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**Title: Exploring spiritual care in nurse education: Is phenomenology the right tool for the job?**

There is a broad consensus that spiritual care is an important element of holistic nursing (Cooper et al 2013). Despite the Nursing and Midwifery Council Standards for Pre-registration Nursing Education (2010) highlighting the need to address spirituality, it is poorly addressed in nurse education leaving nurses unprepared to deal with spiritual issues (Bennett & Thompson 2015). This led me to wonder how student nurses transform their understanding about spiritual care so that all religious and non-religious expressions of spirituality are embraced. Thus, the research aim was developed: ‘Exploring how undergraduate student nurses develop their understanding of spiritual care’. I was interested to know the lived experiences that changed their thinking and developed their understanding of spiritual care. This paper will argue that Van Manens’ ‘Phenomenology of Practice’ (2014) has a philosophical and methodological perspective that can reveal the complexity of spiritual care when exploring student nurses experiences.

Western society is seen as pluralistic and diverse in spiritual matters (MacLaren 2004) but there is debate around whether spiritual expression should be a private or public concern. Within a secularised society, spirituality has generally been seen as a private issue but whether it is possible to detach personal beliefs from public function is contested. Consequently, there is discussion about whether spiritual care is part of the nurses’ role in a secular healthcare setting, such as the UK, and this can lead to further confusion in practice (Bennett & Thompson 2015). Thus, researching this pluralistic, subjective, individualistic topic is a challenge as views will be influenced by a number of issues such as personal factors, previous encounters, understanding of the issues, and role identify.

The perspective that individual subjective understanding and meaning is important falls within the interpretivist or constructivist paradigm (Broom & Willis 2007). This paradigm focuses on subjective meanings, everyday life, and social processes but is criticised for inability to generalise to a wider population (Broom & Willis 2007). However, Van Manen (1990) argues that developing insights from an individual perspective and constructing a hermeneutic interpretation is useful because other people read the richness of the data and relate it to their own context. The interpretivist approach uses qualitative research methods to collect data such as in-depth interviews, observations or focus groups as these all offer the ability to collect subjective meanings and experiences. Phenomenology is one methodology that focuses on the individual lifeworld and meaning attached to lived experience (Heinonen 2015a) and I will seek to justify this approach as a suitable way to deepen our understanding for learning about spiritual care.

Smith et al (2011) note that nurse researchers tend to have a pragmatic approach wanting to contribute to practice and argues that debates about philosophy detract from this. As a nurse educator and researcher I can identify with Smith et al’s view and Van Manen (2014) acknowledges that his phenomenology is practice focused. Allsop (2013) recognises that the qualitative and quantitative paradigms have different philosophical and methodological stances a and, as I am interested in lived experiences, this is considered more subjective and interpretivist, which Van Manen embraces. The Standford Encyclopaedia of Philosophy (2016) notes that epistemology is about knowledge and justified belief and coherentism where beliefs are structured like a web and interconnect with each other. Coherentism considers multiple factors, both personal and societal and makes me aware that I believe knowledge is individualistic and constructed including that our past experiences and knowledge affects our current perspectives and future actions. For example, two people may attend the same concert and one loves the music and the other hates it; they have been to the same event but their perspectives are very different and influenced by personal factors and previous experiences.

Nurse education aims to teach students how to be a professional upholding the values ascribed by the Nursing and Midwifery Council (2015). Students have a range of learning styles, which may change over their nursing programme, so influencing methods of teaching (Fleming et al 2011). Thus, teachers need to accommodate a wide range of learning preferences within the structure of a programme to enable effective learning. I argue, that it is essential to examine issues around how students learn intricate topics from their own lived experiences so that we can embrace a wide range of student preferences within our curricula. I believe that spirituality creates additional complexity in the learning process as students grapple with what is acceptable and balance their own views with that of the profession and service user; thus, their experiences about aspects that changed and enriched that understanding is particularly important. So is phenomenology the right tool for this job?

Phenomenology is seen as either a philosophy or a methodology (Dowling & Cooney 2012) but its usefulness for researching spiritual care is as a methodology, which is Van Manens’ phenomenological stance. Phenomenology focuses on the individual lifeworld of each person and meaning they attach to lived experience (Heinonen 2015a) so focuses on the qualitative research paradigm. Van Manen (2014) in his ‘Phenomenology of Practice’ discusses many of the components of phenomenology, and notes his approach is useful for practice based areas such as nursing. Interpretivist methodologies aim to evoke an understanding that is credible and transferable to other contexts which is important for examining spiritual aspects as it is pluralistic that objective data might miss salient aspects. Thus, phenomenology seems to be the right tool to drill down to individual meanings that can be used to inform others..

But what is meant by ‘lived experience’ and is it realistic to research it? Van Manen (2017) notes that lived experience is used in an emotional way in today’s society but outlines that in phenomenological work ‘lived experience’ could be any everyday experience that is brought to consciousness. For example, we talk about what it is like to ‘live through’ an ordeal but can lose the everyday situations. Students learning about spiritual care will have everyday experiences of teaching and learning and capturing those experiences related to their lifeworld may open up understandings to assist others learning the subject. The moment you have lived an experience you start to reflect on it and the lived moment has gone; thus, when we recall the experience we are doing so retrospectively with some aspect of reflection. This is true for students learning, whether in practice or university, as they will think about the experience and consider whether to incorporate it into future actions. The longer between an experience and the reflection may lead to more development of meanings for, for this study, looking at students during training rather than after training is nearer to the original experience. Phenomenology is a good way to capture these lived experiences as it does not claim to solve problems (Van Manen 1990) but is helpful to gain a rich description that may resonate with others. The topic area of spiritual care and learning about this subject would be very suitable for such exploration. Spirituality is a difficult concept to grasp with many differing perspectives from existential, religious, non-religious, which are growing in today’s society, and translating the concepts into practice is difficult (Timmins & Neill 2013). Also, there can be personal moral, ethical and relational considerations that can conflict with professional boundaries (Taylor et al 2014) that further complicate the area.

The lived experience is set within the context of the human lifeworld. The lifeworld is explained as a complex structure and our lived experiences are interpreted within the lifeworld context (Van Manen 1997). Van Manen (1997) thinks that we may operate within several lifeworlds and, for this topic, there is the student world, the nurse world, as well as personal areas such as being a parent or child. For example, a student may live as a Christian, attending church community regularly; they are also a student nurse and living the professional values, they might be a parent trying to live out their beliefs in a meaningful way, they might have social groups in or outside of university. Unravelling the lifeworld Van Manen (1997) outlines four existential themes as guiding in phenomenology: lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relation (relationality). These four existential themes are fundamental to the lifeworld and the lived experience can be explored using these areas. If we consider the student nurse in practice their lived space will be the placement area, lived body will be the way they do practical aspects of nursing, lived time will be related to the speed of the learning experiences and lived human relation will be developing interaction with patients. This is a very simplified outline but indicates how complex lifeworlds may become with multiple interactions within the team and body experiences can be physical or emotional. These four areas are helpful when exploring spiritual care as it recognises the individual nature of each person who will consider the area from their own lifeworld perspectives and this may affect the way they deal with the issue. For example, a persons’ upbringing within a particular doctrine may, consciously or not, influence their actions, feelings and affect the meaning they attach to any spiritual encounters with patients.

However, hermeneutic (or interpretative) phenomenology values the holistic picture of the lived experience and, during the interpretative process, the parts need to link with the whole. Heinonen (2015c) talks about the hermeneutic circle and the way the research is dismantled and reassembled to offer new insights through reflection. Two main processes are involved in the cycle, epoché and reduction. Epoché involves the opening up to new possibilities by acknowledging your own assumptions, a form of ‘bracketing’ that Husserl originally talks about but Van Manen (2014) recognises that it is difficult to do. Van Manen (2014) talks about different aspects of epoché as wonder, openness and concreteness. When researching student nurses I have to acknowledge that my theoretical view of transformative learning (Mezirow 2009) could overlay my interpretation and concreteness is about bracketing this theory. However, I suggest that nurse educational theory as a framework is difficult for me to leave behind as it is engrained into my own lifeworld. Openness is about your ideological assumptions and I emanate from a Christian perspective and value social justice, equality and professional standards and I need to acknowledge these influences. Van Manen (2014) terms wonder about the taken for granted aspect that can spark a research interest. My *taken for granted* is around person centred care (McCormack & McCance 2010) and valuing individualism which sparked my interest in how this was experienced by students when learning to deal with spiritual care.

Epoché enables the phenomenological attitude to be developed whereby you consciously lay to one side your preconceptions before analysing the data. There follows a process of reduction, which Heinonen (2015b) calls the method in phenomenology. Reduction is a way to unpick the data to find the meanings and essential aspects, thus reduction aims to examine the uniqueness of a phenomenon (van Manen 2014). Reduction has several possible components that can be used to deepen understanding of the phenomenon and the hermeneutic circle then brings these different understandings back to a whole focus; Van Manen then says this is then shared using written text to enlighten the phenomena to others. There are different forms of reduction that serve different purposes but each engages the phenomenological attitude to examine the uniqueness of the phenomenon (Van Manen 2014 p228)

An original reduction method that was proposed by Husserl (Dowling 2007) was eidetic. Eidetic reduction focuses on essence of the phenomenon and the essential characteristics but should avoid generalisations. For exploring spiritual aspects of experience this is helpful because it can identify key characteristics in students that could be developed. The essences of the phenomenon may help nurse educators to simulate experiences to aid learning about spiritual care. Paley (2005) felt that this was an attempt to be objective and criticises phenomenology as ‘rhetoric’.

Ontological reduction focuses on the mode being of a person which emerged from Heidegger’s thinking (Van Manen 2014 p231). Heidegger never offered a method approach to phenomenology but concentrated on the philosophy of being a person. The ontological approach aims to understand the meaning behind the experience as a way to understand the world. Student experiences of spiritual learning will have complex meanings related to their individual mode of being and their interpretation within the lifeworld so ontological exploration could be insightful.

Ethical reduction seems relevant to spiritual issues as talks about otherness (alterity) (Van Manen 2014 p231) and considers how we respond to vulnerability when called to or addressed by someone. In spiritual care there may be this calling out either the nurse reaching out to the patient or patient reaching out to nurse. Nurses often deal with people at a time of vulnerability and ethical reduction suggests you care and you worry about someone resulting in a stronger desire to care. This reduction method, although it could be insightful, seems challenging to be open to relevant incidences.

Radical reduction involves givenness (Van Manen 2014 p234) which considers the unexpected ‘latent’ consequences of an experience. My example, to explain this reduction method, is that students may address the spiritual need of the patient but that the latent consequence of doing this made the student think about deeper issues and their own spirituality. This latent consequence could have significant effects on the way they deal with spiritual issues in the future and affect their own being. These ideas were developed from someone with interest in the Divine so may be important as a method for my topic area.

Originary reduction involves a ‘coming upon’ or ‘fragile moment’ where researcher is struck by an original idea or grasps it (Van Manen 2014 p235). . It would be important to have some way to record these ideas as they could fleetingly disappear if not captured. Van Manen (2014) refers to these as inceptual insights but it still requires the researcher to think and reflect. However, the thought will come unexpectedly, it is personal so comes to one individually. What if inceptual insights don’t appear for the researcher? I suggest that this means the researcher has not spent enough time to reflect, review material, write and rewrite to gain the inceptual insight but this maybe a difficult discipline for novice researchers, such as myself.

Although Van Manen (2014) emphasises that there is no structured method in phenomenology, I think you do need to have some idea which reduction method or methods you will use and why. Although the researcher needs to keep a phenomenological attitude, the reduction approach will aid focus during the reflection process to gain inceptual insights. These new insights, as Van Manen (1997) recognises, may be different for me as a researcher looking at the material compared to another researcher because the reduction methods will affect the insights gained from the data. The reduction methods will come together as a whole, through the hermeneutic circle (Heinonen 2015c) to aid the writing of the hermeneutic phenomenology. Thus, we need to remember that the aim of reduction is to gain new insights but phenomenology does not offer a structured plan to achieve this. Reduction takes time as need to think and reflect on data and sources so the researcher needs to engage actively with the material to do this. This then feeds into the writing to create an artistic linguistic text about the phenomenon which Van Manen terms ‘vocative writing’.

The subjective and pluralistic area of spiritual care means that phenomenological processes enables an in-depth consideration of the phenomena to offer insights that can be applied to nurse education. The writing promotes a novel approach to interpreting and understanding the topic to gain inceptual insights that can be offered to other educators for debate about how students learn about this subject area. Thus, phenomenology, I believe, is one right tool for the job because it enlightens a complex, pluralistic subject area that will have multiple subjective realities from the people involved. Van Manen’s more pragmatic approach to phenomenology mean that these insights can be used to inform nurse education.

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