifestations of an underlying objective or subjective reality. Whether there is such a reality and whether we can ever get to it, is a question that phenomenology “brackets” (sets aside) rather than trying to answer it, in order to focus on describing phenomena exactly how and when they occur to us, and looking for recurrent patterns or structures in their occurrence. Whether these structures can be called *essences*¹⁸ of phenomena or are contingent manifestations of our *being-in-the-world*¹⁹ is one of those fundamental questions phenomenologists debate.

Here is my version of the problem that you stated: while we both see benefits of phenomenology in HPE research, phenomenology is not an out-of-the-box “method” or even “methodology” that we can simply apply. It is an *approach* to research that requires a certain attitude of the researcher. This attitude permeates all levels of the research: research question, data collection, fine-grained analysis, how you report your results, and reflexivity on your own position as a researcher. Without this attitude, one can use methods that are labeled as phenomenological in a way that is inconsistent with phenomenology as a philosophical approach – which does not mean it is not good research; it is just not phenomenology. And conversely, one can use methods that are not labeled as phenomenology in a phenomenological way. Adding to this complexity, one can take a phenomenological approach to only one aspect of the research – e.g. phenomenological interviewing²⁰ – but not to others.

To avoid getting bogged down in a debate between different phenomenological approaches, let us confine ourselves to understanding some basics of phenomenology that are directly relevant to HPE research.

What is phenomenology?

Let me share - with a minimum of jargon - how I see phenomenology. Phenomenology has a radically different *starting point* from approaches to research that investigate the world as an objective reality that we can have biased or unbiased knowledge of. Its key feature is that it focuses on the world as it *occurs* to human beings, and asserts that it is impossible to describe the world as it objectively “is” independent of how it occurs.

Phenomenology is the analysis of phenomena as we encounter them. The way the world presents itself to us human beings in ordinary life is its starting point. A phenomenon can be anything from a thing to a situation to a thought or experience that we become aware of as we go about our day. *Phenomenon* means that which shows itself, or that which occurs. *Phenomenology* therefore means to study that which shows itself to us *as* it shows itself to us.¹⁹ In this way, phenomenology is contrasted with approaches to science and research that do not take everyday life as a starting point, and with those that examine everyday life occurrences not on their own terms, but within preset analytical frameworks.

As an example, think of waking up and remembering a dream you had that night. The dream is the phenomenon. Perhaps, in the dream, you were flying. You could think about the dream and analyze it, writing your thoughts down and examining how it makes you feel, whether this is a recurring dream and if the dream means anything to you. You could even perform a phenomenological analysis of your dreams by writing them down each morning, comparing them, looking for patterns, and examining (e.g. by keeping a diary) whether there are other events in your day that seem to co-occur with certain elements in dreams. Notice that in this phenomenological analysis, you have not concerned yourself with whether dreams are real or not, whether they have predictive value, or what causes them. You are simply aiming to describe what occurs to you.

The moment we start to look at neurological or psychological theories about dreams, for instance by seeing dreams as the processing of unfinished cognitive activities during the day, we have left phenomenology. This does not mean that, in phenomenology, we deny the possibility of neurological or other explanations; we simply suspend this option in order not to be distracted from how the phenomenon shows itself to us as a meaningful event. This suspending of explanations or theory in phenomenology is called “bracketing”: we are not concerned with whether the

phenomenon – in this case the dream – is “real” or with what “caused” it. Instead, we remain focused on describing the “things themselves”.^{18(p168)} This is both the core and the major challenge of phenomenology, to capture how a phenomenon occurs before we analyze it through interpretive frameworks. This is the ideal of capturing pre-reflective awareness: the raw way in which the world presents itself to us, rather than a “processed” version of it. This is so challenging because we (especially researchers) are used to instantly analyzing phenomena by categorizing them within analytical frameworks.

Some basic principles of phenomenology

Immediate access to phenomena

With this example in mind, we come to a basic description of phenomenology as being concerned with that to which we have *immediate access*. Only the dreamer has direct access to the dream. Others (including researchers) only have access to the dream through what dreamers report. Non-phenomenological approaches usually attempt to go beyond that which we have immediate access to, and instead analyze phenomena from a pre-defined theoretical position, such as psychology or neurology. Realist evaluation, as another example of a non-phenomenological approach, attempts to identify “underlying, generative mechanisms that give rise to causal regularities”.^{21(p1)} Phenomenology does not make any claim about whether these kinds of mechanisms exist or what they consist of, but only that they are not immediately available when we simply observe what occurs to us. Applying this principle of phenomenology to our interview study on how patients experience direct observation (DO) situations,¹ our goal was to study participants’ immediate access to the phenomenon in an everyday life context, looking for recurring patterns in the relationship between the DO situation and the patient.

However, in the practice of HPE research, the question is not just what the *participants* have direct access to, but through which data and methods *we* as researchers can gain access to the situation. There is no obvious answer to that question. Our DO study could have been done using methods of autoethnography, in which the researcher *is* the participant and describes and reflects on their own experience. Or alternatively, through recording actual DO situations and analyzing the video recordings. In that case, we would have had immediate access to what is visible and audible during DO: what happens in terms of

verbal interaction, but also in terms of eye contact, who sits where, etc. We opted for conducting interviews with participants. But whatever data collection method one adopts, it should be focused on the phenomenon, or part of the phenomenon, being able to show itself on its own terms, rather than through a filter of interpretation, memory, or any other categorization we impose on it from the start.

Although in the practice of empirical research “pre-reflective” is an idealization, we tried as much as possible to capture the “raw” experience of what it was like for the participant to have been part of that DO situation. We performed the interviews immediately after the DO situation, so that the experience was still “fresh” and the participants did not have much time to reflect on it. In the interviews, we gently steered participants to the “how” of the experience, rather than focusing on their opinions about DO or their own interpretations of it – as might be done in an interview study that explicitly asks participants about perceived barriers and enablers with regard to a certain phenomenon. Instead of introducing interpretive frameworks through elaborate questions, we stimulated participants with non-directive prompts, like nodding and repeating the last words of a sentence.

Meaningfulness and bracketing the natural attitude

As a second basic principle, phenomenology considers meaning to be an integral *part* of phenomena and not something that we have to do away with in order to have an “objective” research object. Phenomena occur to *someone* and point to *something*. For instance, there is no such thing as “knowledge” that is not knowledge *by* someone and *about* something. The research objects that HPE research concerns itself with are almost always meaningful. Unlike medical science, for instance, we do not study chemical processes but human processes. We study relationships between objects and subjects. In our research project, the patient was the subject and we studied their relationship to the DO situation that they were in. Phenomenology treats subjects, objects, and the relationships between them as essential parts of phenomena without which we cannot understand them. These relationships are part of a phenomenological investigation instead of taking them for granted.

Husserl called this taking for granted of relationships the natural attitude: the attitude of everyday life in which we do not question the existence of an objective reality or our relationship to it.²² It is also

the attitude we have in non-phenomenological HPE research, in which we conduct research from the perspective that there is an empirical reality outside of us that we can investigate without being part of it. From the perspective of the natural attitude, the resident has a consultation with a patient, and the supervisor is “just there” to observe. Of course we know this is an ideal, but the more the supervisor can conform to this role and be a “fly on the wall,” the more successful the observation will be.² From the natural attitude, we could, for instance, hold interviews with the participants and code them.

But from a phenomenological attitude (bracketing the natural attitude), we called the idea of “direct observation” into question. We did not assume that we knew beforehand what the relationship was between the supervisor and the other people present. In fact, this was precisely what we wanted to investigate. As part of this investigation, we wanted to interview patients about how they experienced the situation. In the analysis of these interviews, we then focused on how patients constructed their relationship to the situation as a whole and their relationship to the two other people that were present.

Importantly, one can only bracket what one is aware of. Becoming aware of the dispositions we already have toward the phenomenon is just as important as placing them to one side. In phenomenology, we recognize that the objects we are aware of are imbued with our perspective, our judgements, and our values.³ Anything we see is already colored by our fundamental attitude to the world. However, becoming aware of one’s own fundamental assumptions is one of the most challenging philosophical practices.²³ It is an ongoing practice throughout phenomenological research, rather than a one-time reflection before or after the research. In our study, prior to conducting interviews the two main researchers each wrote an essay on their own assumptions about being the patient in a DO situation. They then interviewed each other about these essays. This session was recorded, transcribed, and analyzed, and this process served as the start of a reflexive diary that both researchers kept throughout the study.

While researcher reflexivity is a part of all qualitative approaches, it usually comes down to reflecting on one’s own positionality to look for ways in which one’s own background as a researcher might have biased their perspective. However, bracketing is not so much about the *opinions* (or other “biases”) one might have, but on assumptions about the *relationships*, such as, in this case, for example, the relationship between the patient and the resident and

supervisor in the DO situation, and about what underlying mechanisms one assumes are at work in DO.

Describing phenomena on their own terms

As a third principle, phenomenology refrains from doing something that we are so used to in most approaches to research: *reducing* phenomena to research objects that become “fileable” entities and abstracting them from the uniqueness of subjective experience. Theory describes the world from a “third perspective,” a kind of impersonal position that is neither yours nor mine. In phenomenology, the phenomenon is *primary*, and theorizing and analyzing phenomena – whether systematically in medical education research, or in the way that we analyze things “informally” throughout our day – is rooted in this primary experience. Phenomenology aims to understand phenomena on their own terms rather than in terms of categories that have been formulated from a third-person, “outside” perspective.

In our patient study, we were not striving for an understanding of what was said in terms of building theory on psychological or sociological processes as could, for instance, be the aim of constructivist grounded theory. Instead, we wanted to describe commonalities between people’s pre-reflective experiences. As an example, some patients reported on the importance of a clear role division between resident and supervisor that should not be breached during DO. But we also found indications that role breaching was sometimes treated as consistent with DO. Moreover, many patients emphasized that the experience had been pleasant because the resident and supervisor seemed in harmony with each other.

In a non-phenomenological approach, we might have induced from these findings a theory on role division and harmony in DO situations. Instead we traced these patients’ ideas back to a recurring pre-reflective structure of the experience: being the patient in a DO situation meant being in a room with two doctors, not knowing how they will interact with each other and with oneself. This resonated with patients’ needs for calm and friendly interactions, and their passive role in securing these.

To identify recurring patterns in the experience, we were guided by the question of whether the phenomenon would still be the phenomenon without this element (imaginative variation).⁷ We had, for example, many codes about eye contact between the patient and the supervisor, which therefore seemed an essential element of the experience. However, we reasoned

that without this eye contact, being the patient in a DO situation would still be the same phenomenon. Eye contact did not seem essential for DO. What seemed essential was the presence of a second, more senior doctor that the patient could relate to and be reassured by, in which eye contact often played a role.

Phenomenological practices in HPE research

Readers with a background in qualitative research might recognize aspects of many of the principles discussed above in their own methods, and wonder what constitutes the difference between phenomenology and (other forms of) qualitative research. Indeed, this is one of the challenges for HPE researchers in grasping what phenomenology is: it is often not immediately distinguishable from qualitative research in general.

There are historical and philosophical reasons for this. For instance, it is misleading to contrast phenomenology with social constructivist approaches, since social constructivism has been developed against the background of and in dialogue with phenomenologists like Husserl, Heidegger, and Merleau-Ponty. Foucault, one of the thinkers who has been influential in HPE research²⁴ (and the subject of a previous installment in this series²⁵), is often categorized as a post-structuralist and associated with constructivism and constructionism. However, Foucault listed Heidegger as one of the most important influences on his thinking.²⁶ In historical terms, our modern versions of ethnography, constructivism, discourse analysis, and so on, are all to some extent dependent on the existence of the historical and philosophical movement of phenomenology. Studying phenomenology will therefore also lead to a better understanding of approaches that are often contrasted with it, but that actually depend on it.

The philosophical reason concerns the relationship between broad approaches to conducting research and concrete research methods. Without bracketing the natural attitude in the way we have described, one can apply Interpretive Phenomenological Analysis (IPA)²⁷ in a non-phenomenological way, just as one can take a phenomenological approach to ethnography with a deep commitment to being open to describe cultural phenomena on their own terms rather than from the perspective of one’s own interpretive frameworks. Phenomenology is an *approach* to science, and not a particular scientific method. Not only does it provide answers, it also stimulates asking certain *questions* related to the concrete practice of doing research.

There are four questions we suggest all researchers, but especially those committed to conducting research from a phenomenological perspective, could ask themselves:

1. What immediate access do I have to the phenomenon I want to study, and what implications do different data collection methods have for access? For instance, through interviews I have a more direct access to what it was like for that person to be in that situation, but because the situation is in the past, there is always some extent of interpretation and reflection. Through video recordings of the situation I do have immediate access to what the situation is like in terms of what each participant says and does, but I do not have access to what they think or feel, or what their intentions are.
2. Related to the question of what my data gives me immediate access to, what are the limits to what I can know and assert about the phenomenon in my research? To conduct research means to be precise about what we are studying, what our relation is to that which we are studying, and what kind of statements we can or cannot make about it. We have to be clear what our data is (for instance, “audio recordings of people being interviewed about emotions,” instead of “emotions”) and what this research data allows us to say. In recordings of interviews, we do not observe “thoughts,” but social actions such as descriptions, interactions, and so on. So, we do not say “patients think,” but “participants report that...”.
3. What is my natural attitude toward the situation I examine and what would it take for the phenomenon to show itself to me on its own terms? In contrast to reflexivity as it pertains to research in general (thus, including phenomenological research), this type of reflection is less about how my cultural background and assumptions would bias my perception of the (otherwise objective) phenomenon, but rather about assumptions regarding relationships, such as my relationship to the interviewee, or the relationship of the interviewee to the DO situation they are speaking about. The term “bias” refers to the natural (objectivist) attitude that says that there is a state of affairs out there that a subjective researcher has a perspective on. In other words, subjectivity is seen as a filter that we should disable as much as possible. Within phenomenology, however,

subjectivity is not something bad or added on to phenomena, but rather it is an integral part of phenomena and a requirement to understand them. In *Discursive Psychology*,²⁸ for instance, we confine ourselves to only describing what is visible and audible in the recordings of the situation, and refrain from referring to interaction-external categories such as the institutional role that a participant is expected to fulfill or whether they are male or female – unless, of course, the participants themselves observably make these categories part of the interaction and therefore of the phenomenon.

4. How does my research apparatus factor into the phenomenon I am investigating? As this question suggests, the research apparatus – the whole constellation of the university I work in, whether I interview live or via Zoom, the way I code the interviews, the way I write up the paper – is considered part of the phenomenon rather than an outside perspective on it.²⁹ Research is a practice like other practices. It is contingent on the people who conduct it and the circumstances in which they conduct it. This means that we can never treat the research apparatus as neutral. It includes everything from one’s work environment to methodological choices and questions asked during an interview. The researcher is not outside the research, but is “embodied,” i.e., an integral part of it. We have to do justice to this insight in some way in every research project. One practical implication of this is to write in the active voice, so as not to give the impression that an analysis “was made” and themes “have emerged” from the data.

Magic at the end of the tunnel

What have I, Chris, learned while digging this tunnel over the last two years? First and foremost, that phenomenology is not a method but an approach to science. And that it calls for a radically different way of looking, suspending the natural attitude.

Second, as a practical researcher, I now know what kind of results I am looking for in a phenomenological interview study, and how these differ from results of other approaches that make use of interview data: we are not interested in people’s thoughts, feelings, or opinions per se, but rather in the recurring structures of experience that underlie these ideas, opinions,

and feelings. To me, that is the phenomenological magic: it is in the so-called “eidetic reduction”^{8,30} of data, in bringing the data back to what it reveals about these recurring structures of experience. The magic, to me, is in the simplicity of its results that structure numerous accounts into a small number of meaningful characteristics of the phenomenon. The practical relevance of this is that taking this manageable number of characteristics into account may help resolve persistent problems.

To give one last example to illustrate this, in our investigation of patients’ experiences with DO situations in general practice residency, patients experienced the presence of two doctors, a junior and a senior. This simple, recurring structure was responsible for all kinds of thoughts and behaviors of patients toward the senior.¹ For instance, patients often looked for signs of approval from the senior of the treatment plan. This finding made us question the appropriateness of a fly-on-the-wall approach by supervisors during DO; supervisors, by being there, completely change the situation that they intend to observe. This self-evident but often overlooked finding may have consequences for how we can best behave in these situations and how best to use them for purposes of learning and assessment.

Conclusion

Conducting HPE research from a phenomenological perspective is complex but valuable. Its complexity is not due to technical considerations, but to acquiring a basic attitude that is different from what many researchers, especially those with a medical science background, are used to. To achieve this, HPE researchers must make the effort to step back and contemplate some of the philosophical “biases”³¹ that underpin our daily research practice. Without some basic idea of the fundamentally different approach that phenomenology takes, phenomenological “methods” may be phenomenological in name only.

Phenomenology is a logical start for investigating topics in HPE. Research is limited in advance by the degree to which it has apprehended the phenomenon even before the research starts. Most research in medical education starts with delineating the research object. Often, this is done by providing a definition of the research object. For instance, “reflection is a metacognitive process that...”. From the perspective of phenomenology, this is reductionism: reducing the research object in advance to a specific interpretive framework that makes assumptions about the phenomenon in question. Anything that does not fit the

interpretive framework is not seen at all or is dismissed as irrelevant to the research. Phenomenologists counter that, if the goal of our research is to understand a phenomenon, then we should start with trying to *understand* what the phenomenon is by letting it show itself on its own terms, instead of claiming to already *know* what it is. A phenomenologist brackets interpretive frameworks and assumes a “beginner’s mind”³² to the phenomenon. In the course of the phenomenological analysis it may become clear that a phenomenon like reflection can be further understood through the lens of cognition, the lens of emotion, the educational lens in which reflection should lead to a specific result, and so on. The initial attempt to understand a research object on its own terms fits closely with the ambition of HPE research to do justice to patient-centeredness, student-centeredness, and context sensitivity. In HPE research, we want to understand phenomena in *their* context, not *ours*.

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Previous philosophy in medical education installments

Mario Veen & Anna T. Cianciolo (2020) Problems No One Looked For: Philosophical Expeditions into Medical Education, *Teaching and Learning in Medicine*, 32:3, 337-344, DOI: 10.1080/10401334.2020.1748634

Gert J. J. Biesta & Marije van Braak (2020) Beyond the Medical Model: Thinking Differently about Medical Education and Medical Education Research, *Teaching and Learning in Medicine*, 32:4, 449-456, DOI: 10.1080/10401334.2020.1798240

Mark R. Tonelli & Robyn Bluhm (2021) Teaching Medical Epistemology within an Evidence-Based Medicine Curriculum, *Teaching and Learning in Medicine*, 33:1, 98-105, DOI: 10.1080/10401334.2020.1835666

John R. Skelton (2021) Language, Philosophy, and Medical Education, *Teaching and Learning in Medicine*, 33:2, 210-216, DOI: 10.1080/10401334.2021.1877712

Zareen Zaidi, Ian M. Partman, Cynthia R. Whitehead, Ayelet Kuper & Tasha R. Wyatt (2021) Contending with Our Racial Past in Medical Education: A Foucauldian Perspective, *Teaching and Learning in Medicine*, DOI: 10.1080/10401334.2021.1945929

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