IPSE: A Scholar-Practitioner Protocol for Evidence-based Practice in Qualitative Research

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Abstract

IPSE is an innovative research protocol developed by a team of French researchers in the field of qualitative medical research (QHR). This paper attempts to inspire social science doctoral researchers outside the medical field to consider adopting this unique method in future studies. It unpacks for readers how the IPSE research protocol works and provides a compelling rationale for its adoption, given the gaping chasm between research and practice. Figures and illustrations used in this work are from authors who have given permission to use and disseminate their work with proper attribution under a Creative Commons license that does not need permission.
Abstract

One of the criticisms leveled against research and knowledge, especially "knowledge for knowledge’s sake" is that it seldom goes so far as to make a significant difference in practice. Thousands of doctoral graduates worldwide produce new knowledge every year, only to run out of steam at the end of their doctoral journey. For many, earning their doctorates is sufficient to justify the painstaking academic journey, so they give up the ghost and strive no more to make a difference. As 12th century French abbot St. Bernard of Clairvaux writes, "Some seek knowledge for the sake of knowledge—and that is curiosity. Some seek knowledge that they may be known to have knowledge—and that is vanity. Some seek knowledge that they may give to others their knowledge—and that is charity." But how does one apply the knowledge to solve real-world problems? How does what you have learned and discovered, find its way into praxis? How does it find favor with organizational and community leaders who are not academically inclined and could not care less for academic theories and jargon? This paper is inspired by the work of a team of French researchers who have conceptualized and developed an innovative approach entitled "Inductive Process to Analyze the Structure of Lived Experience" (IPSE), which is being successfully integrated into evidence-based medicine (EBM). An attempt is made to unpack and elucidate the IPSE framework for doctoral researchers that are unfamiliar with it and offer a compelling case for its application in the practice of social science research, outside the field of medicine.

Keywords: IPSE, evidence-based practice (EBP), evidence-based medicine (EBM), social science research, integrating research and practice
Introduction

One of the harshest criticisms that is often leveled against researchers, and by extension, those that are engaged in doctoral studies, is that "producers of knowledge" (researchers) are often at odds with "users of knowledge" (practitioners) about the true relevance of doing research. Integrating research and practice is taught at many graduate institutes that subscribe to a scholar-practitioner model of andragogy, including my own alma mater, Fielding Graduate University. But is knowledge adequately making its way into praxis? I think that the jury is still out on that.

As a mid-career doctoral student, I often struggled with this dilemma and tried to find ways to have my research mean something of significance to practitioners. The latter often question the importance of deploying evidence-based strategies and scientific interventions to inform their decision making. Tradition and experience have historically been at the forefront of practice and take precedence over research. Since the formal introduction of evidence-based medicine (EBM) in 1992, however, evidence-based practice (EBP) is making its way in diverse fields such as education, management, law, architecture, public policy and others. As a matter of fact, there is a move now to introduce evidence-based practice in scientific research itself. This form of practice is known as metascience. But how do you break down dense constructs and theories for the uninitiated, so that they are able to digest them? More importantly though, how do you show them evidence-based strategies that can make their jobs easier?

Literally hundreds, if not thousands of doctoral dissertations, articles, and papers are published in academic repositories, journals, and conference proceedings every year. But how much of that research informs practice? In my quest to explore this gaping chasm between research and practice, I recently stumbled upon an interesting article by Sibeoni et. al (2020) entitled “A Specific Method for Qualitative Medical Research: The IPSE (Inductive Process to Analyze the Structure of Lived Experience) Approach,” an innovative advance in qualitative medical research. Unlike more of the same, i.e., research for its own sake, the aforesaid article takes a unique stance by actively engaging patients (participants), not only from the standpoint of sharing and recounting their lived experiences with the researchers, but also becoming an integral part of the research group. The latter not only collects data, but also analyzes, interprets, and most importantly, makes evidence-based recommendations in consultation with a team of physicians, patients, and other experts. This is a significant departure from the traditional way of conducting doctoral research studies, which typically involves a solitary student researcher designing the study, recruiting participants, collecting and analyzing data, determining findings and outcomes etc., under the supervision of a research guide and faculty. While the focus of this article is somewhat different, it is nonetheless inspired and grounded by the innovative work of the French researchers who conceptualized and developed the novel IPSE approach. With some improvisation and modification, I will try to make recommendations for the use of this method in social science research, outside the field of medicine. In this paper, participants, users, and contributors are expressions that are used interchangeably.

What is IPSE?

IPSE is an acronym for “Inductive Process to Analyze the Structure of Lived Experience,” a new approach to analyzing qualitative medical data, conceptualized and
developed by a team of French researchers, Sibeoni et. al (2020). Paraphrasing the authors, the newness and novelty of IPSE as an analytic tool lies in shifting the solitary focus from the researcher as expert to the patients (participants) as experts on their own lived experience. The authors believe that this shift is critically important in order to attain the achievement of a “more person-centered medicine.” It replaces the “older approach of paternalistic medicine.” In order to achieve this important shift, patients’ needs and preferences are now center-stage and at the core of treatment. Sibeoni et al. (2020) illustrate this shift by referring to the development of new concepts such as patient experts, patient partners, and peer support workers, but also by the evolution of evidence-based medicine (EBM). In order to gain an in-depth understanding of certain phenomena from the standpoint of patients’ direct lived experience, and not experience per se, medicine has turned to qualitative health research (QHR) as an important field of inquiry. According to Morse, one goal of QHR is to “bridge the gap between scientific evidence and clinical practice” (Morse, 2012). While there are systematic reviews being conducted in furtherance of “qualitative evidence synthesis,” such as the work of Cochrane Qualitative & Implementation Methods Group, the IPSE authors write, “but so far, there has been no medical qualitative research method specifically tailored to produce rigorous data from the lived experience of both patients and physicians to directly inform EBM” (Sibeoni et. al., 2020, p. 2).

The authors delineate five stages that are involved in setting up a study design incorporating IPSE. Figure 1 below is a representation of the stages and is reproduced from the original article in order to provide the reader with an understanding of the design and research protocol. The purpose is not to replicate what the authors have discussed in their original work but provide a new framework that may benefit social science research, where participant involvement rarely goes beyond data collection. It is to encourage doctoral researchers in fields other than medicine, to consider adopting a new design that is participant-centered, not only from the standpoint of collecting data, but also involving the former in the analysis, interpretation, findings, and recommendations.

I will try in this article to extrapolate what can be gleaned from IPSE, and through a process of modification and improvisation, make suggestions for a new way of conducting participant-centered qualitative research in social sciences, that uses inductive approaches such as phenomenology and grounded theory. My overarching objective is to bridge the chasm between research and practice by shining the light on participants as co-researchers and co-analysts.
### Stage 1: Setting up a research group

1 or 2 physicians specialists in the subject  
3 researchers’ expert in qualitative methods  
1 or 2 patients that experienced the phenomenon

### Stage 2: Ensuring the originality of the study

Examination of the existing literature on the subject, both qualitative and quantitative  
Performed by the physicians expert in the specialty

### Stage 3: Recruitment and sampling, aiming for exemplarity

Inclusion/exclusion criteria  
*Purposeful sampling*  
Sample size: concept of "theoretical sufficiency"

### Stage 4: Data collection, accessing experience

Photo-elicitation; Semi-structured interviews 45-60 min  
Researcher's reflexivity

### Stage 5: Data analysis, from the demonstration of the structure of the experience to its translation into concrete proposals

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**Stage 1: Setting up a research group**

Unlike traditional doctoral studies that are typically conducted by a single researcher (usually the doctoral student) working under the supervision of a faculty mentor and readers that make up a student’s doctoral committee, an IPSE research design calls for the involvement of several individuals on the team, including one or two physicians, research methodologists, and patient participants (partners) that have direct lived experience of the phenomenon being studied. At the heart of such an innovative design is the rationale that 1) research must transcend its own boundaries and contribute to evidence-based practice (EBP), 2) patients that have direct lived experience of the phenomenon must also participate in the research endeavor, and 3) any concrete proposals and recommendations that result from the study must have the buy-in and support of patient partners. Organizing such a patient-centered research group is not without its challenges. While recruiting physicians and research methodologists may not be cumbersome, it may be difficult to identify and bring on board, patients who not only have intimate knowledge of the phenomenon (disease) but are willing to switch roles from being mere subjects to co-
researchers. This is further complicated by the fact that patient participants will be required to undergo training, not only in qualitative research in general, but also IPSE in particular. It will take a great deal of dedication and commitment of purpose on the part of such patients. They will need to be monetarily compensated for their time. The authors call for “heterogeneity in the group’s members in terms of culture, knowledge, sex, age, occupation, and background” (Sibeoni et al., 2020, p. 6). All research group members are required to contribute actively and collegially. The team members, prior to starting their work, may have already brainstormed and agreed upon a research question, discussed the study phenomenon, and set the stage for their work together. The rules of engagement and the work involved cannot be overstated. Multiple perspectives and heterogeneity of team members serve to enrich the research. When physician experts on the team, in consultation with research methodologists, take the retrospective experiences of patients into direct consideration, they are more likely to make recommendations that are both data-driven and evidence-based.

**Involving study participants in co-analysis of qualitative data**

IPSE was primarily developed as an innovative approach for qualitative health research (QHR), with the objective of making a significant contribution to evidence-based medicine (EBM). Therefore, the direct involvement of patients in research and data analysis seems both natural and inevitable. However, what if our focus shifts from medical research to social science research? Is the need for involving study participants with lived experience, in the co-analysis, interpretation, and recommendation stages, equally compelling? Hemming et. al, (2020) write, “People with lived experience of the phenomenon under investigation are seldom involved in the analysis of qualitative data, and there exists little guidance for those wishing to involve contributors at this stage of research” (Hemming et al., 2020, p. 766). The authors share a number of challenges and advantages insofar as the co-creation and co-analysis of data with participants who have direct lived experience.

Given the focus of this paper to recommend a new framework (inspired by IPSE) specifically designed for social science researchers, it is important to discuss in some detail, the challenges and opportunities that one might encounter as we attempt a new paradigm shift. The UK’s National Institute for Health Advisory Group, INVOLVE (2004), defines patient and public involvement as “doing research ‘with’ or ‘by’ people who use services rather than ‘to’, ‘about’ or ‘for’ them.” Hemming et. al., 2020 make an important distinction between involvement, engagement, and participation. They write, “involvement is different from engagement, where information about research is provided and disseminated and also differs from participation where people take part in a research study as a participant” (Hemming et al., 2020, p.766). The authors present three main arguments for the involvement of service users in the research process, 1) epistemological argument: involving participants with lived experience may bridge the gap between their direct experiences of the phenomenon and the researchers’ interpretations, 2) moral argument: allowing participants who are most affected by the research outcomes to have considerable say, as opposed to giving free reign to researchers and scientists to make decisions and recommendations “for” them, and 3) consequentialist argument: involving participant users in the data analysis, interpretation, and recommendations may result in robust, higher quality research that is both efficacious and evidence-based (Hemming et al., 2020). It is important to emphasize that the patient and public involvement (PPI) member, also referred to as
the participant involved in the research, must have significant research skills and experience germane to the project.

**Stage 2: Ensuring the originality of the study**

By its very nature, qualitative research tends to be convoluted, novel, and speculative at best. In and of itself, it can be quite original. The authors discuss whether it would make sense to refrain from reviewing the extant literature on the topic in order to avoid interference from existing data. They caution against producing more of the same, but just using different or differently labeled concepts; what Morse (2012) refers to as “theoretical congestion.” They recommend that the study be designed with a solid grounding of the medical literature, and yet be open to emergence, novelty, and uncertainty, in order to strive for original findings. They cite this epistemological issue as Meno’s paradox” which is articulated by Socrates in Plato’s Meno: “We cannot look either for what we know, nor for what we do not know; what we know because, as we know it, we do not need to look for it, what we do not know because we do not even know what to look for” (Plato, 2019). In order to resolve this quandary, the authors posit that the two physician experts in the research group (stage 1) be given the primary responsibility for thoroughly reviewing the medical literature in order to ascertain that the study is both relevant and original, as opposed to more of the same. The other members of the research group gain access to the literature review in the form of a summary, only after the data analysis is completed. The authors write, “The tragedy of modern knowledge is, as Morin stated, that ‘the exponential increase in knowledge and references—stands in the way of reflecting on knowledge’ (Morin, 1986) without impeding it by the curse of knowledge” (Sibeoni et al., 2020, p. 6).

**Stage 3: Recruitment and sampling, aiming for exemplarity**

Unlike other forms of social science research where we recruit a purposive, and more or less homogenous sample, IPSE conforms with heterogeneity. The authors write, “Unlike other recruitment strategies in qualitative research (i.e., homogenous or convenience sampling), we are looking for a variety of exemplary situations by including participants who might enrich and add something new to what was previously found” (Sibeoni, et al., 2020, p. 6). In that quest, they choose to recruit patients that differ by sex, age, social and family status, degree of involvement, history, and comorbidities etc. The goal is to select participants that have the most in-depth information to offer about the study phenomenon. There is no preset sample size determined in advance by the research team. It is subject to change until the study reaches the point of “data saturation,” where additional data no longer yield new and emergent findings. According to Morse (2012), “data saturation is the key to excellent qualitative work.” In addition to enhancing the study’s validity, data saturation may also lead to patient-reported outcome (PRO) development. While agreeing that data saturation is an important guideline in qualitative research, the authors, however, question the veracity of that statement. There is really no way of knowing the exact point of data saturation. Given the controversial nature of the aforesaid construct, the authors prefer instead, the grounded theory concept of “theoretical sufficiency.” Paraphrasing Sibeoni, et al., (2020), the latter is reached when the research team agrees that the “axes of experience” (an intermediary stage to developing the structure of lived experience) provide a sufficient explanatory framework for the data collected. The team agrees that a
minimum sample size of 20 participants is sufficient, keeping in mind the requirement of contemporary academic journals where articles may be submitted.

Stage 4: Data collection, access to experience

There can be many challenges for researchers who are engaged in collecting data from vulnerable populations, such as patients. Participants being interviewed may hesitate to discuss their personal health problems with a stranger. In order to mitigate this situation, researchers often rely on specific tools such as “visual narrative support,” i.e., clinical vignettes, photographs, video clips, etc. which help to facilitate communication between the researchers and participants (Morse, 2012; Sibeoni, 2017). While these tools are routinely deployed in qualitative health research (QHR), they are not as frequently used in social science research. Researchers often struggle to draw out participants who are reluctant to discuss deep, pathos-laden personal issues. If the goal in qualitative research is to reach a participant’s narrative in its fullest depth and complexity, then perhaps, social science researchers ought to consider taking the cue from the ISPSE researchers, insofar as the use of photo-elicitation as a visual narrative support method. After all, the quality of data collection has an important bearing on the results of the study.

“In an IPSE study, participants are considered the experts on their own experience” (Sibeoni, et. al., 2020, p. 7). While this is also true of other methods in qualitative research, such as phenomenology and grounded theory, the participants, however, are not involved in the analysis and interpretation of data. IPSE takes their involvement one step further by actively engaging them as co-researchers. Philosophically, this may be a significant departure in conducting social science research, where post data collection, participants’ voices and contributions are typically muted. INVOLVE, UK (2004) assert that there are three main levels of participant involvement that can be conducted in partnership between researchers and contributors: 1) “consultation” where participants’ views are sought for decision making, 2) “collaboration” which involves an ongoing partnership where decisions about the research are shared, and 3) “user-controlled” research where research is actively controlled, directed, and managed by service users (participants).

Despite the recommendations and assertions of INVOLVE, contributors and users are not as frequently involved in the analysis stages of research. This is a common predicament in social science research, including research conducted by doctoral students. The goal of research seems to be a contribution to the extant literature, but not necessarily practice. The gap between research and practice is therefore widening. A successfully defended doctoral dissertation does earn a student a coveted PhD title, but also makes them question the futility of doing research, if none of their research finds its way into practice. It seems as though the goal of the academy is to produce scholars, but not practitioners.

Challenges and opportunities (participants as co-researchers)

Involving participants with lived experience on the research team is not free of challenges. Hemming et. al., 2020 suggest that “research teams may be reluctant to involve people with lived experience in qualitative analysis due to the time and resources required to appropriately and effectively engage contributors at the analysis stage of research” (Hemming et.
In the field of qualitative health research (QHR), these are mostly patients or end users (stakeholders) who are at the center of research and will very likely be impacted by its findings and recommendations. It therefore behooves us as researchers, to at least try and also bring their voices center stage, as we determine solutions, strategies, and interventions. Hemming, et al., 2020 report that involving people with lived experience in qualitative analysis may provide several benefits such as alternative perspectives on the study phenomenon often overlooked by a researcher, identifying themes that are most relevant to end users (as opposed to being of importance to the researcher), and most importantly, checking the validity of conclusions and recommendations while correcting misinterpretations. The authors particularly bring to attention the fact that there is a lack of guidance on how best to involve participants in the analysis stage of research. This is especially true of novice researchers such as doctoral students. However, because they are at the forefront of producing new knowledge, it is critically important to involve them in patient and public involvement (PPI) early on in their research careers. As it pertains to social science doctoral researchers that are not involved in medical research, the word “patients” is substituted by end users and participants around whom our research phenomenon is centered.

One might ask, “who is the end user of a social science research study?” In order to answer that question, I think about my own doctoral study (Behal, 2020) on the phenomenon of “negative capability,” an expression that was coined by the English romantic poet John Keats. I extrapolated the Keatsian expression to a triangulated phenomenological study of leaders, and framed the following research question: “What is it like for leaders to experience negative capability in the workplace during periods of conflict and uncertainty?” While, in my case, it is clear that the end users of my research would be leaders, other social science research studies may not be as explicit. But regardless of the phenomenon we are researching as “producers of knowledge,” it is always clear to us who or what the research is directed to. That entity in research would be the “user of knowledge.” While shining light on their predicament may be all that our traditional research calls for, we are free to innovate, call into question the true purpose and significance of our research efforts and follow a protocol such as IPSE to make a difference in the lives of those that we research, by producing tangible outcomes and making efficacious recommendations and interventions. Had I known then, what I do today, I would have enlisted the involvement of 2-3 astute and experienced leaders that I interviewed for my doctoral study, to join my research team as co-analysts. It was an opportunity missed, nonetheless, but there is hope for future researchers.

Stage 5: Data analysis, from the structure of experience to concrete proposals

Training and orientation of co-researchers

Before we approach the final stage of the IPSE method, it is important to identify the training needs of those that we bring on board as co-researchers. The process of training and orientation can be quite rigorous and time consuming, beginning with a customized bespoke three-hour training session on qualitative research in general and IPSE in particular. It involves brainstorming the research question and phenomenon, followed by a step-by-step guide to completing an IPA type of thematic analysis (Behal, 2020) or another chosen method of analysis. Following the initial training, a sample transcript is provided to the co-researcher in a mock
practice session, who then attempts to identify emergent themes and codes. Figure 2 illustrates a six-step process of thematic analysis that was developed by this author for use in the Interpretative Phenomenological Analysis (IPA) approach (Behal, 2020).

![Fig. 2: Thematic analysis for use in IPA © 2020 Anil Behal, PhD. All rights reserved](image)

Apart from the primary researcher’s time and commitment of resources, it must also be kept in mind that co-researchers will need to be paid for their time and project-related expenses. INVOLVE, UK recommends a rate of $19 per hour in addition to travel and commuting expenses. Doctoral students typically work with a shoestring budget and may be limited by how much they can invest on co-researchers. It may therefore be more feasible to recruit a single co-researcher who is well trained and can add value to the project. This is someone who has both, lived experience of the study phenomenon and expertise in conducting research and analysis. There will also be other members of the research group, such as NGO workers, government officials, corporate executives etc. who are eager to help, but do not necessarily seek monetary compensation.

Reflexivity is an important element of qualitative research, and co-researchers must be made aware that they bring to the study, their own unintended biases, preconceived notions, and preferences which may impede the process of research. Good qualitative research warrants that these distortions be clearly articulated before embarking on doing research together. Reflexivity in research refers to “the process of critically reflecting on the knowledge we produce, and our
role in producing that knowledge” (Braun & Clarke, 2013, p.37). As researchers, we impact and are impacted by the data that we collect, analyze, and interpret. We constantly negotiate a paradoxically bilateral relationship with study participants, which may be challenging. In order to alleviate some of these concerns, Hemming et. al., 2020 provide the following recommendations when involving a co-researcher or contributor with lived experience (Figure 3).

**Figure 3** Recommendations

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The final stage of the IPSE method uses as its theoretical framework, an inductive, phenomenological approach to analyzing data with the ultimate goal to not just discover new findings and outcomes but more importantly, make concrete suggestions for improving the aspects of treatment in the healthcare sector. It is the latter which significantly sets the IPSE method apart from other doctoral research in the social sciences, where most inductive approaches such as phenomenology and grounded theory stop short of making any concrete suggestions for improving the lives of those that we research.

An attempt is made in this paper to encourage doctoral researchers to think differently, even if it means challenging the status-quo. Sibeoni, et. al., 2020 prescribe a two-step approach to beginning the analysis: 1) individual work by members of the research group, and 2) collectively pooling the data analysis by the group. By following this sequence, the researchers hope to arrive at the structure of lived experience.

Figure 4 (shown as figure 2 from the IPSE authors’ article) illustrates how the authors think of and conceptualize the process of constructing concrete proposals. As the reader will note, it is a complex and involved process. It may initially feel quite disconcerting to a doctoral researcher to give up control and have multiple voices participate in the data analysis, in addition to making concrete recommendations and proposals. The complexity may be compounded by the fact that the doctoral student has a supervisory committee to deal with. Unless a student’s doctoral committee is flexible and open enough to allow such an innovative research design, it may be difficult for a student to convince the powers that be about the merits of such a significant departure from the norm. There are always naysayers who will oppose this idea. The objective here is to set into motion a new way of doing things and contribute something of value to practitioners. This new protocol is certainly not for those who are seeking the path of least resistance.
Theoretical and analytic framework of IPSE

The fundamental goal of IPSE is to encourage the unreserved and open sharing of participants’ lived experiences so that they can be teased out from otherwise discursive stories and accounts. It is difficult at best to make sense of something so convoluted and elusive. The authors have debated many methods and approaches to conducting IPSE research. After much deliberation, the authors conclude, “A descriptive approach, that is ‘developing a textural description, what the participants experienced, and a structural description, how they experienced it in terms of conditions, situations or context’ appeared to us more appropriate to integrate into evidence-based medicine (EBM) and patient-reported outcomes (PRO)” (Sibeoni, et. al, 2020, p.4); Creswell et. al., 2007). They settle on descriptive phenomenological approaches, with the end goal of producing concrete measures about treatment and care pathways.
IPSE is an acronym for “Inductive Process to Analyze the structure of Lived Experience” and derived from its two cornerstones: 1) the inductive process, and 2) the analysis of the structure of lived experience. Each participant’s account is crucial and treated on its own terms without referring to other participants’ accounts. This form of research is exploratory and speculative at best, until the lived experience of participants is penetrated, and a more concrete structure derived. The authors seem to take grounded theory as an inductive approach most suited to their research. It limits the review of previous literature in order to allow for more unbiased data to be collected and analyzed without relying on existing frameworks or explanation. This is not to suggest that the expert physicians that are part of the research group disregard existing medical knowledge or theories. They work on the analysis independently using whatever resources are available to them but refrain from sharing their knowledge with other members of the research team, at least not until the other team members have conducted their own analyses.

While bracketing is a commonly used phenomenon in doing phenomenological research, the authors instead prescribe the approach of Moustakis (1994) and others who have argued against the method of epoché, bracketing, and phenomenological reduction. It is their contention that our biases, understandings, and preconceived notions must be openly articulated and made part of the process of reflexivity. It is indeed debatable whether something can be truly bracketed (set aside) for the purpose of data collection and analysis. In social science research of a non-medical nature, we may not have this issue to deal with. Most qualitative researchers doing phenomenology are quite familiar with concepts such as bracketing, epoché, and reduction. As stated earlier, the primary goal of the IPSE method is to analyze the structure of lived experience. The descriptive phase of the analysis is inspired by Colaizzi’s method. (Colaizzi, 1978). The authors use a constructivist paradigm to make sense of the interactions between researchers and participants.

It would be too cumbersome to have the physicians on the research team come to terms with qualitative research terminology and vernacular. They are, after all, medical professionals and not necessarily researchers. Their primary role is to review the medical literature while individual researchers are conducting the analysis (descriptive phase, figure 4). The detailed review of the literature is not shared by the physicians until the team approaches the structuring phase (figure 4) which involves, 1) pooling all the researchers’ data, 2) assessment of theoretical sufficiency, and 3) analysis of 5 interviews. This is followed by regrouping of categories into axes of experience, a precursor to developing a proposed structure of lived experience. The structuring process is conducted using 5 interviews at a time, so that the team is not overwhelmed. It is also designed to conduct an in-depth analysis which is not superficial in nature. The practical phase is the capstone of the IPSE protocol and involves a rigorous and thorough process concordant with Thorne’s (2016) interpretive description, the translation of the findings into concrete proposals, implications, and perspectives for future inquiry.

The reader is advised to thoroughly review the IPSE article by Sibeoni et. al., 2020, in order to fully understand its nuances and philosophical underpinnings. Understanding the underlying philosophy of a research method is as critical as following its procedures. The IPSE protocol was designed by a team of medical researchers as a contribution to evidence-based medicine (EBM). The authors have paid special attention to methodological rigor and highlight
several points such as, 1) patient involvement and feedback in the analysis and recommendations, 2) triangulation of methods and approaches, 3) attention to negative cases (deviant findings) that do not conform with the emerging structure of experiences, 4) the primary driving force of IPSE, which is not knowledge for its own sake, but knowledge for improving the lives of patients, and 5) researchers’ subjectivity and reflexivity etc. The IPSE approach will need to be revised, re-envisioned, and modified for the non-medical field in order to address the needs of social science research in general and doctoral researchers in particular.

Closing thoughts and future implications

This article has been inspired by the work of the IPSE authors, Sibeoni, et al., 2020. While the method is primarily developed for the integration of research and practice in medicine, there are important parallels and convergences with social science research outside the field of medicine as well. Theoretically, it relies on two popular inductive approaches, namely phenomenology and grounded theory. It uses a constructivist paradigm (Kant, 2012; Charmaz, 2015) as a basis for the shared construction of knowledge between participants and researchers. It may be argued that there is no knowledge created without underlying meaning and sense making. From that standpoint some level of interpretation is always at work. It is therefore conceivable that while the IPSE authors shy away from hermeneutic phenomenology with its concomitant meaning making and sense making, elements of interpretation are at play throughout the IPSE protocol. While the choice of their theoretical framework can be debated, their reasoning for its use in medicine is best left to them to ponder.

Adapting IPSE to social science research: challenges and opportunities

Despite the challenges that come with deploying a time-consuming and labor-intensive approach such as IPSE in doctoral research, the opportunities to make a significant difference in the lives of subjects can be vast. It can mean the difference between conducting research and generating new knowledge for its own sake and providing concrete pathways for its application to solve real world problems. As previously alluded, the student’s academic mentor and research supervisors must be on board with this innovative study design. Simply understanding its basic framework may not be sufficient. It is also important for a student’s committee members to understand how descriptive labels and units derived from interview transcripts, form categories; followed by the structuring and practical phases that result in the solidification of structures of lived experience. But where it gets really complex is coordinating and supervising the work of the research group. While the primary researcher is always the student, in IPSE, there may be 2-3 co-researchers that make up the research team. Who are these other researchers accountable to? The student or the chair of the committee? There are other issues involved, such as having the ethics and compliance board (IRB in the US) approve such a design before the data are collected. The student will have to be prepared to undertake a colossal project such as IPSE, not to mention the additional costs involved with recruiting, training, and compensating co-researchers.

The aforesaid challenges are not necessarily insurmountable if the doctoral student is committed to the letter and spirit of this unique study design. When crafting a research question, meticulous care needs to be taken to ensure that it clearly addresses and calls for practice and concrete outcomes and not just knowledge and theories. The problem statement will also need to
reflect these and address how IPSE may help resolve these issues. IPSE is undoubtedly an ambitious undertaking, one that can be implemented with proper planning, organization, and supervision.
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