

**Adapting interpretative phenomenological analysis: a  
multilayered perspectival design for health research.**

CHONZI, Anita R, ASHMORE, Russell J <<http://orcid.org/0000-0002-9456-7926>> and SMITH, Sarah K

Available from Sheffield Hallam University Research Archive (SHURA) at:

<https://shura.shu.ac.uk/37680/>

---

This document is the Accepted Version [AM]

**Citation:**

CHONZI, Anita R, ASHMORE, Russell J and SMITH, Sarah K (2026). Adapting interpretative phenomenological analysis: a multilayered perspectival design for health research. Nurse researcher. [Article]

---

**Copyright and re-use policy**

See <http://shura.shu.ac.uk/information.html>

**Adapting Interpretative Phenomenological Analysis: A Multi-Layered  
Perspectival Design for Health Research.**

**Anita Chonzi, Dr Russell Ashmore, Dr Sarah Smith**

## **Abstract**

### **Background**

Interpretative Phenomenological Analysis (IPA) is evolving to address increasingly complex experiential phenomena. Existing multi-perspectival designs often focus on single-context groups, limiting opportunities to capture relational and contextual diversity.

### **Aim**

To present a multi-layered, perspectival IPA design that brings together distinct participant groups to enhance inclusivity and illuminate diverse perspectives.

### **Discussion**

The design progresses from individual accounts to dyadic perspectives, group-level insights, and whole-group interpretations. This sequencing preserves IPA's idiographic focus while attending to relational dynamics. Triangulation across layers reveals convergences and divergences in meaning-making, and the dyadic lens captures how people make sense of shared experiences.

### **Conclusion**

Multi-layered perspectival IPA (MLPIPA) offers a flexible, rigorous approach that enhances IPA's translational potential and supports the development of evidence-based, person-centred nursing interventions.

### **Implications for practice**

Multi-layered analysis can guide nurses in tailoring interventions to individuals and to the care contexts shaping their experiences, supporting more person-centred and context-responsive practice.

**Keywords:** ethical considerations - IPA Multi-Layered Analysis - qualitative methodology - practice implications - study design

The author gratefully acknowledges all participants for their time, generosity, and invaluable contributions to this research.

## **Introduction**

Interpretative phenomenological analysis (IPA) has traditionally centred on the idiographic exploration of individual lived experience to understand how people make sense of their world. However, contemporary nursing research increasingly requires methodological approaches that account not only for individual perspectives but also for relational and collective dynamics, particularly in complex contexts such as dementia care, where experiences are shaped by relationships, institutions and communities.

To address these needs, IPA can be adapted to move beyond single accounts while retaining its philosophical commitments. Smith (2017) and Larkin et al (2019) have highlighted the value of extending IPA through multi-perspectival and layered designs, enabling researchers to capture both convergences and divergences across participant groups while maintaining analytic rigour. Such adaptations provide structured ways to recognise complexity without sacrificing idiographic sensitivity. The multi-layered, multi-perspectival design presented in this paper demonstrates how sequential analysis across individuals, dyads, subgroups, and collective cases can strengthen theoretical insight. By structuring perspectives as analytically interdependent rather than parallel, the design makes visible the relational, contextual, and experiential dynamics that are obscured in single-layer or single-perspective IPA studies.

Each layer is understood on its own terms, with the cumulative effect of building a richer, more defensible account of experience. This systematic layering provides a defensible analytic pathway from the particular to the shared. It ensures that

higher-order interpretations remain firmly anchored in lived experience. It also reveals how experience becomes relationally co-constructed. The multi-layered approach design discussed below illustrates how IPA can evolve to meet the challenges of health research, especially nursing practice with vulnerable groups and older people, while remaining grounded in its philosophical foundations.

Within this framework, idiography is not merely a methodological choice but an ethical imperative. It ensures that each person's lived experience is honoured in its own terms, particularly when cognitive, relational, and environmental factors shape participation and meaning making. By embedding idiography within a layered analytic structure, nursing researchers can preserve the particular while generating insights that are relationally and collectively meaningful. The aim of this paper is to articulate and justify this multi-layered perspectival design, demonstrating its methodological contribution and value for researching complex relational phenomena.

### **Interpretative phenomenological analysis**

IPA is a qualitative methodology that seeks to explore and understand lived experience in depth. It is not merely a data-analysis technique, but a methodological approach grounded in phenomenology, hermeneutics, and idiography. It is concerned with how individuals make sense of their experiences, emphasising the subjective and embodied nature of meaning-making (Smith et al 2022). Recent literature highlights IPA's continuing value in capturing experiential nuance and complexity across health and social care contexts (Vicary and Ferguson, 2025; Rodger and Smith, 2026).

Importantly, IPA recognises that lived experience is situated within relational and contextual worlds. For example, experiences such as living with dementia extend beyond the individual diagnosed, encompassing care partners and others who co-construct and interpret meaning within a shared lifeworld. IPA therefore provides a framework for examining both individual and relational dimensions of experience, acknowledging that meaning making is inherently situated and often collaborative (Larkin et al 2019).

This relational emphasis makes IPA particularly well-suited to nursing and healthcare research, where experiences are shaped within families, care teams, and communities. By differentiating between idiographic accounts and shared experiential patterns, IPA enables researchers to respect the depth of individual voices while also identifying resonances across participants. Recent work has demonstrated that IPA can illuminate the temporal, relational, and contextual aspects of lived experience, thereby strengthening theoretical insight and practical relevance (Larkin et al 2019, Vicary and Ferguson 2025).

Consequently, IPA aligns with research agendas seeking to understand how people's experiences vary across individual stories, environments, and circumstances. It offers a methodological framework for developing nuanced insights that can inform practice, policy, and service design. By situating individual accounts within broader relational contexts, IPA studies contribute to a richer understanding of phenomena and integrate these insights into the wider research literature (Larkin et

al 2019, Chadwick and Gallagher 2020, Vicary and Ferguson 2025, Rodger and Smith 2026).

### **Multi-perspective approaches in IPA research**

A multiple-perspective approach can be invaluable in IPA when exploring complex phenomena, as it enables a richer examination of diverse lived experiences (Smith et al 2022). While IPA emphasises the production of detailed accounts of participants' experiences, singular cases may not reflect broader patterns (Matua and Van Der Wal 2015). The process of identifying meaningful themes across individual cases enhances interpretive depth and supports analytical transferability (Larkin et al 2019, Rodger and Smith 2026). This approach strengthens the theoretical foundation of IPA studies by recognising both convergences and divergences across perspectives, thereby deepening the understanding of complex healthcare experiences.

Several recent studies have used multi-perspective IPA (MIPA) to explore complex healthcare experiences by examining how different groups make sense of shared phenomenon (Larkin et al. 2019; McNally and Gray-Brunton 2021). These studies demonstrate how MIPA can extend traditional IPA by moving beyond a single, homogeneous sample and instead analysing the lived experiences of multiple participant groups to illuminate convergences and divergences across relational or systemic contexts.

This development reflects a broader shift within IPA toward methodological adaptability while remaining grounded in IPA's philosophical foundations (Matua and

Van Der Wal 2015). Although IPA has historically prioritised idiographic depth through relatively homogeneous samples, recent work recognises that lived experience is often distributed across different actors, roles, or settings, and that examining multiple perspectives can generate richer interpretative insights (Larkin et al. 2019).

The approach detailed in this paper introduces a structured, multiple-layer analytical architecture that treats perspectives as interdependent interpretative strata, enabling relational and contextual insights that are not achievable through existing single-perspective or parallel multi-perspectival IPA approaches.

### **Layered design and analytical sequencing**

In the multi-layered design described below, it is argued that each layer should be understood independently, without direct comparison, while still building sequentially upon the preceding layer. It is therefore essential that careful consideration is given to the order in which data are analysed. In the study this paper is based on (Chonzi 2025), analysis began with individual accounts, progressed to dyads, then to groups of people living with dementia, followed by care-partners, and finally to the entire collective group. This layered approach ensured that the complexity of lived experience was recognised at multiple levels, while maintaining IPA's idiographic commitment (McInally and Gray-Brunton 2021).

Drawing on data from multiple layers provided clear stages and a robust foundation for the study's findings. Incorporating diverse perspectives enhanced confidence that the results were not limited to a single group. Transparent triangulation of

convergences and divergences enabled a deeper understanding of the underlying reasons for differences across cases (Larkin et al 2019). The dyadic approach was particularly valuable, allowing exploration of how a shared experience significant to two individuals was perceived from each person's perspective. Further complexity arose in contexts such as care homes, where single cases existed within broader cases, requiring sensitivity to both individual and institutional perspectives. By triangulating findings across layers, the study developed a stronger theoretical understanding of the phenomena and increased confidence in the results (Rodger and Smith 2026).

Findings generated through the multi-layered perspectival design can directly shape practice decisions, for example, by revealing mismatches between individual and dyadic needs or by identifying collective patterns that inform the timing of activity or adjustments to the care environment. The approach is primarily methodological, but the layered synthesis naturally yields insights that can guide practice where appropriate.

### **Methodological adaptation**

Chonzi's (2025) study employed a multilayered perspective (Figure 1) to explore the lived experiences and perceptions of people with dementia and their care partners when using sensory gardens. This design demonstrates how multi-perspective IPA can be applied in healthcare research. In this study, formal (paid) and informal carers (family members, significant others, spouses, or friends) were collectively referred to as care-partners, recognising their shared contribution to the well-being of those they supported. Grouping formal and informal carers as care-partners reflected the

interdependence often seen in practice, particularly within dementia care settings. It also recognised how sensory gardens are accessed, negotiated, and maintained across different levels of care. This approach emphasised relational and practical dynamics that might be overlooked if carers were studied separately. Furthermore, it also aligned with co-production and person-centred approaches to care (McCance and McCormack 2025). Both of which emphasise partnership, mutual respect, and collaborative decision-making in caregiving relationships.

Purposive sampling was used to recruit from care practices that identified a sensory garden within their physical environment (Ahmad and Wilkins 2025). In dementia research, purposive sampling is frequently used to ensure the inclusion of caregivers and individuals whose lived experiences provide depth and contextual richness (Conway et al 2023). Participants were recruited based on their attendance at and use of the sensory garden, contingent on providing informed consent.

**Inclusion criteria:**

- Formal care partners were required to be employed by a care home and to have at least one year of experience using the sensory gardens. This period was deemed sufficient to ensure individuals had developed sufficient knowledge and experience of sensory gardens. Additionally, formal care partners were required to be working directly with individuals living with dementia.
- Informal care partners were expected to be closely related to the individual with dementia residing in the care home. However, non-relatives such as

close friends, or significant others, were also eligible if they had an ongoing and meaningful caregiving role.

- Individuals using wheelchairs were recruited solely with their care partners, and participation involved dyadic interviews.

Exclusion criteria were also applied. Informal carers who did not visit their relatives in the care home or who were unable to give consent were excluded. Family members or friends whose relatives did not participate in sensory garden activities, as well as individuals in wheelchairs without a care partner, were excluded.

Walking interviews were incorporated into the multi-layered perspectives design to enable participants to articulate their experiences firsthand within the sensory garden environment (Chonzi 2025). This method ensured that the sensory garden was not merely a backdrop but an integral part of the data generation process, thereby reinforcing the link between design, method, and philosophical principles. The following methodological sections elaborate on participants' recruitment to the IPA walking interviews, illustrating how they were conducted and how they contributed to a deeper understanding of their lived experiences.

### **The multi-layered design**

As shown in Figure 1, this multi-perspectival approach combines individual, relational, and collective viewpoints to develop a more integrated understanding of how experiences are formed and interpreted across different roles and contexts. By layering these perspectives, the analysis can trace how meanings evolve within and

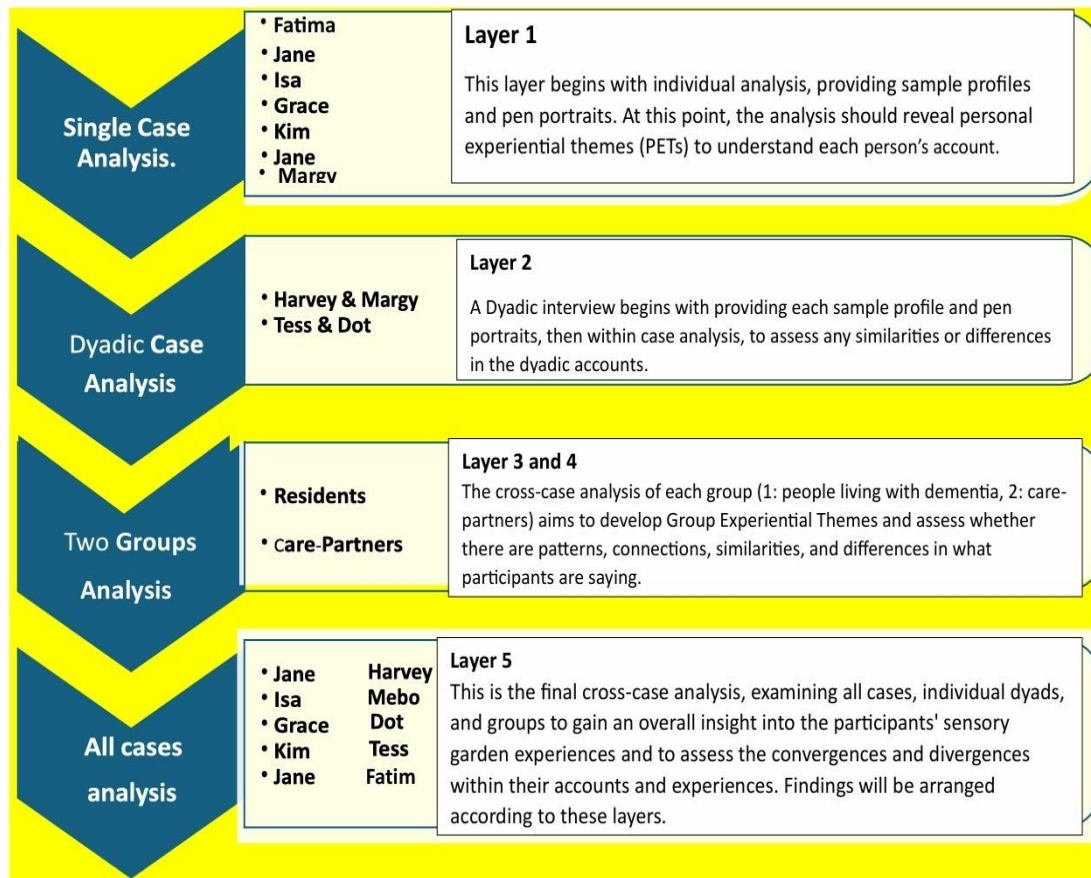
between participants, supporting a richer and more contextually grounded interpretation of the phenomenon.

### **IPA analytical framework**

IPA data analysis is a human-centric process that involves an iterative reading process to interpret and understand the ideograph. Therefore, Smith et al (2022) emphasise the importance of manual rather than computer-assisted methods to foster a closer relationship with the data and use different colours for coding to enhance understanding. Throughout this process, the agreed-upon pseudonyms can be used to humanise the approach as much as possible.

Using pseudonyms enables readers to identify whose perspective or actions are being presented. This practice also enhances the accessibility of IPA analysis by allowing readers to follow each participant's voice across the dataset, with pseudonyms clearly identifiable within the group-level experiential theme (main themes).

**Figure 1: The Multi-level analysis**



## Multi-level analysis

This consists of five levels:

1. Single cases, where each participant's experience was analysed in depth.
2. Dyadic cases, representing the relational dynamics between paired participants.
3. People living with dementia provided first-person accounts about how they experienced and made sense of the sensory-garden context.

4. Care partners offered a relational lens that showed how they interpreted residents' experiences and how their own understandings shaped care interactions.
5. The collective dataset, where themes were explored across all participants to identify overarching patterns and tensions.

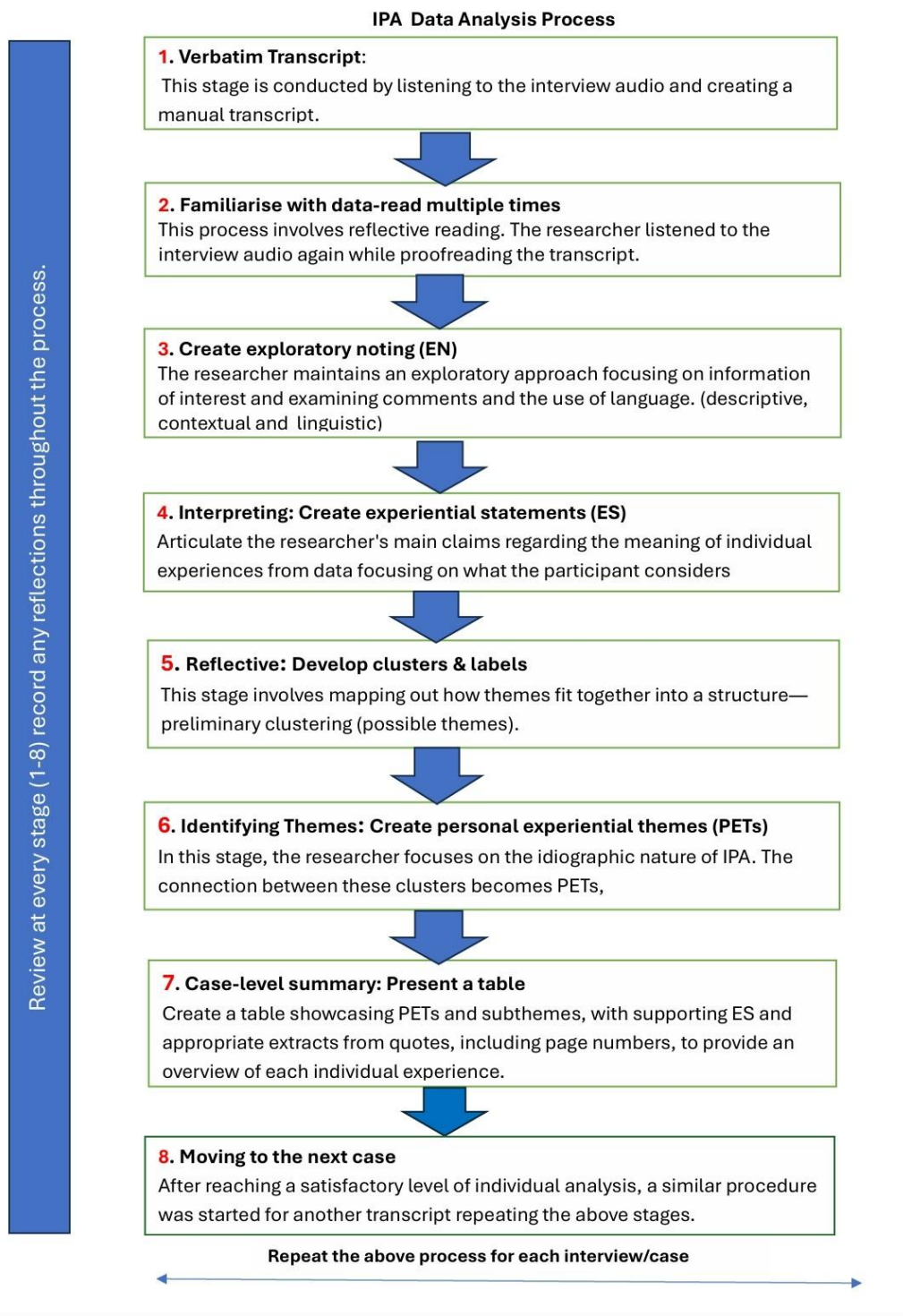
This layered structure enabled the maintenance of an idiographic focus while also exploring broader experiential themes across the dataset. Following the single case analysis, multi-layered perspectives were analysed through four additional stages, resulting in an overall multi-level analytic process. Rather than simply sequencing steps, this approach was grounded in the physical and relational contexts in which the research occurred. The structure is outlined in the following sections and visually represented in Figure 2.

The IPA single case data analysis is conducted in accordance with the six stages of the process outlined by Smith et al (2009), namely transcribing, data familiarisation, exploratory noting, interpreting, reflecting, and identifying themes. This analytic framework has remained the same since 2009, with only the terminology being updated (Smith et al 2022). The revised vocabulary reflects a shift in language rather than substantive changes to the analytic process. By adopting this updated terminology, the paper aligns with contemporary methodological developments and demonstrates a commitment to capturing participants' nuanced, lived experiences.

In the single case level of analysis, two additional stages (see stages 7 and 8 in Figure 2) were added to Smith et al's (2022) original framework. It is argued that these two additional stages enhance the transparency and traceability. It also demonstrated how interpretative decisions were shaped by reflexivity throughout the process. Stage 8 then marks the point at which each completed case becomes the analytic foundation for the next perspectival layer. Together, these two stages extend the idiographic commitment of IPA by making the analytic pathway more visible and by preparing each case for integration into the wider multi-layered perspectival design. This is central to the methodological contribution: the analysis does not stop at individual PETs but moves systematically into dyadic, group, and collective layers, each informed by the structured outputs of Stages 7 and 8.

In Chonzi's (2025) study, all eight stages were applied consistently to every case, including dyads. This ensured that each perspective, whether individual or relational, received the same level of idiographic depth before being integrated into higher-order layers. This consistent approach enhances the coherence of the analytic framework and demonstrates how the extended model can be operationalised in practice.

**Figure 2: IPA data analysis process**



## **Development of group experiential themes (GETs)**

The analytic process (Figure 3) moved from personal experiential themes (PETs) developed at the individual case level to GETs, which capture shared patterns across participants while remaining grounded in individual accounts. Awareness of each PET is maintained throughout the cross-analysis of GETs, including in specific contexts such as residential care homes.

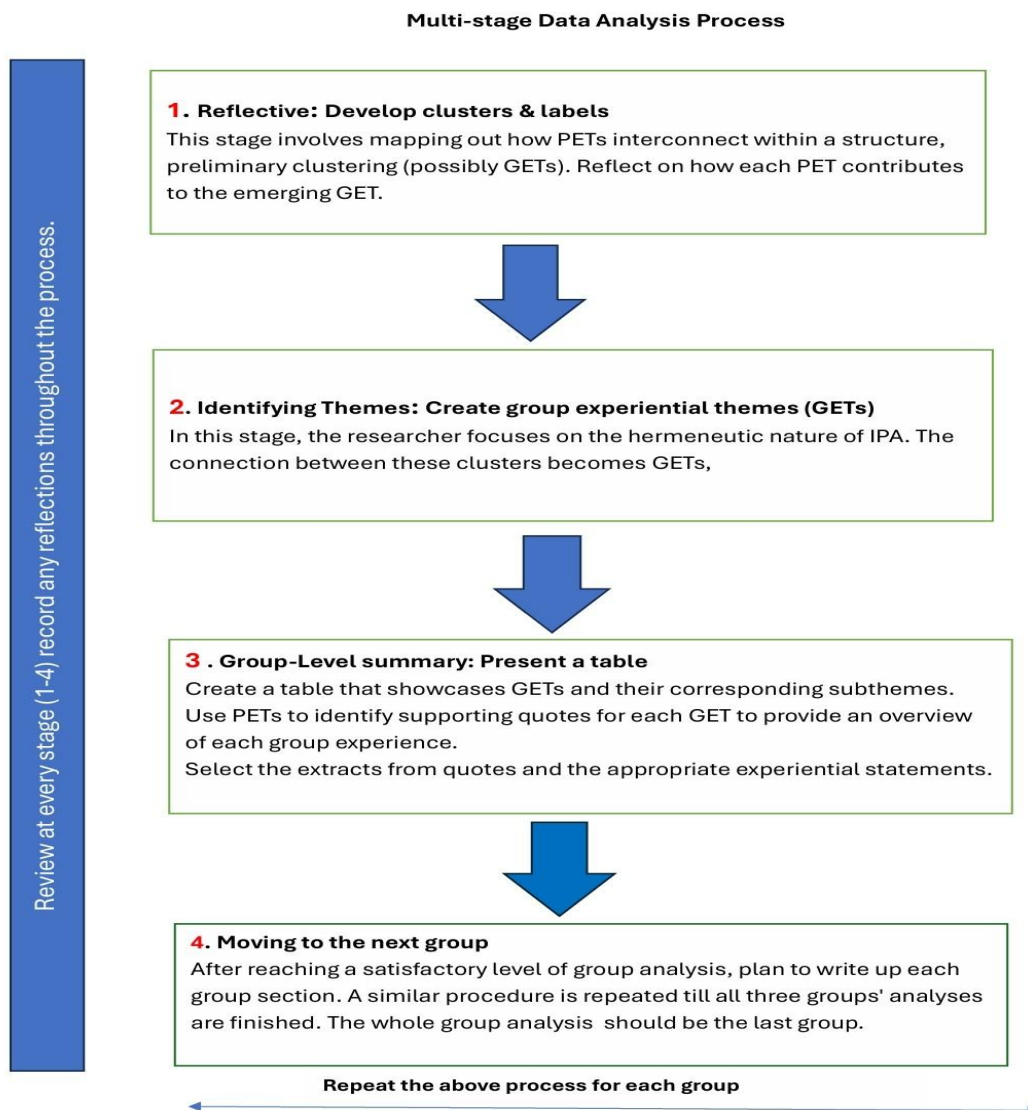
GETs identify similarities and differences across participants' PETs, highlighting both shared and unique aspects of experience. The "G" refers to themes derived from the group of participants whose experiences are being examined. When presented, a GETs table illustrates convergences and divergences across cases (Smith et al 2022).

Convergences often indicate something significant about the phenomenon participants are experiencing, while divergences highlight various ways in which it is experienced. In this case, the cross-case analysis should clarify how perceptions of sensory gardens manifest within residential care homes and the extent to which they vary across participants or facilities (Dancyger et al 2010, Finlay 2012).

Chonzi's (2025) findings were articulated through a layered interpretative framework that distinguished between PETs and GETs. PETs captured the idiographic nuances of individual meaning-making; each participant's lived experience was honoured in its own terms. In contrast, GETs reflected patterns of resonance across participants, highlighting shared experiential structures that

emerged within the collective. This dual-level analysis enabled the study to balance depth with breadth: preserving the richness of individual accounts while situating them within broader relational and contextual dynamics. The use of verbatim extracts to illustrate GETs further grounded the analysis in participants' voices. Thematic interpretations remained closely tied to the phenomenological setting from which they arose. In this way, the framework demonstrated how layered analysis can strengthen transparency, defensibility, and the practical relevance of findings for healthcare research.

**Figure 3: Multi-stage data analysis**



## Presenting findings

The findings can be presented within a layered interpretative framework. PETs capture the individual nuances of meaning making, while GETs represent shared experiential patterns among participants. This multi-level analysis honours the depth of each participant's lived experience while identifying resonances that emerge

across the dataset. Verbatim extracts are used to illustrate GETs, comprising participants' commentary that contextualises each theme within its broader phenomenological setting.

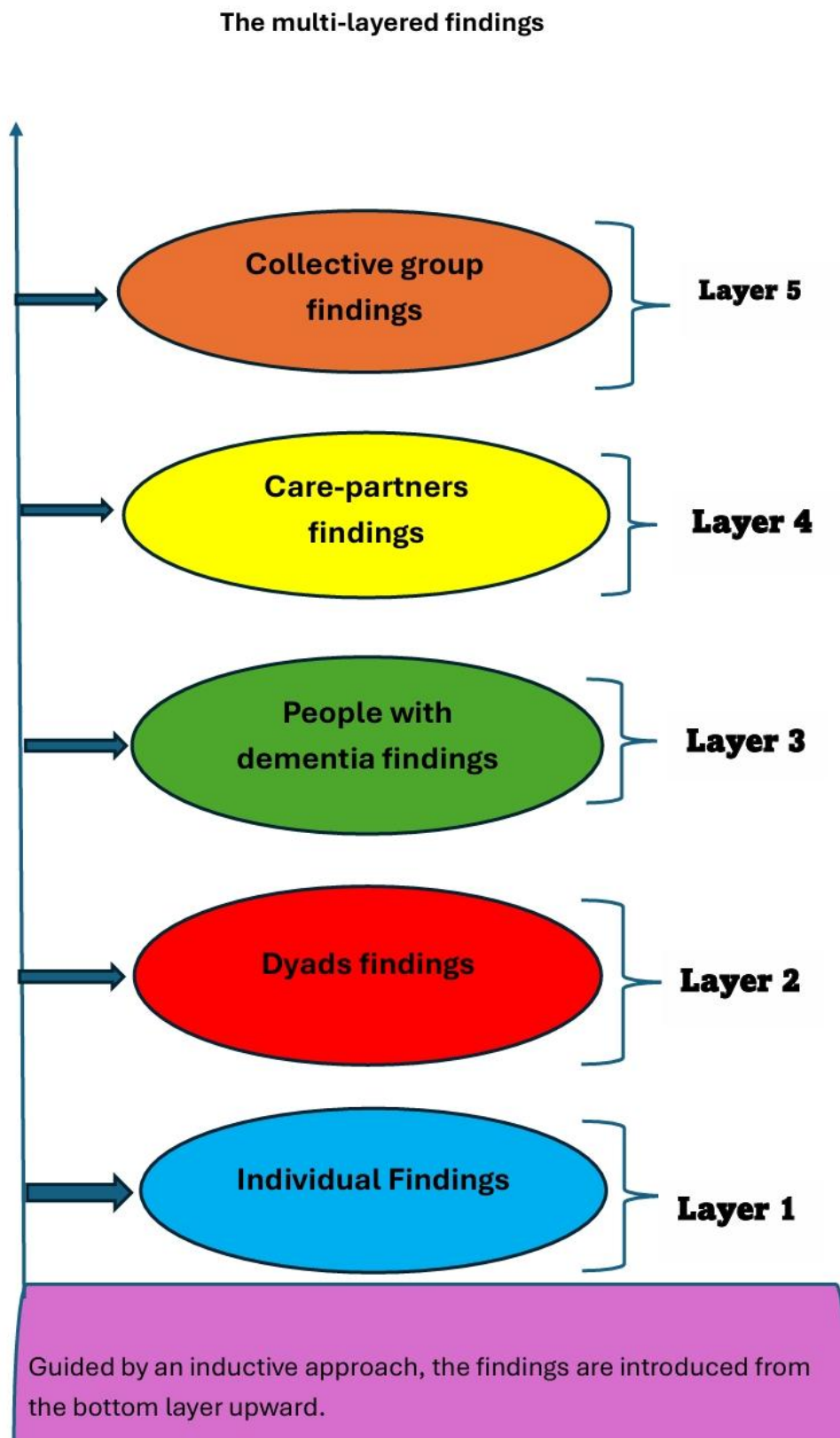
When presenting findings, clear, descriptive headings can guide the reader through each level of analysis and help them anticipate the scope and focus of each section.

For example:

- Single Case Analysis: Participant A (Person Living with Dementia)
- Dyadic case Analysis: Tess and Dot
- Group 1-level Analysis: People with dementia
- Group 2-Level Analysis: Care Partners
- Whole Group Synthesis: All participants involved

Visualise the analytical process to show how each stage builds on the previous one, using process diagrams or flowcharts as shown below in Figure 4.

Figure 4: The multi-layered findings.



Tables can be used to compare themes across groups, to show which themes emerged at each stage, and highlight convergence/divergence between people with dementia and care partners. If appropriate, use subtle colour coding or icons to differentiate participant groups (for example, blue for care partners). This can be especially helpful in diagrams or tables.

## **Discussion**

This paper advances IPA by introducing a multi-layered, perspectival design that integrates distinct groups across contexts. Unlike conventional multi-perspectival approaches, which often juxtapose perspectives without systematic integration (Larkin et al 2019). This design proceeds sequentially, from individual to dyadic, group, and whole group analysis. It retains IPA's idiographic commitment (Smith et al 2022). In doing so, it demonstrates how IPA can evolve to capture relational dynamics and inclusivity without sacrificing methodological rigour.

A central contribution of this design lies in its ability to illuminate relational dynamics. The dyadic lens highlights shared experiences as perceived by each individual while preserving the distinctiveness of their accounts (Smith et al 2022). This strengthens idiographic integrity by ensuring that individual voices are not subsumed within collective narratives. The nested case design recognises both individuals and contexts as cases, enabling analysis that is sensitive to the interplay between personal meaning and situational factors (Larkin et al 2019). Triangulation across analytic layers revealed both convergences and divergences. Convergences point to shared meaning structures that may inform practice and policy (Santana et al 2018), while divergences expose underlying differences that enrich theoretical

understanding (Smith 2017). Rather than treating divergence as methodological 'noise', this design positions it as a productive site of insight. It shows how context, relationship, and identity shape lived experience.

The methodological adaptation also foregrounds ethical aspects. By bringing together distinct groups from different contexts, the design promotes inclusivity and avoids marginalising voices that might otherwise remain unheard (Paradis and Varpio 2018). This aligns with broader commitments to equity in qualitative research and enhances trustworthiness. The sequential layering of analysis respects participants' accounts at the individual level before situating them within broader relational frames. In doing so, it maintains ethical transparency throughout the analytic process (Wa-Mbaleka 2019, Duquette-Rury 2024).

Ethical practice in qualitative research is often framed by procedural requirements, such as institutional review processes and formal consent. While essential, these procedures can overlook the relational and situated nature of ethics, where care, trust, and responsiveness to participants are central (Paradis and Varpio 2018, Duquette-Rury 2024). This gap becomes especially significant in studies involving vulnerable populations, where rigid protocols may unintentionally silence or exclude.

Chonzi (2025) argued that ethical sensitivity should be understood as an ongoing, relational process rather than a procedural requirement. Rapport-building, attention to emotional and physical comfort, and the use of process consent supported participants' well-being throughout the walking interviews. This was particularly important when working with older adults living with dementia. These practices,

combined with sustained reflexive engagement with the double hermeneutic, ensured that interpretations remained grounded in participants' accounts while acknowledging the potential influence of researcher assumptions and the risk of over-interpretation. Confidentiality and anonymity were maintained through the use of pseudonyms, and interpretations were closely tied to participants' accounts, reflecting best practice in safeguarding the integrity of lived experiences.

This establishes a methodological stance where ethics and interpretation continuously inform one another, integrating the protection of participants' lived experiences into the analytical framework itself. This approach highlights an ongoing, co-constructed process shaped by the dynamics of the research encounter. Within this perspective, a multi-layered, perspectival IPA design provides a flexible way to explore complex questions in health research while maintaining careful attention to relational and ethical nuances.

### **Implications for practice**

Beyond methodological advancement, this design has practical implications. Capturing relational dynamics provides richer evidence for person-centred interventions (Kitwood 1997, Brooker 2004, Brooker and Latham 2015). Insights into both shared and divergent perspectives can inform approaches that are responsive not only to individuals but also to the contexts in which they live and receive care (Brooker et al 2022). This strengthens IPA's translational potential by bridging methodological innovation with applied impact and aligning with best-practice guidelines (NICE Guidance 2018).

Table 1 provides an overview of the practical steps involved in implementing a multi-layered perspectival IPA design (MLPIPA), alongside the key resource implications that nurse researchers need to anticipate when operationalising this approach.

**Table 1: Practical considerations**

<b>Implementing MLPIPA designs in research</b>	<b>Resource implications for researchers using MLPIPA</b>
Define the analytic layers. Generate data appropriate to each layer. Analyse each layer idiographically. Integrate layers hermeneutically. Document reflexivity throughout. Translate insights into practice considerations.	Time and analytic workload. Data volume and management. Skill requirements. Ethical and governance considerations. Practical coordination. Protected time and institutional support.

**Limitations and recommendations**

While the design demonstrates flexibility and depth, it also presents challenges. Sequential layering requires substantial analytical resources and careful justification to avoid overcomplicating the analysis. Future research should explore how this approach can be adapted across different settings, including larger or more heterogeneous groups, while maintaining an idiographic focus. Methodological transparency in documenting analytical decisions remains critical for sustaining defensibility and enabling replication (Nizza et al 2021).

A further limitation of a multi-layered perspectival approach is its time-intensive nature. Each analytic layer, descriptive, linguistic, conceptual, contextual, reflexive, and perspectival, requires its own interpretative pass. Because the method is intentionally immersive and iterative, researchers may need to revisit transcripts multiple times, cross-reference layers, and re-interrogate earlier interpretations as new insights emerge. This can significantly extend the analytical timeline, particularly in participatory or co-analytic designs where stakeholder perspectives are incorporated at multiple stages. Time intensity may also create practical constraints when working within fixed project timelines, limited staffing, or funding structures that expect rapid outputs, and it may risk analytic fatigue that compromises the richness of later layers.

To address these challenges, the analytic process can be streamlined through the predefined sequencing of layers (Smith et al 2009), the use of matrices to minimise repeated reading (Saldaña and Omasta 2021), and clear boundaries around iterative cycles to prevent unnecessary analytic drift (Charmaz and Thornberg 2021). Analytic responsibilities can be distributed across the research team to balance the workload, consistent with recommendations for collaborative qualitative analysis (Braun and Clarke 2022). Reflexive memos can capture emerging insights efficiently and maintain an audit trail (Birks et al 2025). These strategies help preserve interpretative depth while remaining feasible within project timelines.

## **Conclusion**

This paper presents a methodological adaptation in IPA that employs a multi-layered perspectival design to capture both individual and relational dimensions of lived experience. By integrating sequential analysis across layers, the approach demonstrates how IPA can evolve to meet the methodological demands of nursing research while remaining grounded in its philosophical foundations.

The design provides stronger evidence for person-centred interventions that are responsive to individual needs as well as the relational and contextual dynamics that shape them. By foregrounding ethical sensitivity and inclusivity, the approach strengthens trustworthiness and ensures that diverse voices inform practice development. Its capacity to identify both convergences and divergences across perspectives offers practical guidance for tailoring interventions, service design, and policy to the complexities of real-world care environments.

For nursing researchers and practitioners, this innovation underscores the importance of methodological flexibility and ethical transparency. It shows that rigorous qualitative analysis can yield insights that are both theoretically defensible and practically actionable. Adopting MLPIPA designs can help embed person-centred values more deeply into nursing practice. It supports interventions that are evidence-based, relationally attuned, ethically grounded, and inclusive of diverse perspectives.

## References

Ahmad M, Wilkins S (2025) Purposive sampling in qualitative research: A framework for the entire journey. *Quality & Quantity*. 59, 2, 1461–1479. doi.org/10.1007/s11135-024-02022-5

Birks M, Chapman Y, Francis K (2025) Memoing in qualitative research: Two decades on. *Journal of Research in Nursing*. doi:10.1177/17449871251386323

Braun V, Clarke V (2022) *Thematic analysis: A practical guide*. SAGE.

Brooker D (2004) What is person-centred care in dementia? *Reviews in Clinical Gerontology*. 13, 3, 215–222. doi.org/10.1017/S095925980400108XF

Brooker D, Latham I (2015) *Person-centred dementia care: Making services better with the VIPS framework*. Jessica Kingsley Publishers.

Brooker D, Lillyman S, Bruce M (2022) *Dementia care*. Routledge.

Chadwick R, Gallagher A (2020) *Ethics and nursing practice: A case study approach*. Bloomsbury Publishing.

Charmaz K, Thornberg R (2021) The pursuit of quality in grounded theory. *Qualitative Research in Psychology*. 18, 3, 305–327. doi.org/10.1080/14780887.2020.1780357

Chonzi AR (2025). Exploring people with dementia and their care partners' perceptions of sensory gardens. Unpublished PhD thesis: Sheffield Hallam University.

Conway A, Ryan A, Harkin D et al (2023) “It’s another feather in my hat”- exploring factors influencing the adoption of apps with people living with dementia. *Dementia*. 22, 7, 1487–1513. doi.org/10.1177/14713012231185283

Dancyger C, Smith JA, Jacobs C et al (2010) Comparing family members' motivations and attitudes towards genetic testing for hereditary breast and ovarian cancer: A qualitative analysis. *European Journal of Human Genetics*. 18, 12, 1289–1295.

Duquette-Rury L (2024) Navigating ethical issues and choices in the field. *Doing Good Qualitative Research*. 308-322. doi.org/10.1093/oso/9780197633137.003.0027

Finlay L (2012). Debating phenomenological methods. In *Hermeneutic Phenomenology in Education: Method and Practice*. 17-37. Rotterdam: Sense Publishers.

Kitwood T. (1997) *Dementia reconsidered: The person comes first*. Open University.

Larkin M, Shaw R, Flower, P (2019) Multi-perspectival designs and processes in interpretative phenomenological analysis research. *Qualitative Research in Psychology*. 16, 2, 182–198. doi.org/10.1080/14780887.2018.1540655

Matua G A, Van Der Wal DM (2015) Differentiating between descriptive and interpretive phenomenological research approaches. *Nurse Researcher*. 22, 6, 22–27. doi.org/10.7748/nr.22.6.22.e1344

McCance T, McCormack B. (2025) The person-centred nursing framework: A mid-range theory for nursing practice. *Journal of Research in Nursing*. 30, 1, 47–60. doi.org/10.1177/17449871241281428

McInally, W., Gray-Brunton, C. (2021). Research made simple: Using multi-perspective interpretative phenomenological analysis to explore healthcare phenomena. *Evidence-Based Nursing*. 24, 3, 71–73. doi.org/10.1136/ebnurs-2021-103428

NICE Guidance (2018) *Dementia: Assessment, management and support for people living with dementia and their carers*. National Institute for Health and Care Excellence (NICE).

Nizza IE, Farr J, Smith JA (2021) Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology*. 18, 3, 369–386. doi.org/10.1080/14780887.2020.1854404

Paradis E, Varpio L (2018) Difficult but important questions about the ethics of qualitative research. *Perspectives on Medical Education* 7, 2, 65–66. doi.org/10.1007/s40037-018-0414-0

Rodger D, Smith JA (2026) What is an interpretative phenomenological analysis case study? *Evidence-Based Nursing*. 29, 1, 55–56.

Saldaña J, Omasta M (2021) *Qualitative research analysing life*. SAGE.

Santana MJ, Manalili K, Jolley RJ et al (2018). How to practice person-centred care: A conceptual framework. *Health Expectations*. 21, 2, 429–440. doi.org/10.1111/hex.12640

Smith JA (2017) Interpretative phenomenological analysis: Getting at lived experience. *The Journal of Positive Psychology*. 12, 3, 303–304.  
[doi.org/10.1080/17439760.2016.1262622](https://doi.org/10.1080/17439760.2016.1262622)

Smith JA, Flowers P, Larkin M (2022) *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.). SAGE.

Smith J, Flowers P, Larkin M (2009) *Interpretative phenomenological analysis: Theory, method and research*.

Vicary S, Ferguson G (2025) Interpretative phenomenological analysis and social work: Hailing its development in the field. *Qualitative Social Work*. 24, 4, 323–329.  
[doi.org/10.1177/14733250251347800](https://doi.org/10.1177/14733250251347800)

Wa-Mbaleka S (2019) Ethics in qualitative research: A practical guide. Paper presented at the International Forum Journal. 22, 2, 11.