Why use qualitative research methods to understand the meaning of clients’ experiences in healthcare research?

Lee, K.1*, Steven Eric Krauss2

1 Department of Nursing and Rehabilitation, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang Malaysia

2 Community Educations and Youth Studies Laboratory, Institute for Social Science Studies (IPSAS), Universiti Putra Malaysia, Serdang, Malaysia

*Corresponding author: Lee Khuan; Email: leekhuan@upm.edu.my

ABSTRACT

Clients’ health experience influence their health behaviour and decision making in accepting medical care and treatment provided. Thus, it is importance for health care professionals to grasp meaning embedded in clients’ health experience to assist them to achieve individual health goals. This article is aimed to elucidate what and why reasons health care professionals are required to use qualitative research method to understand clients’ health experience.

Keywords: meaning making, experience, qualitative health research

1.0 Introduction

In healthcare research, understanding clients’ health experiences is a core component of confirming their problems and suggesting client-centred interventions. Understanding clients’ experiences is important because it helps healthcare professionals (HCPs) empathise with and help clients to set achievable healthcare goals by creating awareness from clients’ own narrated experiences. Qualitative research methods are suited to exploring clients’ health experiences in a rounded, in-depth fashion that goes beyond mere assessment of biophysical phenomena. The purpose of this article is to discuss how qualitative research designs can help in understanding the meaning of clients’ experiences from a healthcare perspective.

2.0 Qualitative research

Qualitative research is essentially ‘exploratory’—namely, it sets out to describe, understand, and explain a particular social phenomenon (Gagliardi & Dobrow, 2011). Notably, qualitative inquiries involve the exploration and description of social processes through nuance,
complexity, and detail (Mason, 2002). People construct meanings in life and share their interpretations of such meanings with others through communication (Blakie, 2010). Similarly, qualitative research uses face-to-face interactions with participants to elicit and negotiate meanings. In other words, through the communicative and interpretative process of deep reflection, meaning that is hidden ‘inside’ the participant is brought to the surface. Thus, what distinguishes qualitative research methods from quantitative methods is the centrality of the interaction between investigator and participant.

2.1 Phenomenology

Phenomenology is a type of qualitative research use in understanding the meaning of human experience in its situated context (Crotty, 1996). The founder of Phenomenology was Edmund Husserl (1859-1938). Husserl was a mathematician, and introduced the idea of ‘phenomenological reduction’, which means a researcher is required to ‘bracket’ (the suspension of belief) her/his preconception and presupposition to reach a state of pure consciousness (transcendental subjectivity) in order to grasp the meaning in its true essence (McLeod, 2001). Pure consciousness is an act in which the researcher must free herself/himself from historical, cultural and social factors that influence her/his understanding (Welton, 1999). The phenomenological data collection emphasizes that data obtained from the interview is in the form of subjective character and that it should be left intact and maintain its originality. The data analysis process is to derive themes and categories from the data. However, the themes should not be the categories imposed on the data but those that arise directly from the data. In other words, the researcher must report the original data derived from the participants.

Husserl’s ideas on understanding through ‘transcendental’ was refuted by Martin Heidegger (1889-1976), whose understanding is that human nature and humans have to be able to understand to exist. Heidegger pointed out that not everybody can reach the state of pure consciousness, however, understanding must be grasped by ordinary people in everyday social relationships through interpretation in the form of language (Crotty, 1998). For Heidegger, no one can understand a phenomenon without considering his/her historical background and social world (Steiner, 1991). Consequently, he used the term ‘hermeneutic’, which means ‘to interpret’ to replace Husserl’s transcendental phenomenology. The meaning of interpretation, as Heidegger explains, is never a presuppositionless grasping of something in advance (Blakie, 2007). The work of Heidegger has laid the foundation for contemporary hermeneutic study and has the most influence in other later qualitative methodology.

3.0 What constitutes ‘meaning’?

Meaning making is a method of knowing. People find meaning in their lives through their creations, experiences, and encounters with the world (Skaggs & Barron, 2006). The search for meaning is an intrinsic aspect of human nature (Heider, 1958). Because people are inseparable from the world in which they exist, each person’s lived experience is composed of his or her unique personality, character, past life experiences, family, culture, relationships, physical body, spirit, role, private life, and future plans that change according to what the person experiences (Lazarus & Folkman, 1987) (see Figure 1). Each of these aspects of lived
experience influences individuals’ construction of meaning in every social situation that he or she encounters (Richer & Ezer, 2000).

![Diagram showing the influence of clients' lived experience on meaning construction]

**Figure 1:** How clients’ lived experience influence meaning construction and the importance of understanding health experiences

### 4.0 How do we understand meaning in clients’ experiences?

How do we gain an understanding of people’s experiences? Is it possible to fully understand by only acting as neutral data collectors and detaching ourselves from participants or by merely observing their behaviour? For instance, if a man walks up the stairs from the first floor to the second, we as observers can only understand the meaning of his action of ‘going upstairs’—to get the second floor. However, walking upstairs has a meaning to the observer...
as well. Therefore, by only observing, are we able to fully grasp the exact meaning of a particular behaviour?

Schutz (1972) proposed that the meaning of a behaviour according to an observer might not be in any way identical to the meaning made of that behaviour by the actor. In the earlier example, the observer may think that the man is merely going up to the second floor, but it may not be the man’s main intention; it may be he just wanted to exercise after eating or is just walking up the first floor stairs aimlessly and will walk back down before reaching the second floor. Similarly, an HCP will has considerable difficulty in comprehending a client’s subjective meaning of a situation by merely observing that client’s health behaviour; in fact, they will be unable to make the same meaning of the situation as the client him/herself.

As such, observational data stand alone is insufficient for understanding clients’ health experiences. Although observational data is also part of a qualitative method, observation method always use as a triangulation method to maintain the credibility of a qualitative study.

4.1 Experience and meaning making

Schutz (1972) described experience as follows:

When I immerse myself in my stream of consciousness… I experience my duration as a uni-directional, irreversible stream and find that between a moment ago and just now I have grown older. But I cannot become aware of this while still immerse in the stream. As long as my whole consciousness remains temporally uni-directional and irreversible, I am unaware either of my own growing older or of any difference between present and past. The very awareness of the stream of duration presupposes a turning-back against the stream, a special kind of attitude towards that stream, a “reflection” as we call it. (p. 47)

In other words, experience is a unidirectional stream of consciousness that one is unaware of until one begins to reflect. In this way, people can only be aware of the meaning in their experience through reflection. Likewise, when clients visit for a health interview—bringing with them their individual lived experiences—they are constantly experiencing this unidirectional stream of consciousness, which they generally take for granted. As such, HCPs must encourage the client to reflect on their experiences, which they have ‘lived’ and ‘felt’, and thereby gain insight. All of this suggests that meaning does not lie ‘within’ or as an aspect of the experience; rather, experiences become meaningful when they are reflected upon (Blaikie, 2007).

Therefore, meaning is constructed through this process of reflection, which involves examining, questioning, and monitoring one’s own and others’ behaviours in response to social contexts and experience (Mason, 2002). If reflection is essential to generating meaning in an experience and the role of the HCP is to encourage such reflection, then it is impossible for HCPs to detach themselves from the client. Both health researchers and clients must actively reflect on their experiences in the process of generating data on clients’ lived experiences rather than acting as neutral data collectors. Unlike in quantitative research, qualitative researchers must establish a therapeutic relationship with the client, face-to-face, sharing the client’s experience and continually engaging in a dialogue with them.
Additionally, such researchers must corroborate their interpretations with clients to ensure that the interpreted meaning is as close to the participant’s as possible (Lincoln and Guba, 1985).

5.0 The importance of understanding meaning

In qualitative research on health, understand clients’ meaning provides a detailed view of the topic being researched, including multiple constructed realities and a holistic view of the reasons for a social phenomenon’s occurrence. Clients’ meanings as interpreted by qualitative researchers can serve as guides for implementing change in patient care and can strengthen HCPs’ reasoning in health decision making by providing a greater understanding of the meanings of social actions. For example, a health researcher attempting to understand hypertensive patients’ non-adherence behaviour to prescribe treatment, although it may seem mundane, adherence is a complex, multidimensional phenomenon affecting patients’ lives as well as their health, and is determined by an interplay of many factors. As such, a quantitative researcher who uses questionnaires and is detached from participants during data collection would not be able to fully elucidate patients’ perspectives regarding this issue. Understanding adherence behaviour holistically is only possible via a research design involving the exploration of multiple realities, such as face-to-face interviews. This would allow the researcher to explore the meaning behind non-adherence behaviour with an ‘insider’ view. After that, the researcher could then use patients’ meanings regarding non-adherence as guides in future health intervention planning.

6.0 Conclusion

Understanding the meanings generated by others’ lived experiences is only possible through the participatory, communicative experience of reflection. Quantitative research is clearly insufficient for understanding the meaning in experiential health research because of its detachment from participants’ perspectives. In contrast, phenomenology as a type of qualitative research, which emphasises a multidimensional perspective of patients’ experiences and relies on participants’ reflection, is appropriate for use in research on the health experiences of clients.

Declaration

We declare no competing interests exist.
References


