

# Introducing the research methodology of interpretative phenomenological analysis for midwives

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## ORIGINAL

### Introduction

Within the strategic plan for research (NHS England 2023) the Chief Midwifery Officer (CMO) for England has set out a vision for maternity services to provide more personalised care for women and their families. Midwives who are keen to capture the essence and sense making of lived experiences of those involved in these services may find the research methodology of interpretative phenomenological analysis (IPA) a beneficial research approach.

This article introduces IPA, offers some background on its development and theory, and then provides introductory detail on how to carry out an investigation useful for midwifery practice. The main practical stages of carrying out an IPA study, including design, data collection, analysis and reporting are examined. The key features that it offers midwifery practice and research are also discussed. Some of the challenges and benefits of using IPA are then explored, with links to relevant studies.

### What is IPA?

IPA is an experiential qualitative method of inquiry focusing on discovering how people make sense of personal lived experiences that are examined on their own terms individually and then more broadly across research participants. IPA focuses on the participants' meaning making (Smith et al 2022). Smith established IPA as a qualitative research approach over 30 years ago; it has now become established in qualitative psychology. The use of IPA now extends beyond that sphere into other research domains including health research. In midwifery, there are multiple examples of studies where it has been selected as a research methodology of choice, because of its ability to illuminate key life experiences in great depth, providing insights and learning for personal and wider value. The word 'methodology' alludes to a general approach to research topics (Silverman 2022), offering a strategy or way of thinking about the data gathered, rather than how to collect or what to do with the data, which could be described as the method.

In IPA, the objective is to explore an area of concern flexibly, by looking at lived experiences (Smith & Osborn 2007). Findings from an IPA study cannot be generalised; however, they can provide insight and depth that work towards gaining understanding of significant life experience. As identified by Smith & Nizza (2022), standard self-report qualitative

approaches may struggle to analyse complex areas in midwifery, and IPA, through demanding reflection and penetrating examination, offers an insightful and useful research approach to better understand people's experiences.

An integral aspect of the research process is researcher reflexivity, which requires a personal awareness of one's own feelings and sense making in relation to the research. IPA is a subjective research approach, whereby two researchers working on the same data may make different interpretations (Tuffour 2017). While the researcher separately interprets the participant data through their lens of experience, the activity is connected to the lived experience of the participant (Engward & Goldspink 2020). And although the researcher is essential to the data collection, its analysis and explanation, they must be aware of their own assumptions and interpretations (Wiles et al 2013). The use of researcher diaries or journals and reflexive notes during the process are valuable in observing the influences on the researcher, and their analysis and interpretation of the data.

### The background ideology to IPA

As Eatough et al (2017) noted, in the early stages of its introduction in the 1990s, IPA initially began as an approach to the psychology of experience in clinical and counselling psychology. Three foundational aspects underpin the methodology of IPA: phenomenology, hermeneutics and idiography.

## Phenomenology

Phenomenology relates to the study of ‘phenomena’, which is exploring how things appear within human experience. The philosopher Edmund Husserl (1859–1938), considered a founder in this sphere, encouraged phenomenologists to go ‘back to the things themselves’ (Husserl 2001), which he refers to as the central element of experience within consciousness. Husserl advocated that the researcher ‘bracket’ or separate their knowledge, presuppositions and the familiar world, while undertaking data collection and analysis, recognising that they could create a barrier to that which is being investigated. Practically, this separation of researcher from data is likely to be challenging and, at the outset of the IPA process, attentive reflection is undertaken, aiming to capture the researcher’s preconceptions.

The feature IPA researchers examine is what happens when commonplace lived experience develops particular significance for individuals. This enables insights into contexts, for example cultural or social, which can help make findings relevant. The advantage of IPA is that it allows understanding about the richness of people’s significant experiences, which may not be captured from other approaches.

## Hermeneutics

Hermeneutics is the interpretation of language (Finlay 2011). Influential in this were the philosophers Heidegger, Gadamer and Schleiermacher. It was Heidegger (1889–1976), a student of Husserl, who emphasised the need to investigate beyond the account to interpret what it means. This included the process of reviewing multiple contributors towards building themes and broader interpretation. Both Heidegger (1962) and Gadamer (1990) maintained that it is necessary to include the researcher’s own experiences relating to the work undertaken as opposed to the bracketing off of aspects of oneself, as advocated by Husserl. Gadamer (1990) argued that the researcher cannot be separated from the researched, since he considered that, as an individual engages in the world change occurs, which he called a ‘*fusion of horizons*’. While Schleiermacher (1998) thought that interpretation was an intuitive art rather than merely following rigid rules and that, through deep and holistic analysis of the text, the researcher’s interpretation could contribute fresh insights and understanding.

Recognising humans themselves as ‘sense-making organisms’, Smith & Osborn (2003:51) describe a double hermeneutic aspect to IPA, where not only is the participant attempting to make sense of what is happening to them, but also the researcher is trying to make sense of the participant’s meaning making. Therefore, the researcher depends on the account of the sense making from the participant’s report, then draws on this same local and basic human skillset

in endeavouring to interpret the experience. This is instead of using any external major theoretical premises to analyse the experience. As a result, researchers need to be mindful of their biases, and be able to quantify and illustrate the processes of data analysis thoroughly with evidence from the data. A risk could be that the researchers may be drawn away from the original meanings (Charlick et al 2019).

## Idiography

Idiography is another major influence on IPA and concentrates on the particular, for example, the study of an identifiable group or subject rather than being interested in generalising. It holds the principle that researchers are seeking to understand the meaning of the experience from the individual participant’s perspective and does not readily establish behavioural laws. IPA has an idiopathic ideology, in that it attends in depth and in detail to the individual case and demands thorough and systematic analysis. It looks to understand how a phenomenon, such as an occurrence or specific experience, has been perceived from the viewpoint of each individual at a time (Smith & Nizza 2022).

In capturing people’s significant situations, events or processes in context, it is anticipated that midwives will be enabled to optimise care for women and families. Smith et al (2022) consider that researchers see phenomena from their own perspective and can never fully share the individual participants’ experiences, commenting that the orientation of researchers towards the area of interest needs to have the stance of openly exploring and investigating the participants’ perceptions. The midwife researcher will be trying to identify some patterns of meaning in the data, which they will then draw together in a structured way with evidence that can take the reader through the important areas of meaning in that data.

The process seeks to investigate the meaning of the ‘issue’ people have talked about rather than the topic, moving from micro level in the single case to patterns of meaning across cases. Good supervision will assist the researcher in overcoming the process challenges, however, the in-depth nature of the work will offer the midwife opportunities to better understand practice scenarios with potential to address aspects arising.

## The different stages of IPA

### Research study design

It is preferable that a study has a research question to focus the investigation and inform the process (Steen & Roberts 2011). The goal is to explore an area using research questions that are broad and open rather than test a hypothesis (Smith & Osborn 2007). Early in the process, Smith et al (2022) recommend that a literature review is conducted, with the aim of capturing a gap in knowledge that the proposed research question can address. The latter authors

highlight that the researcher needs to be aware of the possible influences of their preconceptions, which they describe as a researcher's '*fore-structure*' of their knowledge, cautioning that sometimes preconceptions may only become apparent during the research process.

### Steps to undertake IPA

Researchers can carry out IPA studies by working through the stages of planning and ethical approval through to data collection, analysis and the presentation of results. Smith et al (2022) remind the researcher that it is important to satisfy the scrutiny of institutional ethical committees, which may include signposting to channels of support for the participant where sensitive topics are explored.

### IPA sampling and inclusion criteria

Sample sizes are small when used for this research approach, especially given the need to analyse the individual accounts in detail. Smith et al (2022) caution that a large sample can create an overwhelming amount of data for the researcher and, as an illustration, they suggest  $n = 5$  interviews or equivalent at masters level IPA study, rising to between six and 10 interviews for professional doctorates. They highlight this as a cautionary note for longitudinal studies where a participant may have multiple interviews, for example in Table 3, the second study included conducted interviews at three time points in the women's childbearing pathway. This shines a light into the women's experiences more fully but is likely to create larger volumes of data, which will impact the decision on how many participants the study can manage. These authors advise that careful inclusion criteria must be defined when recruiting a cohort who have had a particular experience. Smith & Nizza (2022) concur with the above, stating that it is due to the time-consuming processes and attention to detail that sample sizes need to be small; consequently, numbers are difficult to prescribe.

## The process of IPA

### Data collection

The data collection method of choice is semi-structured interviews. However, it is possible to use other accounts of experience such as diaries and focus groups (Roberts 2013). Smith et al (2022) consider that, as qualitative research, the interview can be described as a conversation with a purpose, with the aim being that the participant is facilitated to tell their own story in a one-to-one setting that creates an environment for the person to be heard. An interview guide is typically prepared with IPA, including open questions. The researcher will need to prepare an interview preamble to establish a comfortable and clear process in alignment with the ethics approval, which can be used before the interview itself is conducted. This would combine practical elements such as housekeeping and facilities, confidentiality, the option to stop the interview if the participant

chooses. Also, it may put the participant at their ease to assure them that there are no questions to pass or fail and that the interview process encourages them to pause to gather their thoughts if necessary. A pilot interview is frequently conducted ahead of the participant interviews, which provides an opportunity to test the questions and gain confidence in the process, liaising with supervisors as required.

The researcher will need to listen attentively to elicit the participant's thoughts, feelings and perspectives to gain rich data from which comprehensive analysis will follow. Prompts may be prepared to help if a participant is challenged and struggles to respond. Smith et al (2022) have listed key questions to assist in seeking more detail, possibly using words and phrases the participant used themselves (see Table 1).

**Table 1: Going deeper (for use during interviews to gain more detail) (developed from Smith et al (2022))**

• <b>Why?</b> Observe that these questions are simple, open and can draw further depth and richness of data
• <b>How?</b> These questions are designed to enable the discussion, allow time for silences for the participant to gather their thoughts
• <b>Can you tell me more about that?</b>
• <b>Tell me what you were thinking?</b>
• <b>How did you feel?</b>

### Data analysis

Confidentiality and safe storage of data must be planned, arranged and anonymised with pseudonyms used within the transcripts. A detailed data-management plan will need to accommodate participants' preferences.

The data are transcribed, line-by-line coding is carried out, immersing the researcher in the content, and all reactions and responses are noted. Experiential statements (ES) are formulated (rather than developing 'emergent themes' as previous studies had described). IPA terminology changed slightly for these stages in the 2022 second edition of Smith et al's manual. When reading examples from midwifery later in this article, note that earlier studies use slightly different terminology for similar processes, although these mainly relate to how things are labelled rather than the processes themselves: it is primarily a semantic change.

ES are clustered to form personal experiential themes (PETs), which are then developed further to form a case-level summary. Annotations and reflexive threads are recorded with a link to key data to illustrate each PET, which is given a title to capture how the experiential statements converge.

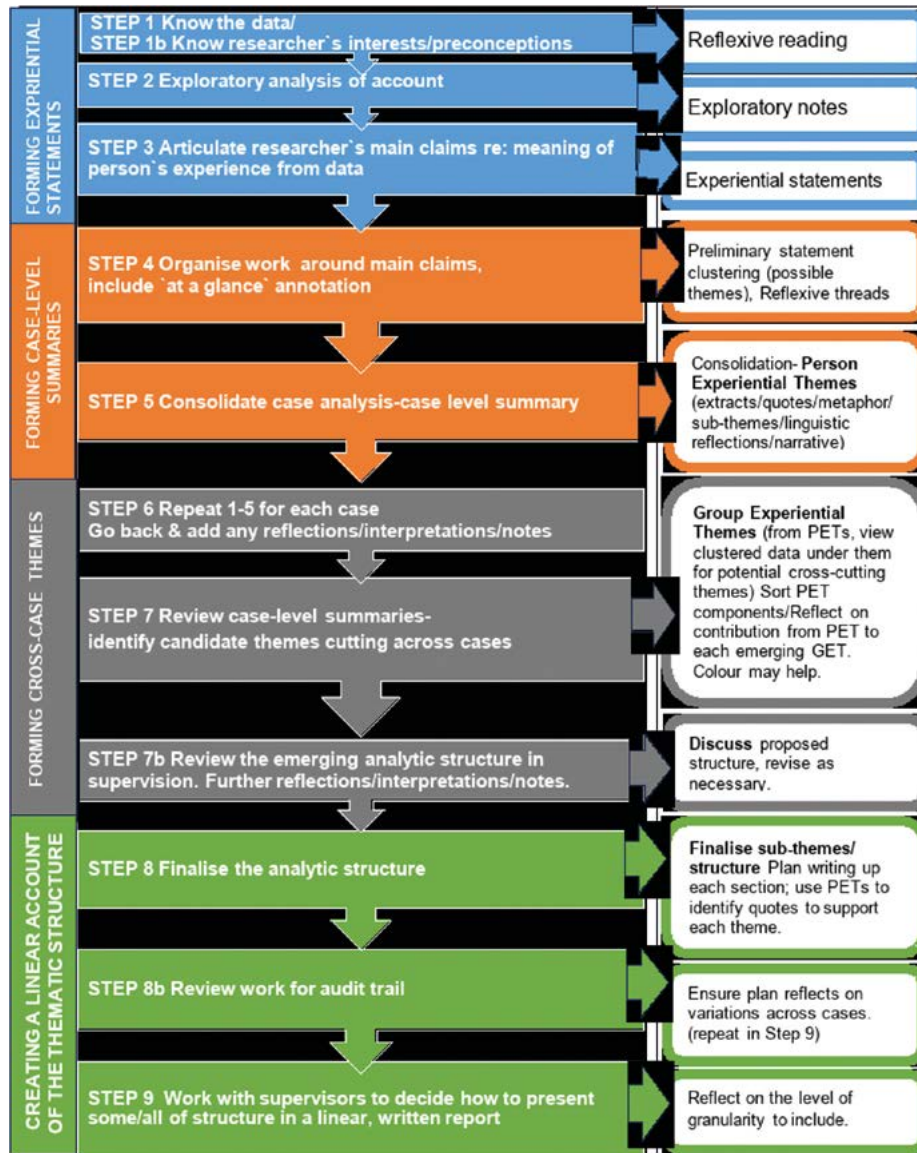
In the next stages, the individual cases are then analysed across the multiple datasets so that broader converging experiential themes are revealed, as well as

differences. It is good practice to review findings with a research colleague or supervisor prior to the final consolidation point. From this, thematic connections arise and group experiential themes (GETs) are created. In the analytical phrases prior to 2022, these would have been described as ‘superordinate themes’ rather than the current description of GETs. Even if a researcher is new to IPA, it is likely to be helpful to be

familiar with these descriptive changes, as Smith et al (2022) expect both versions of terminology to be used for an overlapping period.

The sequence of the IPA process, which has been streamlined by the authors to facilitate it to be applicable as a reference for practice, features in Figure 1.

Figure 1. Process of IPA (Morton et al 2024 adapted from Larkin M 2020 and developed from Smith et al 2022)



Smith et al (2022) comment that participants may manifest the same experiential theme differently and there may be sub-themes highlighting contrasts as well as similarities. There is likely to be an ongoing reflexivity between convergence and divergence as this process takes place, where similarities and differences can shed light on the experience being explored. This contrasts with other qualitative approaches, for example, thematic analysis, which uses larger sample sizes, drawing experiences together in categories based on frequency of criteria (Braun & Clark 2013). Similarities in accounts are noted yet the contrasting

and divergent ways the homogenous group manifest the shared or similar experience can also provide insight and understanding. Charlick et al (2019) demonstrate this well in their IPA that contrasts the voices around exclusive breastfeeding in Australia, offering scope for diversity in approaches to support mothers in the future.

**Some of the challenges of IPA**

There are a range of challenges in using IPA, including the element of interpretation that arises from the researcher, given the nature of IPA,

especially when metaphors and illustrations are used. As the researcher becomes more experienced, a deeper level of interpretation is likely to develop, including micro-textual analysis of verb usage, for example. Smith et al (2022) caution that novice researchers may produce results that are too descriptive rather than achieving the depth of insight derived from fully engaging with the stages of the IPA process.

Another demanding aspect is that in studies with larger sample sizes, much skill is needed to achieve an idiographic focus while making group experiential claims.

The results section or analysis section is the key part of an IPA write up and will include data extracts as well as analytical interpretation of the texts in detail. Levitt et al (2018) recommended that there should be a transparent account of the analytical process detailing the complexity, including convergence and divergence.

### Benefits of IPA

Midwifery practice often involves areas with complexity, ambiguity and emotionally demanding aspects, and Smith & Osborne (2007) consider IPA a valuable approach when researching such areas. When the participant is providing a detailed account of their experience, IPA can be helpful in the way

it allows space for the individual's recollections. Within the context of pregnancy and the postpartum period, it can provide insight and understanding of the participants' perspectives and needs, including the experiences of specific communities. Roberts (2013) reflected that, given the woman-centred holistic emphasis of midwifery care, IPA is a research methodology that is flexible and well suited to study areas that relate specifically to midwifery practice.

### The value of IPA in midwifery practice

IPA research findings provide opportunities for midwives and maternity organisations to better understand the needs of women at all stages of pregnancy and childbirth. IPA recognises the uniqueness of every woman, her hopes, wishes and experiences and, when implemented, findings have the potential to contribute to the delivery of improved personalised woman-centred care. Feeley & Thomson's (2016) IPA research informed practice about the importance and value to mothers and babies of creating a calm birthing space, free from clinical interruptions.

Further examples are summarised in Table 2 to illustrate the use of the approach and how it offers the potential to gain illumination and insight into the lifeworld of those using midwifery services.

**Table 2. Two examples of IPA studies relating to midwifery practice**

<b>Title</b>	<i>An interpretive phenomenological account of the experience of couples' recovery from the psychological symptoms of trauma following traumatic childbirth (Attard et al 2022)</i>	<i>An exploratory interpretive phenomenological account (IPA) of childbearing women's perceptions of risk associated with having a high Body Mass Index (BMI) (Norris et al 2020)</i>
<b>Aim</b>	Considering accounts of couples who have experienced birth trauma	Developing an understanding of women's experience of compassionate midwifery
<b>Sample</b>	Sample of six couples	Sample of seven primigravida and multiparous women
<b>Inclusion criteria</b>	Self-reporting couples over 18 years old between six months and two years after the birth	Primigravida and multiparous women with a BMI of >35kg/m <sup>2</sup> aged over 18 years old
<b>Data collection</b>	Semi-structured interviews, developed with a service-user advisor and specialist perinatal clinical psychologist	Longitudinal approach with semi-structured interviews at three time points: 1) 18–22 weeks 2) 34–36 weeks and 3) 10–15 postnatal days
<b>Data analysis</b>	Smith et al's (2009) staged analytical process with descriptive and linguistic comments. Then developed conceptual codes; reviewed and edited by the two remaining authors	Smith et al (2009) staged analytical process. Semantic content and language noted, then interrogative approach analysed comments. Emerging theme linked with superordinate theme/patterns identified. Time point comparison. Second researcher review
<b>Practice-related findings</b>	Four superordinate themes were identified: 'We need validation'; 'Feeling paper thin'; 'This is a system failure' and 'Birth trauma is always going to be a part of you.'  A key finding was for midwives to support parents to feel validated, to reduce a sense of guilt arising from their traumatic experience	Four superordinate themes including 'Choice, continuity and control'; 'Me and my body'; 'No risky talk' and 'Risk or no risk'  It is important that midwives provide supportive opportunities to discuss weight management. The downplaying of obesity-related talk requires sensitive discussion, as women who do not acknowledge a weight problem will perceive no necessity for engagement with health promotion messages

In the Attard et al (2022) study in Table 2, IPA was chosen as the most need-appropriate approach to capture the lived experiences of couples following traumatic childbirth, seeking to better understand what supported their recovery. The authors selected IPA knowing the participants had experienced trauma and sought to gain an understanding of their recovery journey. The requirement of at least six months postnatal to have elapsed before participation allowed for the couples to process the trauma sufficiently to then articulate it (Nicholls 2007), yet did not leave it so long that the couples struggled to recall the experience. The authors considered their study brought fresh insight to the meaning of the couples' lived experiences as they recovered from traumatic childbirth. Practical recommendation of training for the clinical team in trauma-informed communication styles included an understanding of emotional processing after trauma, and techniques in validation to support and address the couples' reported sense of guilt.

Norris et al (2020) (see Table 2) explored childbearing women's perceptions of risk associated with having a high body mass index, which found themes around risk. It made recommendations for practice and concluded that bespoke training is required to facilitate sensitive conversations about obesity-related risk, and to provide effective advice and support. Following on from the earlier discussion regarding sample size, as a longitudinal study with interviews totalling  $n = 21$  as cautioned by Smith et al (2022), this produced a large amount of data for analysis. However, the authors considered that conducting multiple interviews over time gave a sense of changes to the participants' perception of risk.

## Conclusions

IPA is developing as a research methodology in midwifery. It has the potential to improve practice by developing a deeper understanding of women's experiences, personal requirements, hopes and goals throughout their childbirth pathway, with potential to support the concept of uniqueness and woman-centred care. It focuses on gaining a rich and detailed understanding of the study participants' experiences of a scenario or similar. In recognising that in midwifery practice many of the areas of possible research interest have complexity, the IPA approach may be an option well-suited for person-centred research.

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For more information on this topic see MIC database search pack: M78 Research: qualitative methods.

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