LMU LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN
INSTITUTE OF ETHICS, HISTORY AND THEORY OF MEDICINE

Introduction to qualitative research in the field of spiritual care

Symposium: The application of qualitative research methods in the field of spiritual care demonstrated by practical examples

9th European Conference on Religion, Spirituality and Health, May 18, 2024, Paracelsus Medical University, Salzburg

Dr. Katja Kuehlmeyer
May 18, 2024

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Key features of qualitative research

Appropriateness

Perspectives

Reflexivity

Variety

Flick, U. (2014). Qualitative Research: Why and How to Do it. In: An Introduction to Qualitative Research. 5th Edition. London/Thousand Oaks/New Delhi/Singapore: SAGE.

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Appropriateness of methods and theories

- Acknowledging complexity and diversity of everyday life
- Adaptation of methods and theories to the object under study
- Objects under study are represented in their everyday context
- Openness of methods
- Quest to discover and explore *the new*
- Appropriateness of methods is a quality criterion

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Perspectives of the participants and their diversity

- Research questions that address subjective meaning
- Variety of perspectives of the object under study
- Participants' knowledge and practices, their subjective and social meanings related to it
- Interactions about and ways of dealing with phenomena in everyday life
- Interrelations are described in the concrete context of the case
- Taking into account that viewpoints and practices are different

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Reflexivity of the researcher and the research

- Researcher’s communication is important to the data collection
- Subjectivity of the researcher becomes part of the research process
- Researchers’ reflections become data in their own right and are documented (e.g. interview documentation sheets, memos)

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Variety of approaches and methods

- No unified theoretical and methodological concept
- Variety of approaches historically developed
- Different schools and research perspectives
- Various theoretical approaches and their methods

Research Approach Methodological approach	Qualitative Methods	Mixed Methods
Categorization	(1) Ruth Mächler	(2) Jenny Kubitza
Interpretation	(3) Rico Gutschmidt	

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Unexpected themes

in the evaluation of a spiritual intervention

using reflective thematic analysis

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As part of the research project "Holistic care programme for older patients to strengthen spiritual needs, social activity and self-care in general practice (HOPES3)", **the implementation of spiritual care in general practices** was being investigated.

- 164 patients were offered a spiritual conversation as part of a practice appointment (meaning in life, sources of strength...)
- 29 semi-guided interviews after the practice appointment
- Evaluation using Reflexive Thematic Analysis (RTA) according to Braun and Clarke

Reflexive Thematic Analysis (RTA) according to Braun and Clarke

- strong emphasis on reflexivity, requiring researchers to critically reflect themselves
- high flexibility: adaption to the unique characteristics of the dataset
- systematic coding and analysis of the data
- emphasis on interpretation

It turned out that many had declined the offer.

So the research questions were adapted:

-How do sick elderly people react to the offer of a spiritual anamnesis by their GP?

-What are favourable and unfavourable factors for spiritual conversations in GP practices?

Results

Reasons for reluctance:

- reservations about religious institutions
- Topic "too personal"
- Time pressure
- Need for an exchange at eye level

Desire for an exchange at eye level – examples:

PAT: …you used to kind of take your hat off to a doctor and they were a very special person.

When you (now) see and meet each other in town and then, yes, you greet each other and exchange a word or two, but not about medical things. (…) more like, I say, on the same level. **Not** (…) **that the doctor is on the throne.**

PAT: I've also met him with his daughter on the playground (…). We **spoke quite normally**, not the way you sometimes think, oh, **here are the lords in white**.

Overall story

In search of the overarching story in my data I found that the theme of

power asymmetry in the relationship between doctor and patient

runs through all the themes found.

Overall story

The effect of **power asymmetry** is reinforced

- by the structural setting of the practice
- and by parallels between the healthcare system and religious systems

which can come into play during the spiritual anamnesis.

Conclusions for the Intervention

- Design of the practice structures
- Sensitisation to the issue of power asymmetries and reflection on one's own attitude
- Establishing standards and control mechanisms that counteract the abuse of power

Conclusion

The reflectivity and openness of the chosen method made the detection of these unexpected results possible

Thank you
for your attention!

Further Information:

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The meaning of my life is to care for my relative

- a mix-method study on spirituality among family caregivers

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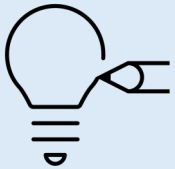
Klinikum rechts der Isar
Technische Universität München

gefördert durch
Bayerisches Staatsministerium für Gesundheit und Pflege

JOSEF UND LUISE KRAFT-STIFTUNG
Hilfe für die Älteren

Background

Family caregiver (FC): A person who provides unpaid care for a family member or friend, assisting them with physical, cognitive, or emotional aspects of life on a daily or intermittent basis[1].



- Most FCs often experience both negative and positive emotions due to their caring role[2-4]
- Spirituality serves as a resource to support FCs[5-7]
- Currently, there is a lack of studies examining how FCs of people with different diseases and different stages of illness experience spirituality

Research questions

(1) How do family caregivers of individuals with various illnesses and at different stages of illness experience spirituality?

(2) How does the spirituality influence the quality of life of family caregivers?

Method: The qualitative approach

08/2022 — 08/2023

Semi-structured interviews

Inductive content analysis[8,9]

Qualitative workshops

Method: The quantitative approach

11/2023 — 06/2024

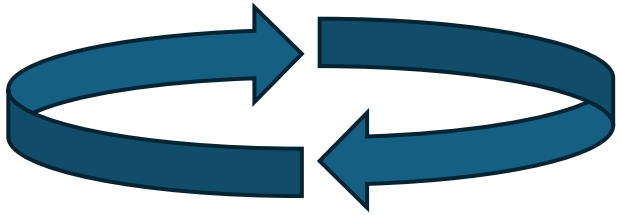
Semi-structured interviews

Schedule for the Evaluation of Individual Quality of Life[10,11]

Domain	(Satisfaction x Significance) / 100
1	
2	
3	
4	
5	
Total (= SEIQol-Index)	

Method: Mix methods

1st Qualitative analysis



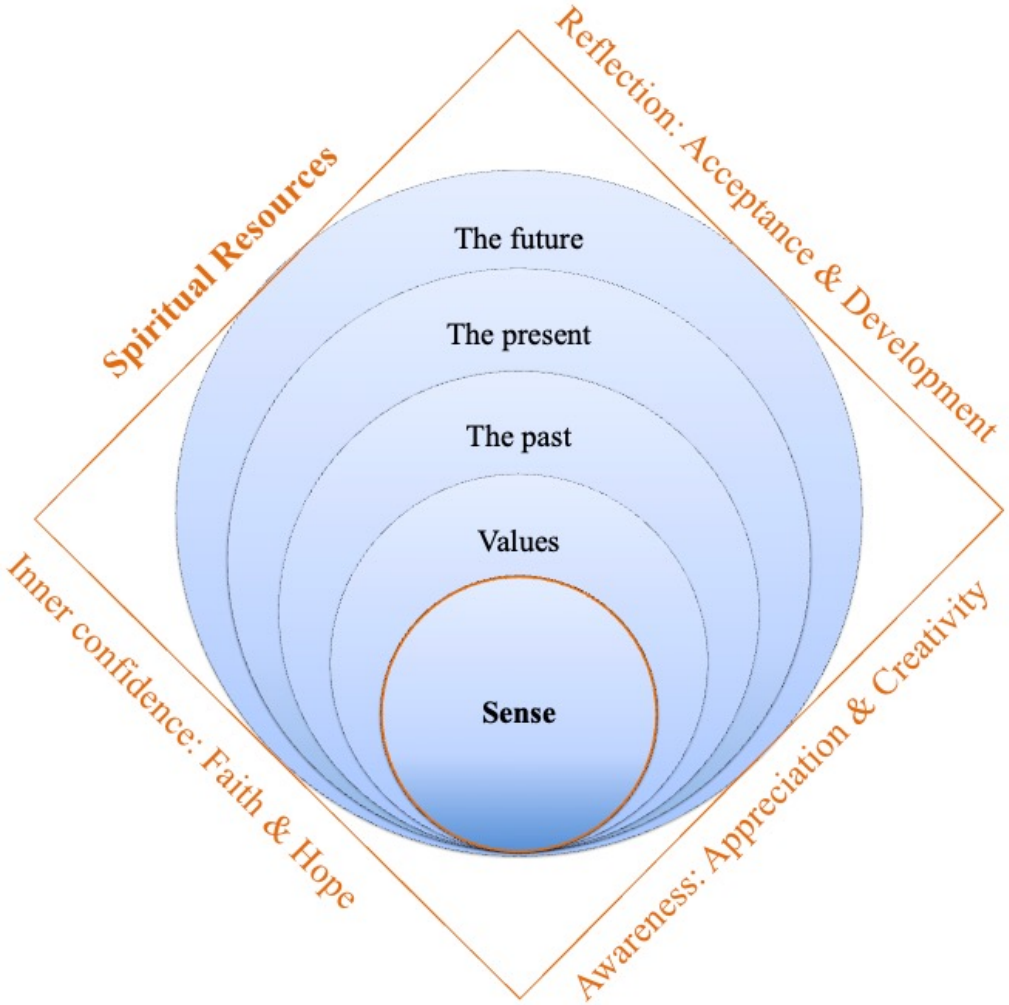
2nd Quantitative analysis

3rd Combining and explanations

Results

	Interview with FCs (n = 24) Ø 45,5 min
Gender	♀ 14 ♂ 10
Age	Ø 63,3 y (32 – 81 y)
Daily care time	5,5 h (0,5 – 24 h)
Duration of care	5,6 y (0,5 – 30 y)

Results



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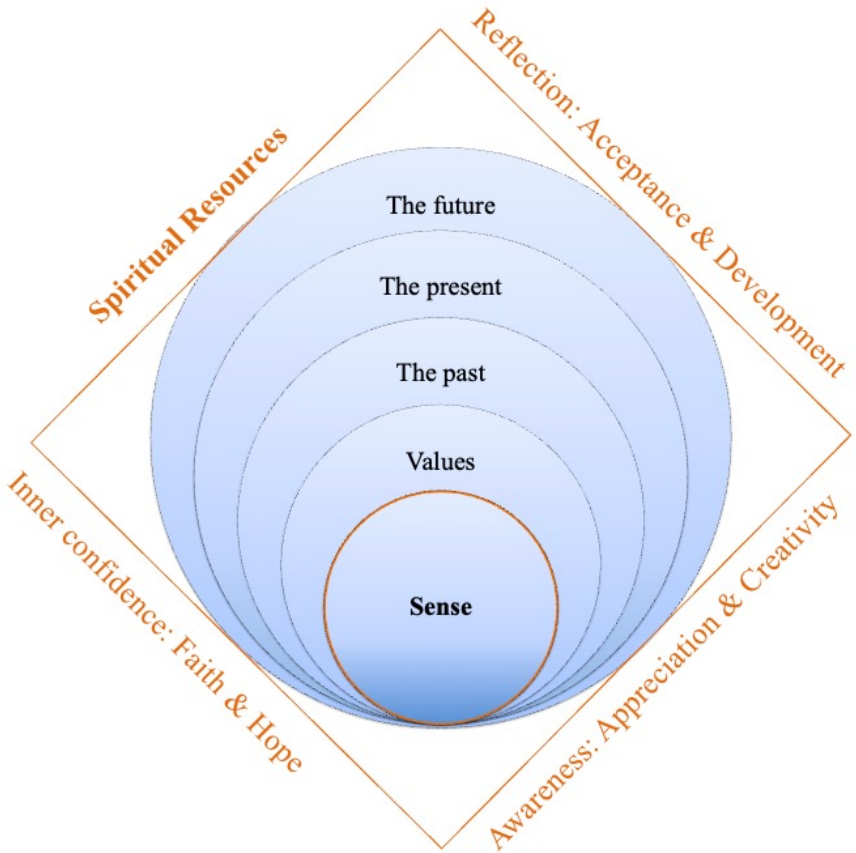
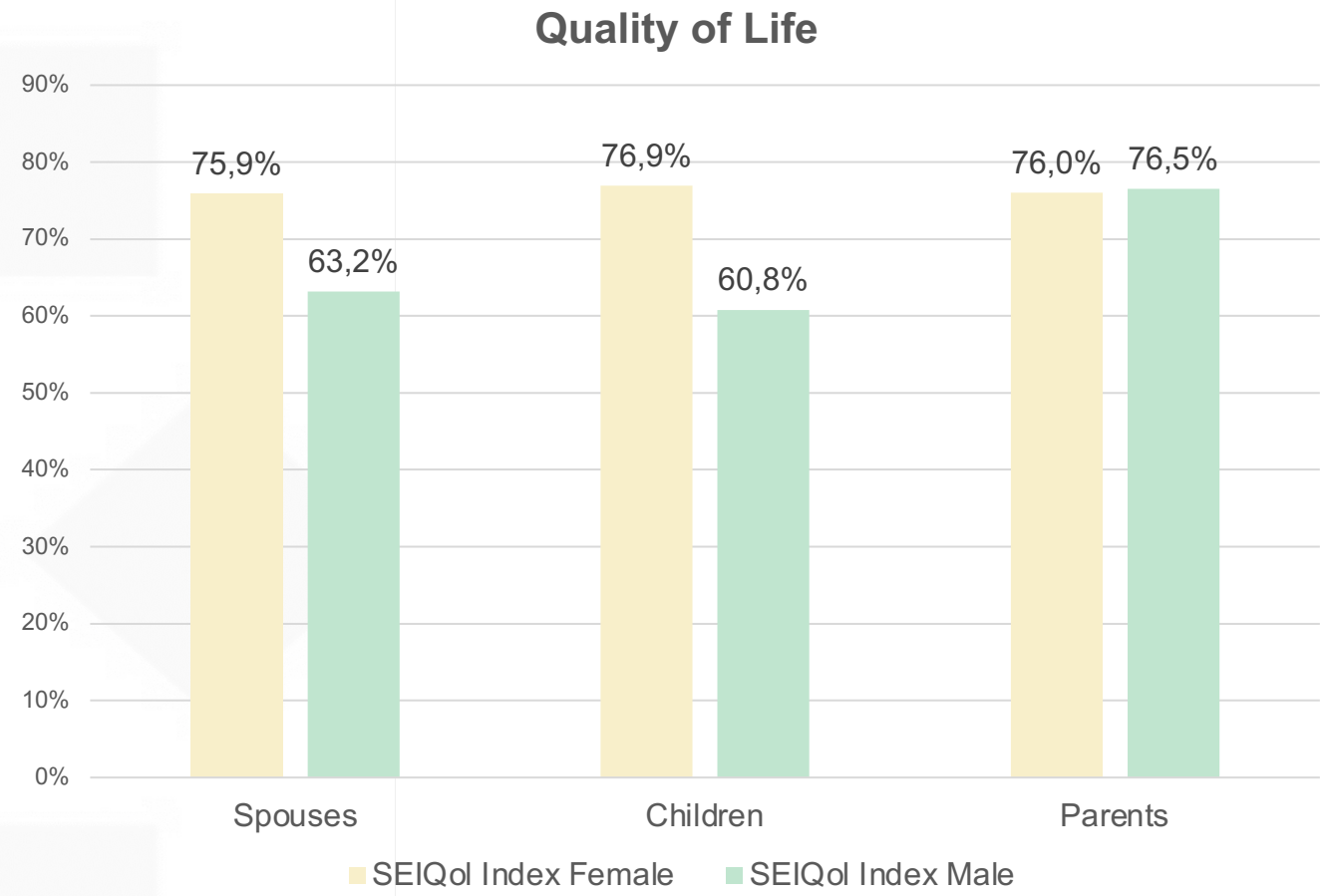
Results



Values	*"At most, you castigate yourself even more. there is (...) a passage [in the bible] that tells us (...) that children should take care of their parents."*
Past	*"he did a lot for us children in his life. he was always there for us. (...); and I thought to myself, now I can also be there for him and do for him what he needs."*
Present	*"My [own needs] are gone. absolutely gone. I go to work. do the housework (...) in between, I'm just there for the wife. That's it."*
Future	*"I'm retired now. (…) I want to travel while I'm still relatively healthy (...) and (...) from a rational point of view, it will only happen once my father dies."*

Results



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Discussion

Family caregivers who find meaning in their lives are generally more aware of themselves, can better distinguish between themselves and caregiving, and can better accept help.

Mix-method approach has enabled:

- a more flexible approach to the object under study
- comparability of the data due to a valid instrument

Contact

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Boundary Situations in Health Care

A qualitative study using *Interpretative Phenomenological Analysis* (*IPA*)

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Boundary Situations

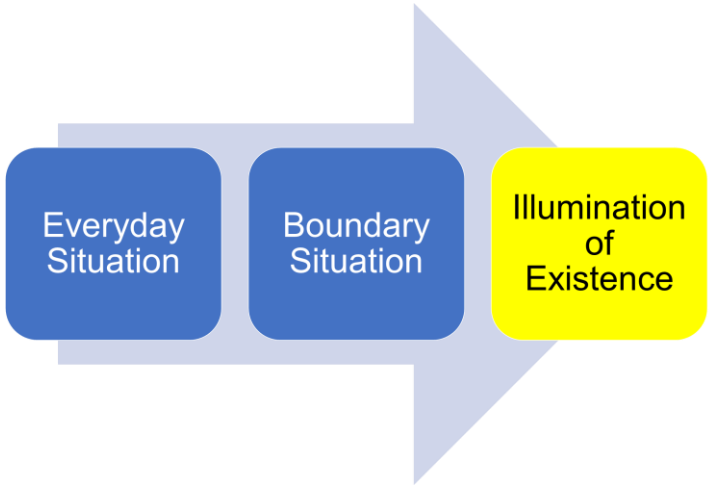
- Concept introduced by the German philosopher Karl Jaspers (1883-1968)
- refers to the limits of action and life, such as struggle, guilt, suffering and death (cf. Jaspers 1956)

- Human life always remains within these boundaries
- this is experienced in a special way in particular situations

- Boundary situations in health care: severe physical or emotional suffering, confrontation with death due to terminal illness
- Patients can experience their situation as a boundary situation in the sense of Karl Jaspers

Illumination of Existence

- According to Jaspers, in confronting boundary situations, insights into the mystery of existence can be gained
- What does it mean to be finite? Why do we exist at all?
- The insights obtained in the confrontation are ineffable, but can manifest themselves in a new attitude to the world and to life.



Research Questions

- How does it feel for patients to experience a boundary situation?
- How does this experience change their view of themselves and the world?
- Do they experience an illumination of existence?
- How can caregivers be made more sensitive to dealing with people in boundary situations?

Problem

- How can one speak about ineffable experiences? (cf. Gutschmidt 2022)

Method

- The research questions are investigated using a qualitative phenomenological interview approach (*Interpretative Phenomenological Analysis*, *IPA*, Smith et al. 2009)
- a qualitative method developed specifically for the analysis of lived experiences
- *IPA* integrates the phenomenological tradition of Husserl, Heidegger and Merleau-Ponty with basic ideas of hermeneutics
- Interviews with patients and with caregivers (bifocal approach)
- semi-structured approach with open questions: how do patients experience their situation, how is their situation perceived by caregivers?

Problem of Ineffability

- *IPA* is doubly hermeneutic:

1) assist participants to construe meaning, finding words together
2) iterative process of interpretation and reinterpretation of the transcripts

- Ineffability was experienced by the researcher: Impossibility of speaking directly about the respective boundary situation, especially with respect to death

- Methodological problem: How to do qualitative research about boundary situations in health care? (cf. Feith et al. 2020)

Data Analysis

- Transcripts are read and reread to increase familiarity
- Initial analysis includes, among more general remarks, descriptive, linguistic, and conceptual remarks
- Remarks are subsequently clustered in individual themes and individual higher-order themes in an iterative process
- Attempt to grasp the “what is it like” (while staying as close as possible to the participants words) and to find overarching connections in other participants accounts
- Review of the co-constructed themes of the whole sample by registering associations as well as tensions and contradictions
- Superordinate themes are gradually derived to grasp general themes across all participants as well as meaningful individual variations

Observations from the Research Process

- Patients have perceived themselves as being outside of normality
- Patients and caregivers gained new perspectives on everyday existence
- Patients and caregivers talk of new attitudes towards life: serenity, gratitude, appreciation
- In some cases, patients talked of philosophical and spiritual insights
- Attitudes and insights: illumination of existence

Further Directions

- Art-based research: Innovative ways of representing the non-representable

Contact

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