REFLECTIVE PRACTICE

In this new section of the journal, those involved in the delivery of Spiritual Care, Religious Care, or Healthcare Chaplaincy are invited to share their experience of practice by way of reflection, case study, discussion of current issues or response to previous articles.

THE INTEGRATION OF RESEARCH INTO PROFESSIONAL PRACTICE: A PERSONAL REFLECTION.

Ian Stirling

Abstract: The current healthcare climate expects chaplains not only to be able to evaluate and incorporate research findings into practice, but also to contribute to audit and research. For many chaplains this is new territory and demands an investment of time and energy before they gain confidence in research methodology to allow them to contribute effectively to the research agenda. This article reflects the experiences of the author while pursuing a MSc at Glasgow University. This personal eye view, offers a few hints and tips to chaplains who wish to start out in research yet do not wish to suffer the potential pitfalls of the research process. There is also a summary of some of the benefits which have arisen for the author since completion of the dissertation.

Key words: chaplaincy, phenomenology, reflexivity, research.

Introduction

The current healthcare climate expects chaplains not only to evaluate and incorporate relevant research findings into practice (Stirling, 2010) but also to contribute to audit and research (NHS NES, 2008). For many chaplains this is new territory and demands an investment of time and energy before they gain a confidence in research methodology which will allow them to contribute effectively to the research agenda. This article reflects the steep learning curve experienced by the author while pursuing a MSc dissertation at Glasgow University (Stirling, 2007). By focusing on certain practical issues integral to any piece of research, the intention is to offer a few hints and tips to chaplains who wish to start out in research, yet do not want to suffer the potential pitfalls of the research process, some of which were endured by the author. It is beyond the scope of this paper to consider in detail all of the aspects of the research process so reference is made to research knowledge, literature review, research methodology, phenomenology, interviews using critical case incidents and reflexivity. The paper highlights the many benefits that have resulted from pursuing a MSc both personally and professionally.

Hints and Tips

Research Knowledge

There is an abundance of quality textbooks such as Denzin & Lincoln (2005) which introduce the novice to the components and complexity of the research process. However there is a risk of being overwhelmed by the variety of texts and the choice of methodology so a word of advice from a trusted
mentor, or even the imitation of a quality study adapted to one’s context, will guide one to the best starting place. This may be preparing for a PhD (Silverman, 2001, 2005), or focussing on particular approach such as phenomenological research (Moran, 2000) or action research (Robson, 2002). The text I found most illuminating and brought theology and qualitative research together is John Swinton and Harriet Mowat (2006) Practical Theology and Qualitative Research. The crucial thing is to focus on one approach and become confident in that methodology.

**Literature Review**

The purpose of the literature review is to scope the territory. It is to critique and synthesize reliable sources of evidence to offer a strong justification for the particular research aims and the specific design and methodology chosen (Silverman, 2005). The real danger, particularly when time is short, is to be swamped by the amount of literature. Therefore a sensible strategy is to stay focused on the particular research aims, to read slowly and critically perhaps using a guide, and after reading each paper, to summarise what it contributes to your research.

**Research Methodology**

A ‘paradigm’ is a way of looking at the complexities of the real world. The two main research paradigms are positivist and naturalist (Polit & Beck, 2004). Both are valid ways of seeing the world (Robson, 2002; Silverman, 2001, 2005). The positivist paradigm, reflects a quantitative approach, and assumes that there is a reality out there that can be known and measured independent of human observation. During positivist research the researcher strives for objectivity and to limit any biases or values which may ‘contaminate’ the study. An alternative naturalistic or qualitative approach assumes that reality is constructed by individuals within specific contexts and therefore is open to a variety of different interpretations. Qualitative research captures the uniqueness, complexity and authenticity of phenomena through the researcher coming close to the participants’ experience. Subjectivity, interaction and values are inevitable and intentional to enrich the findings which are grounded in the interpretation of experience. Since current literature agrees that spirituality is a complex phenomenon, and that spiritual needs and care may be experienced and expressed differently in individuals, a qualitative approach seems more appropriate. There are several approaches to qualitative research (Priest, Roberts and Woods, 2002; Paraho, 2006). Ethnography, discourse analysis, phenomenology and grounded theory are all commonly used. Shared similarities of being inductive, interactive and interpretative can lead to blurring between the approaches. However, each approach is quite distinct. There are always time constraints on research activity especially if it is done alongside busy working lives. This means that the ideal and the practical have to come to some accommodation. Part of the challenge is to find a research process that is manageable and realistic.

**Hermeneutic Phenomenology**

Phenomenology has been used widely in nursing and health care research (Benner, 1994). Moran (2000) offers an accessible and comprehensive introduction to the influential voices within phenomenology. This text is worth the read and introduces the reader to figures such as Sartre and Merleau-Ponty: however limitations of space mean that this article will focus on two distinctive approaches to phenomenology – Husserlian and Heideggerian, which are well known and influential. The roots of the Husserlian approach are in the philosophical writings of Husserl (1962) and attempts to describe the phenomenon ‘as it is’ (Kleinman, 2004). It relies on ‘bracketing skills’. Bracketing is a complex process by which all preconceptions are held in suspension to enable engagement with experiences as they actually are; rather than the researcher’s perception of them. A key bracketing skill is reflexivity and Wall, Glenn, Mitchison & Poole (2004) describe how a reflective diary can help the researcher in this task. The desire to discover the meaning of spiritual care in the particular context of a hospice means that the alternative, Heideggerian or hermeneutic approach, which is interpretive, is the preferred option (Moran, 2000). The historical, cultural and linguistic backcloth to experience is integral to the interpretation of phenomena. The subjective cannot be bracketed. Gadamer developed Heidegger’s approach stressing the value of the researcher’s ‘pre-understanding’ arguing that they cannot avoid being influenced by their previous understanding or experience, the researcher’s ‘initial horizon of understanding’ being a pre-condition to the truth. However this should be used positively to facilitate the exploration with the subject. The researcher’s interpretation is the result of a ‘fusion of horizons’ between the researcher and the participants of the study (Priest, 2002). Failure to differentiate between

---

the two approaches can lead to misunderstanding or misinterpretation (Crotty, 1996). Hermeneutic phenomenology is a particularly powerful tool to explore the provision of spiritual care because it facilitates participants to tell their stories of their experiences and what they mean to them in their own words. The emphasis on interpretation and experience make it ideal for this study.

**Research Method: Interviews**

The strength of interviews are that they embrace the participants own words, own perspectives, and give an opportunity for the researcher to clarify and probe into specific areas. They are flexible and naturally conversational. The weaknesses of interviews are that they are time-consuming; it may take up to four hours to transcribe a single hour long interview. Interviewing requires skills in order to be reflexive and open, and at best can only capture ‘reconstructions’ of experience (Taylor, 2005).

**Research Method: Reflexivity**

One of the most interesting aspects of conducting research is being aware of how the researcher can threaten the validity of the research. Reflexivity is a technical skill and a key aspect of all qualitative research. It is used to identify areas of potential researcher bias by either considering how the actual presence of the researcher may interfere with the setting, behaviour or response of the people involved. Also reflexivity allows the researcher to be aware of the assumptions and preconceptions which may influence the flow of an interview, the type of questions asked and the way the data are interpreted. Conversations with trusted peers to check process and interpretation of data can also increase the validity of research findings.

**Doors of Opportunity**

Let there be no doubts, it takes time and energy to conduct research. There are however huge benefits, both personally and professionally, that far outweigh the demands. Doors of opportunity open wide.

**Collaborative Research**

The knowledge and skills gained from the MSc has enabled me not only to sit on the Audit and Research committee of The Ayrshire Hospice, and by doing so ensure that the spiritual care agenda is kept to the fore; but, conversations with colleagues in the multidisciplinary team have led to a collaborative project. *How should we ask palliative care patients about the severity of their pain*. One of the objectives of the research is ‘To examine the association between pain intensity and spiritual pain using the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-sp12)’ (Peterson, 2002). Ethical approval is currently being sought for this research project.

**Clinical Excellence**

The findings of my MSc highlight the need to engage with the wider multidisciplinary team. One way to do this is for spiritual assessment and interventions to be more precise, tangible and documented. We are now conducting a pilot study within the day hospice which assesses spiritual wellbeing, using the FACIT Spiritual assessment tool. This tool identifies spiritual need according to the three subscales of peace, meaning and faith. The pilot aims to then design specific interventions to address identified need from the spiritual assessment tool for instance the Short Term Life Review and will then evaluate the intervention.

**Policies and Standards**

The knowledge and skills gained in the MSc has given me the confidence to lead the Bereavement Redesign Subgroup in The Ayrshire Hospice (Stirling, 2010).

**Summary**

The purpose of this article has been to convey some of the realities and some of the potential benefits of becoming involved in the research process.

**References**


CROTTY M (1996) Phenomenology and nursing research South Melbourne Australia Churchill Livingstone

- 40 -
DATA PROTECTION ACT (1998)  
www.opsi.gov.uk/acts/acts1998/ukpga


FIELD D CLARK D CORNER J & DAVIS C (Eds) (2001) Researching Palliative Care  
Buckingham Open University Press

FLANAGAN JC (1954) The Critical Incident Technique Psychological Bulletin 51 (4) 330-358

HOLLOWAY I (Ed) (2005) Qualitative Research in Health Care, Berks. Open University Press


HUSSELR E(1962) Ideas: General introduction to pure phenomenology Collier New York


STIRLING IR (2007) An exploration of how the hospice multidisciplinary team perceives the provision of spiritual care Unpublished MSc dissertation Glasgow University

STIRLING IR (2010) The influence of research in the development of a bereavement support service Scottish Journal of Healthcare Chaplaincy


Ian R Stirling is the chaplain of the Ayrshire Hospital and is grateful to his supervisor Margaret Sneddon (Nursing and Health Care, Faculty of Medicine, University of Glasgow) for her support throughout the research project.