

Why Phenomenology Came Into Nursing: The Legitimacy and Usefulness of Phenomenology in Theory Building in the Discipline of Nursing

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Abstract

Phenomenology was introduced to the field of nursing in late '70s in the US and Scandinavia. Since then, phenomenology has developed as a commonly used approach within nursing research. However, during the past two to three decades, phenomenological nursing research has come under attack from scholars outside the field of nursing who question the credibility and usefulness of phenomenological nursing research. The aim of this discussion paper is twofold: 1) to illuminate why phenomenology was introduced by nurse scholars to develop theory and as a framework for empirical research in the US and Scandinavia; and 2) to discuss the legitimacy of applying a phenomenological approach in nursing research and practice today. The rationale behind advocating the integration of a phenomenological approach into nursing practice was to defend, apprehend and articulate the essence of caregiving in theory building within nursing. We claim these arguments are maybe even more important today. Using three examples of empirical phenomenological studies, we illustrate how these studies provide theoretically informed insights into existential aspects of care that guide caring practice and accordingly humanise practice. We argue that phenomenology provides the nursing profession with a humanly sensitive approach that challenges the current tendency within healthcare to emphasise an evidence-based, standardised approach to patient care that inclines to neglect each patient's uniqueness. Nursing profession may lose its very *raison d'être*, i.e. to deliver humanly sensitive care, if nursing research ceases to address existential aspects of being a human. Thus, it is evident that phenomenological nursing studies have legitimacy and are important for developing theoretically informed insights that promote the discipline of nursing. Consequently, the value of phenomenological nursing research should be assessed based on the findings it provides that promote such knowledge. Hence, credibility and usefulness of phenomenological nursing research must be determined by the discipline itself.

Keywords

phenomenological research, empirical phenomenological nursing research, phenomenological nurse researchers, lifeworld-led perspective, existential insights, caring sciences, theory development of nursing

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Introduction

In 1976, two American nurse theorists, Josephine Paterson and Loretta Zderad, introduced the framework of phenomenology in their book *Humanistic Nursing* (Paterson & Zderad, 1976). Simultaneously, in Scandinavia, nurse theorist and philosopher Kari Martinsen introduced phenomenology in her dissertation from the late '70s (Martinsen, 1975). Since then, phenomenology has developed as a commonly used approach within nursing research.

Nurse theorists have used the framework of phenomenology for numerous purposes, including the following: describing aspects related to clinical nursing such as stress and coping in health and illness, serving as a framework to address tacit characteristics of nursing practice (Benner & Wrubel, 1989), addressing existential aspects of the meaning of suffering and wellbeing in relation to living with illness (Dahlberg et al., 2009; Galvin & Todres, 2011, 2013; Galvin et al., 2020) and giving voice to the patient's perspective (Martinsen et al., 2022; Holm & Dreyer, 2017; Norlyk et al., 2013; Haahr et al., 2011). However, during the past two decades, phenomenological nursing research has come under attack from academics outside nursing who question the usefulness of phenomenological research within nursing. For example, some nurse researchers working with this approach have been accused of disregarding fundamental principles of phenomenology and misunderstanding key concepts (Paley, 1997, 2017; Crotty, 1996). Recently, Paley (2017) strongly recommended that nurse researchers choose research approaches other than phenomenology. He accused textbooks that applied phenomenological approaches of being inconsistent and poorly explained, leading to research findings that are based on random decisions. The influential scholars Giorgi (2017) and van Manen (2017) have refuted this critique and encouraged nurse researchers to pursue phenomenological research, recommending that they familiarise themselves further with phenomenological philosophy and its key concepts. Whereas Zahavi and Martiny (2019) encouraged nurse researchers to look beyond existing approaches and learn from classical phenomenological psychology, classical and contemporary phenomenological psychiatry, and collaborate with philosophers, psychiatrists and cognitive scientists to qualify their phenomenological research (Zahavi & Martiny, 2019).

The critique of phenomenological nursing research is concerning. Phenomenological approaches contribute to the development of theoretical knowledge that is specific to nursing. Accordingly, it is essential to consider the credibility and usefulness of the findings of phenomenological nursing research when assessing such studies (Butcher, 2022; Sandelowski & Barroso, 2002).

Parallel to the above debate, taking the lifeworld¹ of the individual patient into account has been under serious pressure in nursing in favour of adhering to evidence-based guidelines and standardised regimens (Cole et al., 2022; Dreyer et al., 2018; Norlyk et al., 2017). Cole et al. (2022) and Norlyk et al.

(2017) question if this approach to professionalising care is McDonaldising nursing care and potentially developing it into McNursing, as Norlyk et al. (2017) call it, at a point where a dominating culture of 'being busy' has become a primary mode of being in nursing (Dreyer et al., 2018; Martinsen, 2012). This development may jeopardise a lifeworld approach to nursing, discarding fundamental nursing values. Moreover, research projects within health sciences are increasingly expected to provide solutions to the health problems under investigation rather than providing knowledge of patients' and relatives' lifeworlds. This implicitly raises the question of the value of empirical phenomenological research.

As shown above, the future of phenomenology in nursing studies has been questioned, and much attention has been directed towards how to conduct empirical nursing research in the phenomenological tradition. Overall, the debate about the usefulness of empirical phenomenological nursing research has been discussed by scholars outside the nursing profession who have outlined what nurse researchers should and should not be doing - some encouraging them to continue to draw inspiration from phenomenology, while others advocate a completely different research approach. Two fundamental questions arise: why should nurses be diverted from any research approach at all? And is it customary in other academic disciplines that external disciplines determine the criteria for inclusion or exclusion of diverse methodological approaches?

This paper contributes to the above debate by shedding light on arguments for introducing the framework of phenomenology, drawing on the insider perspective of nurse scholars themselves. As stated by Butcher (2022), each discipline has distinct perspectives on reality and various defining elements, including phenomena, assumptions, philosophical outlooks (ontology, epistemology), and concepts, etc. that differentiate it from other disciplines. The purpose of this paper is thus twofold: 1) to illuminate why the framework of phenomenology was introduced by nurse scholars in the US and in Scandinavia; and 2) to discuss the legitimacy of applying a phenomenological approach in nursing research and practice today.

Method

First, we delineate the arguments provided by influential nurse scholars for introducing the framework of phenomenology as a valuable source to articulate the characteristics of nursing and for developing significant knowledge about phenomena relevant to the nursing discipline. We begin by illuminating when and why prominent nurse theorists in the US and Scandinavia introduced the framework of phenomenology as a resource for nurses to articulate, understand and unfold nursing phenomena.

Second, we argue that phenomenological nursing research can generate knowledge that is necessary for developing the nursing discipline. Using three examples of empirical phenomenological studies that exemplify this approach, we

illustrate how these studies offer a theoretically informed basis for developing understandings of nursing as a caring profession. We include these studies as they clearly convey experiential knowledge of living with different types of healthcare challenges in various clinical settings. Thus, we include phenomenological studies that present their findings in a manner that offers profound insights into lived experiences² and that resonates with our own experiences in the field of clinical nursing.

The Development of Phenomenology Within Nursing in the US

In the late '70s, Josephine Paterson and Loretta Zderad introduced the framework of phenomenology in their book *Humanistic Nursing* to focus on the value of describing nursing phenomena via theory building (Paterson & Zderad, 1976). Paterson and Zderad explained that they wrote their book to address existential modes of nursing being and nursing experience as sources of wisdom, also at an individual level. They considered phenomenological description as a basic and essential step for developing nursing theory. Their intention was to examine the underlying values inherent in nursing by reflecting on nursing as a lived experience as it occurs within the context of everyday life (Paterson & Zderad, 1988). Their book was a response to what they termed objectivity in nursing situations as they questioned the strict scientism of positivistic method and the view of human beings as predictable. Opposing this approach, they found that phenomenology provided them with a framework with which to study, describe and develop an artistic science of nursing. However, when they began applying the term 'phenomenological' to their work, they soon recognised '*that to many persons, it sounds strange, unpronounceable, foreign; to some forbidden; to others enticing*' (Paterson & Zderad, 1988, p. 84). Thus, to make the title of the book more amenable, they called it 'humanistic nursing', stressing that in humanistic nursing, phenomenological and existential aspects interrelate. Accordingly, phenomenology became the methodological starting point for how the nurse comes to know the other [the patient]. Paterson & Zderad, 1988 argued: '*this methodology [phenomenology] came into being only after years in which various attempts were made to get positivistic methodology to answer relevant nursing questions and to develop a professional scientific theory of nursing*' (p. 71).

A phenomenological framework enabled them to argue against the dominant positivistic paradigm and articulate nursing phenomena. They considered it a means of promoting knowledge of nursing theory and practice as humanistic. Accordingly, they were pioneers who emphasised that the goal of nursing is to enhance the patient's well-being and that nursing has an existential focus. Namely on the patient's more-being, which means helping the patient 'grow' despite their circumstances (Paterson & Zderad, 1988, p. 23).

In the beginning of the '80s, several nurse theorists pursued a phenomenological approach to developing theories and describing a human centred nursing practice. For example, in 1985, Parse, Coyne and Smith published the book *Nursing Research – Qualitative Methods*. They questioned what they call the 'totality paradigm', where Man is considered an organism whose behaviour can be measured, predicted and changed through managing the environment (Parse et al., 1985, p. 1). They argued for the framework of phenomenology as it promotes the ongoing development of research traditions within the nursing discipline. They posited that it is necessary when developing theory in the nursing discipline to take one's point of departure in established research traditions, and that it is important to transform the borrowed methods or potentially change them to fit the discipline: '*Borrowing a method and adapting it to the nursing perspectives alters the pure form of the method as defined by the discipline of origin. It is through borrowing methods in this way that emerging disciplines, such as nursing, carve out their own research traditions* (Parse et al., 1985, p. xiiv).

In other words, they argued for critical application of borrowed methods in the nursing discipline. They stressed that specific modifications of borrowed methods are needed as phenomena must be conceptualised within a particular nursing perspective and findings must be interpreted in the light of that perspective. Accordingly, they elaborated on phenomenology as a method of inquiry to uncover the meaning of humanly experienced phenomena through the analysis of subjects' descriptions.

Another influential nursing theorist is, Patricia Benner, who introduced the notion of phenomenology in the early 80ies. She advocated for utilising a phenomenological framework as a promising approach in research and in the development of nursing theory (Benner, 1984). Benner questioned the dominant emphasis on scientific rationality and positivist approaches in nursing, which she contended overlooked the subjective complexities of nursing care (Benner, 1984). She argued for combining phenomenological and feminist goals to bring attention to the concealed and tacit yet crucial work of nursing as a caring practice (Benner & Wrubel, 1989). Referencing Heidegger, she maintained that a phenomenological approach offered a valuable perspective for understanding and describing the experiential knowledge gained from the lived experiences of nurses and patients as this type of knowledge holds value that is critical to understanding and improving nursing practice. Another main argument for Benner was that a phenomenological approach would help to uncover hidden aspects of nursing practice. She used the phenomenological framework to uncover tacit or implicit knowledge such as intuition, unspoken understanding and embodied skills which she argued were essential in nursing practice but were difficult to articulate explicitly (Benner & Wrubel, 1989; Benner, 1984).

Together with colleagues, Benner has argued that a phenomenological framework enables nurses to account for

subjective aspects of human experiences, such as pain, suffering, stress and coping in health and illness, thereby allowing them to consider patients' specific circumstances, cultural backgrounds and personal beliefs (e.g. Benner, 2022, 2013; Sunvisson et al., 2009; Benner & Wrubel, 1989). For example, Benner used a phenomenological framework to argue against an understanding of stress and coping based on cognitive and behavioural theories on the basis that these concepts fail to integrate the individual person's specific circumstances (Benner & Wrubel, 1989). Accordingly, Benner drew on a phenomenological framework to enable deeper understanding of life as it is lived, facilitate holistic care, recognise the importance of context and account for how expertise develops. In other words, Benner used the framework of phenomenology to highlight the importance of incorporating experiential insights when developing nursing theory and articulating important but tacit knowledge within the nursing profession.

The Development of Phenomenology Within Nursing in Scandinavia

In Scandinavia, one of the first scholars to introduce nurses to the philosophy of phenomenology was the Norwegian nurse and philosopher Kari Martinsen. In the middle of the 1970s, Martinsen began examining and unfolding how phenomenology could help to improve nursing practice. First, in her Master's thesis (Martinsen, 1975) and later in her dissertation in philosophy (Martinsen, 1984), Martinsen argued against nursing as a merely technical or instrumental practice, thereby questioning the dominance of positivism in the healthcare system. Martinsen argued against what she considered a lack of caring in healthcare. Over the past four decades, Martinsen has argued against standardisation and for broader understanding of evidence-based nursing grounded in phenomenology (e.g. Martinsen, 1989, 1996, 2006, 2015). In other words, Martinsen utilised phenomenology to shift focus away from a disease-oriented approach to a person-oriented approach.

One of Martinsen's main arguments for drawing on a phenomenological framework in building nursing theory was that nursing is a moral enterprise involving personal relationships with patients. For Martinsen, phenomenology aligns with ethical principles in nursing through its emphasis on the importance of inherently human relationships and spontaneously ethical obligations in our interactions with others (e.g. Martinsen, 1989, 1996, 2006, 2015). By embracing a phenomenological approach, nurses can recognise each patient's intrinsic worth and dignity, fostering a relationship built on respect, trust and empathy (e.g. Martinsen, 1989, 2006). Drawing on the Danish existential phenomenologist and theologian Knud Ejler Løgstrup, Martinsen argued that life phenomena such as trust, vulnerability, hope, guilt, shame, compassion and mercy are examples of the expressions of life

as it is lived that shape individuals' understanding of themselves and their worlds (Martinsen, 2015). Accordingly, Martinsen utilised the framework of phenomenology to invite nurses to engage in self-reflection.

Another influential Scandinavian scholar who introduced a phenomenological approach to nursing is the Swedish nurse theorist Karin Dahlberg. Since her dissertation in 1993, Dahlberg has argued for a phenomenological, lifeworld-led perspective in the caring sciences (e.g. Dahlberg & Drew, 1997; Dahlberg et al., 2008; Dahlberg et al., 2009). Dahlberg argued that caring can never be reduced to a specific technique or measure, but is a health-promoting action created in the encounter between a professional caregiver and a patient (Arnam et al., 2015). In particular, Dahlberg argued for the need to understand and explore the intricate relationship between existence and caring (Dahlberg & Drew, 1997; Dahlberg et al., 2008, 2009). Building on the continental philosophies of Husserl, Heidegger, Gadamer and Merleau-Ponty, Dahlberg was the leading force in formulating the methodological approach 'Reflective Lifeworld Research' as a new and innovative method for developing phenomenologically informed research in healthcare (Dahlberg et al., 2008).

For Dahlberg, another main argument for drawing on the framework of phenomenology is her critique of the current understanding of evidence founded on natural science (Arnam et al., 2015; Dahlberg et al., 2008). Similar to Martinsen, Dahlberg used the framework of phenomenology to promote a broader understanding of evidence, arguing that relying solely on statistical methods and statistically significant evidence excludes non-measurable phenomena such as lived experiences of hope, pain, confidence or wellbeing from the realm of knowledge and evidence. She highlighted the importance of considering and incorporating these subjective experiences and aspects into the field of research and evidence (Arnam et al., 2015; Dahlberg et al., 2008).

Dahlberg argued that the essential idea behind caring is to support and enhance human beings' health processes, and including the patient's lifeworld is fundamental in this regard (Dahlberg et al., 2008, 2009). To support these ideas, Dahlberg wrote philosophically oriented articles in collaboration with Kathleen Galvin and Les Todres (e.g. Dahlberg et al., 2009). One of these articles highlights the arguments for using a phenomenological perspective on health and wellbeing (Dahlberg et al., 2009). Furthermore, Dahlberg has argued for drawing on phenomenological philosophy in empirical nursing research, and she demonstrates how this can be achieved by transforming phenomenological philosophy into a methodological approach for nurses (Dahlberg & Dahlberg, 2020; Dahlberg et al., 2008).

To summarise, the arguments used by nurse theorists in the US and Scandinavia for introducing the framework of phenomenology to develop theory and conduct empirical research are quite similar. Despite the North America strand and the Scandinavian strand originated simultaneous but independently of each other they argue against a positivistic and

reductionist view and advocate the use of a phenomenological framework in nursing theory. They all challenge the dominant emphasis on scientific rationality and positivist approaches in nursing. They question the concept of standardised care or a one-size-fits-all approach, rejecting the idea that objective measures and quantifiable data are the only valid sources of knowledge in nursing. They argue that such approaches dehumanise care and fail to acknowledge the holistic nature of nursing. Furthermore, they challenge the notion that evidence should be exclusively based on natural science.

Three empirical phenomenological studies and their contribution to an in-depth understanding of nursing phenomena

In examining the ongoing relevance of phenomenology in nursing, we present three studies that exemplify its ability to support a humanly sensitive approach in contrast to the prevailing trend of standardised patient care. These studies also demonstrate how phenomenology challenges an increasingly limited understanding of what constitutes knowledge within nursing. We illustrate how the findings cover a broad range of areas that are directly useful for practice and contribute to theory building related to how human existence is affected in challenging life circumstances. As such, we will discuss how phenomenology provides the nursing profession with a humanly sensitive approach to theory building that contributes theoretically informed insights about existential issues in the field of nursing.

Living Within Old Skin

A great deal of nursing concerns taking care of older people with respect to their needs, and this includes their preferences regarding their physical appearance. The study by [Cowell and Galvin \(2018\)](#) focused on how older people experience skin ageing. The experience of living with skin ageing was explored via interviews with 17 people aged between 72–88 years, drawing on the methodology of reflective lifeworld research by [Dahlberg et al. \(2008\)](#). The study pointed to an awareness of the insider perspective of older people as being important for nurses. The essential meaning of living with ageing skin was shown to be a state of managed inevitability. Constituents of the phenomenon included the experience of unfamiliar sights and sensations due to ageing skin; facing and accepting bodily changes and seeing this in family connections; taking care of the skin “to face” the world; and presenting oneself to others, though with a different place in the world: same person, changed body.

This lifeworld-oriented insight provides nurses with knowledge of the need to refrain from solely prioritising the physical aspect of aging skin and instead to acknowledge and care for older people holistically. Furthermore, the study showed how older people consider their appearance and how

age influences older people’s sense of self in terms of being the same on the inside but facing the world with a changed skin. Acceptance and making the most of one’s appearance seemed to be very important, and older people valued skin functioning while being aware of the new and increasing fragility of their skin. The study illuminated ageing skin as a complex phenomenon, e.g. some older people did not necessarily like the bodily changes experienced and made efforts to conceal them, while others experienced ageing as relieving them of the pressure of being concerned about their appearance. Furthermore, the study showed that older people’s responses to their changed lifeworld were intertwined with observable changes to their body surface and carried implications for the self. A key finding concerned how changed skin referred to a “me” from the older person’s past and required an adjustment to a new older “me.”

Accordingly, the study provided existential insights about living in a body and underlined how fragility and whole-body changes can be experienced. These insights are important for nurses to assess emphatically older people’s responses to ageing skin appearance and their feelings of vulnerability. Furthermore, the study provided examples of how to assist older people in performing activities that contribute to maintaining preferences related to skin care and wishes regarding physical appearance. In other words, the study opened up ways in which nurses can meet the older person’s skin care needs. Hence, the findings of this study provide nurses with a theoretically informed basis for understanding the meaning of growing old in one’s body, stressing the relationship between ageing skin and existential aspects of ageing. These insights provide useful guidance for practice, as they highlight the importance of going beyond caring biologically for old skin, showing how a lifeworld perspective may suggest strategies for supporting people in ageing.

Recovery From Critical Illness

Caring for critically ill patients is an essential aspect of nursing practice. Intensive critical care (ICU) is often associated with technological procedures and advanced treatment options. However, as more patients survive critical illness due to advances in treatment, more live not only with the memories of being critically ill but may also suffer from physical or cognitive impairments ([Flinterud et al., 2022](#)). The paper by [Flinterud et al. \(2022\)](#) unfolded the lived experience of critical illness from a phenomenological perspective guided by the methodology of Giorgi. Through interviews with ten former ICU patients, they described the need for support and follow-up after patients had gone through critical illness. The phenomenological approach allowed the researchers to gain in-depth experiential insights into illness trajectories following critical illness, with particular attention on existential dimensions of critical illness. Thus, using a phenomenological approach, this study gave voice to the person behind the illness in a highly technological environment. It found that

participants experienced high levels of dependence on others while they were critically ill. There was a need for a 'caring presence' and a need to feel safe, both of which are important for nurses to recognise. Humour provided a means of coping with the situation and underlined the importance of being acknowledged as an individual. Another important finding was that going through critical illness left the person with a before and an after, indicating a changed self, and healthcare professionals need to be alert to this transformation in the individual. This emphasises the importance of nurses' ability to engage in different modes of being present in a caring manner.

This phenomenological study teaches us what it is like living through critical illness, while it also provides in-depth knowledge of potential individual responses and how important it is to act upon them. A caring, authentic and attentive relation with the patient through which the nurse can ease the patient's anxiety, anger or remorse is essential for the patient to gain strength. The study provides nurses with in-depth insights into ICU patients' unique path to recovery; a path that is far from a "one size fits all" approach. It draws attention to ICU patients' experience of being in an unfamiliar place, which the authors describe as an "unhomelikeness", and they point to the importance of health professionals supporting and bringing patients to a more homelike reality (Flinterud et al., 2022, p. 539). Temporal dimensions of the ICU patient's lifeworld were also brought to light, highlighting the importance of providing a caring presence to help the patient be in time and place.

Lifestyle Changes for People With Severe Mental Illness

A common aspect of nursing concerns supporting people in making healthy lifestyle changes due to chronic physical and/or mental illness. A study by Lundström et al. (2017) illuminated the experiential perspective of lifestyle changes as perceived by people with severe mental illness. The study was based on interviews with 10 people with severe mental illness who were interested in healthy lifestyles and had undergone health education in groups. The authors drew on the methodology of Ricoeur. The meaning of lifestyle changes was expressed as 'an internal and external endeavour to make well-considered decisions about lifestyle changes, and that the changes have to be perceived as meaningful, manageable and comprehensible for the changes to be sustainable' (Lundström et al., 2017, p. 722). The authors illustrated that lifestyle changes had a severe impact on the participants' lifeworlds and involved an inner struggle where feelings of powerlessness and doubt were often present. The authors illuminated that the participants' yearning for wellbeing and their desire to return to the person they had previously been or finding sustainable ways of living made the effort worthwhile. Their findings further illustrated that the participants wanted to live a normal life, and that what constituted a 'normal life' depended

on what the person considered to be normal in his or her own context. Hence, participants strove to find a balance in everyday life, and the authors stressed the importance of acknowledging patients as competent in making choices about their healthcare (Lundström et al., 2017).

The above study illuminates the need to include the experiences of patients with severe mental illness when supporting healthy lifestyle changes. In other words, this phenomenological study of the lived experiences of lifestyle changes contributes to nursing by drawing attention to the fact that lifestyle changes carry with them changes of habits that have existential aspects. Accordingly, the study highlights the importance of recognising that lifestyle changes involve transformations in habits that have a profound existential quality. Consequently, the study emphasises the need to go beyond relying solely on education as a means of providing support for promoting healthy lifestyle changes.

Discussion

The nurse scholars who originally introduced phenomenology in the theory development of nursing aimed to challenge positivistic and reductionist views in nursing. They rejected the notion of standardised care and a singular reliance on objective measures and quantifiable data, arguing that such approaches dehumanised care and overlooked the holistic nature of nursing. By incorporating phenomenology, they articulated a comprehensive understanding of nursing phenomena that embraced lived experiences, and supported a holistic and person-centred approach to care, where individual patients were actively involved in their own healthcare and received tailored care. Embracing a phenomenological framework introduced a change in perspective on nursing based on its essence rather than nurses' actions (Chinn et al., 2022). These ideas were extremely valuable for shifting nursing away from the medical model of practice characterised by correct performance of medical procedures and administration of medication (Chinn et al., 2022; Hall, 1997). Thus, bringing the phenomenological approach to nursing was a way of defending, understanding and explicating what nursing is about and how this knowledge can be developed. These arguments remain valid and are maybe even more important today. Despite hospital cultures having evolved over the past two decades, where patients are now recognised as active participants rather than passive recipients of care, and despite policy efforts to promote person-centred care (Cole et al., 2022; Ekman et al., 2021), the healthcare context is still predominantly governed by standardised pathways that rely on high-impact medical evidence. Although this increasing specialisation driven by technological and scientific advances has undoubtedly improved health outcomes, there is substantial evidence that this approach can sometimes overshadow the potential paths that nurses could take in delivering humanly sensitive care (e.g. Cole et al., 2022; Dreyer et al., 2018; Galvin, 2021; Norlyk et al., 2017).

In a recent editorial, Professor Kathleen Galvin (2021) argued that our professional understanding of evidence appears to be becoming increasingly narrow which is why it is crucial that we redirect our attention “back to the matters, back to the existential issues, standing on the shoulders of giants from continental philosophy” (p. 679). Thus, although the approach to patients may have changed since the ‘70s, this call to humanise healthcare by attending to patients’ lived experiences and the meaning of human life corresponds with the arguments introduced by nurse scholars several decades ago (Martinsen, 1993; Benner, 1984; Bishop & Schuder, 1990; Paterson & Zderad, 1976). This underlines the dominance of the medical care system, the subordinate role of caring and difficulties in changing the medical dominance within healthcare. However, in examining what characterised scientific breakthroughs in the field of nursing, Donaldson (2000) highlighted that a recurring theme was a deep commitment to questioning established thoughts, paradigms, and theories, while incorporating the unique perspective of nursing in research. Consequently, this commitment can encourage nurses to challenge the prevailing culture in healthcare, and question if this culture aligns with current healthcare policies aimed at taking patients’ experiences into account.

The three included empirical phenomenological studies show the depth of the rupture of the lifeworld caused by illness and how this triggers existential issues. As shown in these studies, existential issues encompass the challenges that nurses encounter daily in delivering care. Addressing existential issues has always been a substantial task of everyday life as a nurse, but it is, more importantly, an indispensable part of a holistic approach to treatment necessary for successful outcomes (e.g. Ekman et al., 2021; Ellis-Hill et al., 2020; Galvin & Todres, 2013). As illustrated in the three phenomenological studies, when the lifeworld is ruptured, new modes of existence become manifest and attending to these modes is important - if care is ‘to be caring’ (Galvin, 2021, p. 680). The studies also clearly illustrate that existential issues cut across diagnostic categories of the professional world and what may be guiding care in particular situations. Hence, the three studies demonstrate how the framework of phenomenology can promote philosophically informed theoretical insights about existential aspects of care that guide caring practice, and accordingly humanise practices and place emphasis on aesthetic knowing (Galvin, 2021; Todres et al., 2009; Delmar, 2006).

As put forth by Sandelowski and Barroso (2002), a research approach should be evaluated on its ability to promote novel insights and on the usefulness of the findings it provides for the discipline in question rather than placing an over emphasis on philosophical rules. Thus, the question of the usefulness of phenomenological nursing research as seen from perspectives outside nursing (Paley, 2017) falls short with reference to the usefulness of the three empirical studies included. However, it is important to acknowledge that, like other research approaches in various disciplines, the quality of phenomenological nursing research may vary (Norlyk & Harder, 2010). To qualify phenomenological research within nursing, philosophers such as

Zahavi and Martiny (2019) and Køster and Fernandez (2021) recently suggested that nurse researchers should initiate interdisciplinary collaborations with philosophers. However, this overlooks the fact that nurse researchers have already been engaged in interdisciplinary cooperation with philosophers for years, developing both phenomenological research approaches and articulating the practice of nursing from within the phenomenological tradition (e.g., Dahlberg et al., 2008; Thomas & Pollio, 2002; Bishop & Scudder, 1990; Benner, 1984). Certainly, we do not intend to diminish the importance of contributions made by scholars from disciplines outside of nursing who apply their expertise to healthcare contexts. Nevertheless, we argue that the generation of theoretically informed insights in nursing emanates from nurses themselves as they recognise the lived reality of actual practice. Phenomenology’s legitimacy lies in its ability to bring to our consciousness a sense of nursing that is already inherent in practice, rather than imposing meanings on it from outside (Bishop & Scudder, 1990).

Lastly, it is important to note that the nurse theorists referred to in this paper do not argue against science, technological development and evidence-based treatment. They stress the overwhelming tendency towards a power dominance that prioritises cause-and-effect explanations, along with the desire for objectivity and precision, resulting in the removal of the lifeworld’s inherent value and contextual aspects. Without taking patients’ and nurses’ lifeworlds into account, nursing practice degenerates into mere technique, thereby undermining the humanistic ethos that underpins nursing practice, hindering the moral sense of caring and the development of the profession (Norlyk et al., 2017; Bishop & Scudder, 1990). As stated by Butcher (2022), disciplines serve as lenses that shape our perspectives on and interpretations of the world. In other words, what we value as nurses determines and drives knowledge development within the discipline of nursing.

Conclusion

The arguments made by nurse scholars in the US and Scandinavia for incorporating phenomenology in developing theory and conducting empirical research challenged positivistic and reductionist perspectives that may dehumanise care and fail to acknowledge the holistic nature of nursing. Adopting a phenomenological framework in nursing provided a means of defending, apprehending, and articulating a comprehensive understanding of nursing phenomena that embraced lived experiences and supported a holistic and person-centred approach to care. Hence, the rationale behind advocating the integration of a phenomenological approach into nursing practice was to defend, apprehend and articulate the human focused essence of what caring is about in theory building within nursing.

By illustrating how phenomenological studies provide insights into existential aspects of care that guide caring practice and accordingly humanise practice, it is evident that phenomenological nursing studies have legitimacy and are important for developing theoretically informed insights that promote the discipline of nursing.

Nursing undoubtedly benefits from a range of research approaches. Like the nurse scholars referred to in this paper, we do not oppose hypothetico-deductive science as it serves its purpose in specific domains. Similarly, we do not advocate for a viewpoint where anything is acceptable. However, the nursing profession may lose its very *raison d'être*, i.e. to deliver humanly sensitive care, if nursing research ceases to address existential aspects of being a human such as the meaning of suffering, loss, wellbeing and dignity in relation to living with an illness. Hence, the value of phenomenological nursing research should be assessed based on the findings it provides that promote such knowledge of nursing.

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Notes

1. According to Dahlberg et al. (2008), Husserl described the lifeworld as an epistemological ground for human science. Husserl described the lifeworld as the world in which every “*life-praxis is engaged*” (Husserl, 1984/1936, p. 121). The lifeworld is an intuited, common and pre-given world in which we act without reflection. Accordingly, the lifeworld refers to our everyday world, the world in which we live our lives.
2. The term “lived experience” refers to experiencing the world while living it, a non-reflective type of consciousness preceding reflection (Giorgi, 1997). The aim is to capture the richness of a phenomenon as it manifests itself to the subject who experiences it (Husserl 2006/1911).

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