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Narrative Approach and Analytical Processes Used in Health Sciences: A Systematic Review

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Abstract
This systematic review aims to comprehensively identify the various narrative approaches used by health science researchers to highlight the underlying principles guiding their methodological and analytical choices when conducting narrative research. To select articles, keywords validated by University of Montreal Health librarians were applied to specialized databases in the fields of health and/or medical education. The dimensional analysis of Bowers and Schatzman then proved consistent with the development of a dimensional matrix around the construct "narrative approaches in health sciences," from which we proceeded to analyze the corpus of 30 selected articles [1]. The construct "narrative approaches in health sciences" has six dimensions. Furthermore, researchers use thematic analysis (93.66%) to analyze narrative data. Finally, intentional and theoretical frameworks guide the researchers' methodological and analytical choices.

Keywords: Narrative Inquiry, Health Sciences, Healthcare Provider, Narrative Approach, Narrative Methodological Processes, Narrative Analysis

Introduction
The idea of conducting a review of narrative approaches applied to the field of health sciences arose from discussions held during the monthly meetings of members of the Laboratory for the Analysis of Experiential Knowledge in Health Education Research (LASER-PS). The central topic of these discussions concerned analytical methods consistent with data from a narrative survey on the role of experiential learning and reflection in professional skills development pathways. More specifically, this project utilizes the life story method, the status of which is somewhat unclear, being both recognized as a method and situated in relation to qualitative approaches [2-4].

For this project, we situate the life story method, or biographical method, within the family of qualitative methodologies, more specifically within the category of narrative approaches. We consider that what leads researchers to use life stories is the human nature of the data thus collected [2]. In other words, the appeal of the biographical method is linked to analysts' curiosity about societal dynamics and ways of life, made tangible through the events or experiences of a life. Since sociocultural worlds are often difficult to access or reticent, the life story method opens inaccessible spaces and voices, allowing us to analyze and understand situations based on individuals lived experiences [4].

However, what matters here is not the dialectic between the practice of narrating lived experience and the processes of characterizing experiential knowledge. Rather, it is the inventory of applications concerning the methodological aspects

of using life stories in the field of health. A preliminary literature search conducted by me did not uncover any systematic reviews identifying the methodological approaches used to process narrative and biographical materials from narrative studies conducted by health science researchers. This constitutes a reason to undertake a new systematic review considering the standards for producing systematic reviews in the health field (see Decision Algorithm for Conducting a Systematic Review) [5]. The aim of this work is therefore to comprehensively identify the different narrative approaches used by health science researchers to highlight the underlying principles guiding their methodological and analytical choices when conducting narrative studies.

Method

Taking stock of the methodological and analytical processes and their underlying implications in narrative studies in the health sciences requires a comprehensive review of the narrative literature. However, for Narrative Reviews (NR), unlike Systematic Reviews (SR), there is generally no established or recommended methodology. For this project, we followed the PRISMA guidelines for writing a systematic review [6,7]. The following keywords (health sciences; narrative inquiry; narrative analysis; data collection; healthcare provider) were validated by two librarians and then applied to databases likely to contain bibliographic records related to the field of health, namely PubMed, Embase, Cinhal, Eric, Psycho Info, Web of Science and MedEportal. The Boolean operators AND/OR were used. After consulting the bibliographic references of the articles extracted from the databases, we used network sampling to include additional articles. Grey literature was not considered, as it is not controlled by publishers. The results of the literature search were screened against inclusion criteria chosen for their relevance: from 1970 onwards, narrative inquiry, health sciences, healthcare provider, narrative approach, narrative methodological processes, narrative analysis. Articles written in English or French were included. The identified publications underwent a rigorous evaluation for relevance. The following evaluation criteria were used: relevance of the content, reliability of the sources, reputation of the author(s), objectivity of the information, accuracy of the information, and timeliness of the information [8]. We eliminated two articles (Cinhal n = 1, PubMed n = 1). To the 23 articles selected, we added 7 articles recommended by our research network. The search guidelines were sent to librarians to validate the search strategy. Diagram 1 illustrates the article selection process.

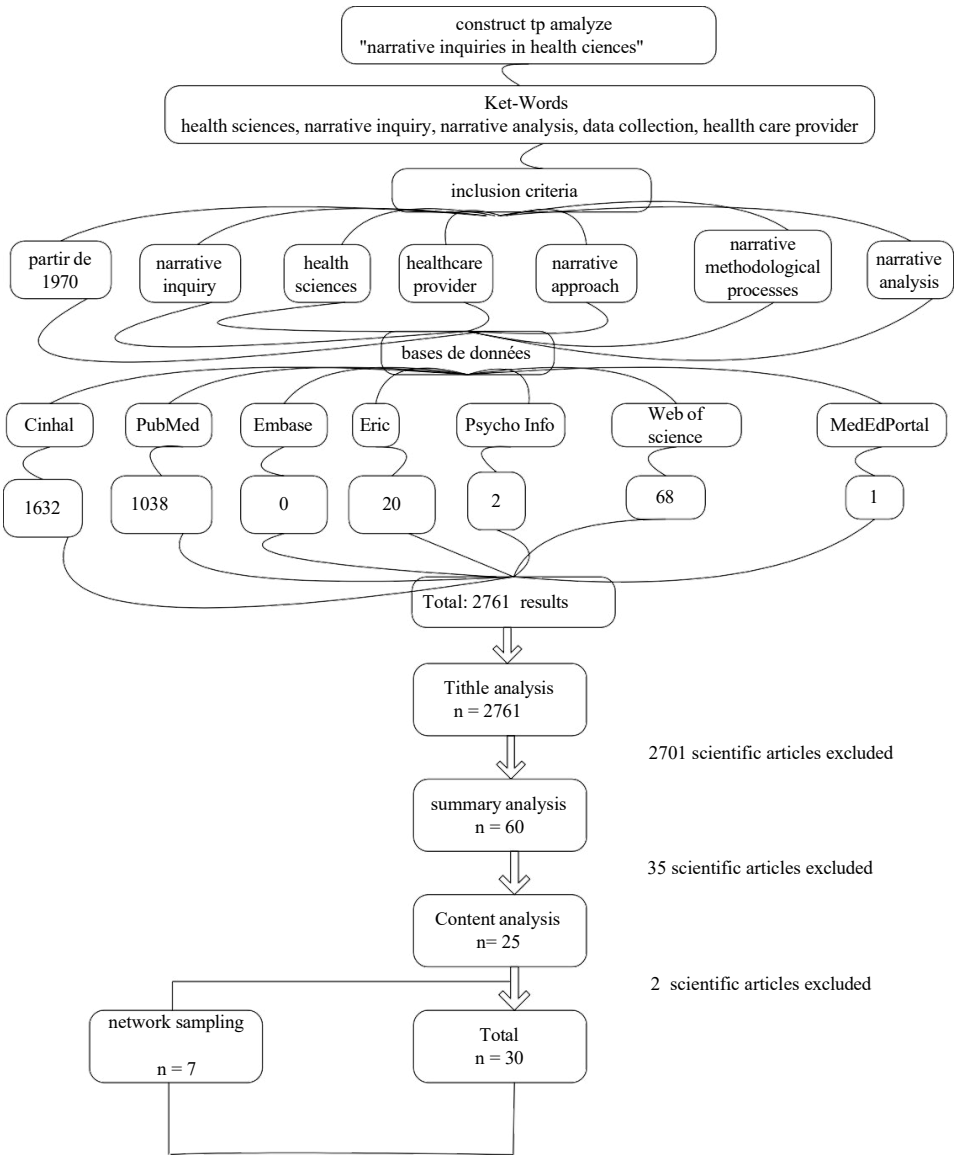

Diagram 1: Article Selection Process

Regarding data extraction, we proceeded with the dimensional analysis and developed a dimensional matrix around the construct "narrative approaches in health sciences" from which we determined the dimensions underlying and/or related to the methodological processes used by health researchers to analyze narrative materials [1]. Dimensional analysis proceeds operationally in two phases: an identification phase (listing the dimensions of the construct "narrative approaches in health sciences") and a logistical phase (discovering and establishing the relationships between the dimensions of the construct identified). This analytical method allowed us to visualize the underlying factors guiding the methodological and analytical choices of health science researchers when conducting narrative studies. Dimensional analysis does not require the development of specific analytical skills , which led us to develop a three-level coding process to clarify the analytical approach of the articles (see diagram 2).

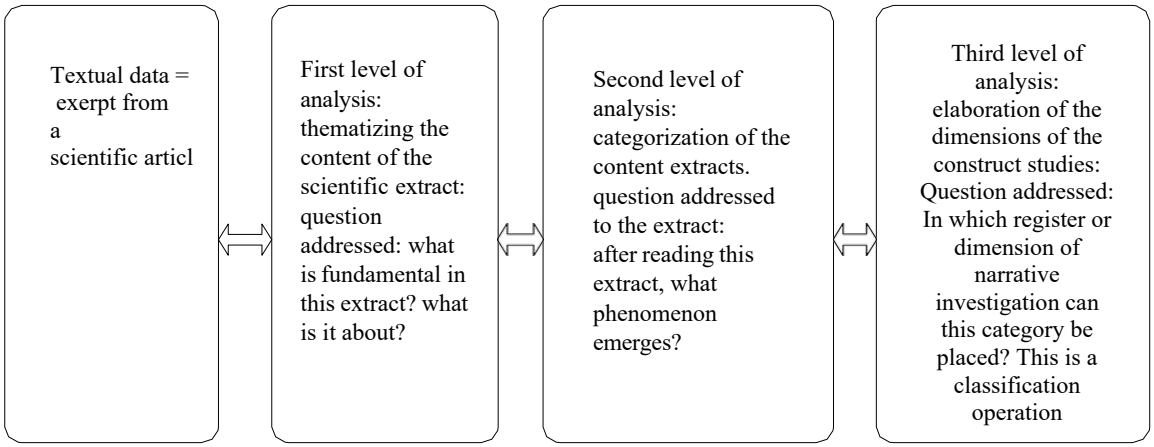

Diagram 2: Process of Dimensioning Textual Data from Selected Articles

Thematization involves assigning a theme to the content of the scientific extract. In the following extract: "Manual data analysis involved the two researchers who first familiarized themselves with the interview data and then explored the identified themes using thematic analysis" the theme is the data analysis method [9]. The inference is weak because the relationship between the indicators and the theme is close. Thematization is an important step in reducing extracts from scientific articles into themes and sub-themes, which facilitates the categorization process. Categorization goes beyond classifying or designating content to embody the very attribution of meaning. Categories will embody phenomena of various kinds, such as a "process," an "action," a "collective action," a "logic," or a "dynamic" [10]. In the excerpt above, the emerging category is thematic analysis. In our work, the process of developing categorization is to designate phenomena emerging from excerpts of scientific articles—aims to prepare the work of dimensionally defining the construct under study. A dimension is a particular characteristic or trait possessed by a living being, an inanimate being, a thing, or an object that allows it to be distinguished from other beings of the same nature. Dimensions differentiate concepts/constructs. For example, the physical, emotional, intellectual, social, and spiritual dimensions define the human species. Whereas the physical, emotional, social, and instinctive dimensions define the animal species. Dimensions are objectified by their properties. Thus, when we speak of the intellectual dimension of a human being, we are referring, for example, to the capacity to make choices; the social dimension refers to relationships with others. Similarly, when we speak of the emotional dimension of the animal species, we are referring, for example, to the anxiety of abandonment; the social dimension refers, for example, to group hunting. Whether it be the capacity to make choices, relationships with others, fear of abandonment, or collective hunting, these properties respectively represent a process, a situation, an experience, or a collective action, which are nothing other than categories of various kinds. In the excerpt above, the theme is analytical method, while the category is thematic analysis, which will be classified under the methodological dimension of the construct "narrative approaches in health sciences." By proceeding in this way, we have developed six dimensions of the construct "narrative approaches in health sciences," namely: ethical, emic, theoretical, conceptual, intentional, and methodological.

Results

Dimension 1: Ethical Conduct Discovered in the Postures of Researchers

The 30 scientific articles that were chosen are centered on narrative research in the health sciences that has been approved ethically. Research ethics concerns the values and aims that underpin the researcher's work. Two key aspects emerge: the researcher's conduct and respect for individuals involved in the research process. Thus, when researchers state that "ethical approval was granted by the UBC Behavioral Research Ethics Board" they are expressing, on the one hand, their commitment not to affect the physical safety and psychological well-being of the research participants [11]. On the other hand, they are committing to not falsifying the results. Two of the selected articles provided insight into the validation process for results and narratives implemented by the researchers. The first process is linked to initiating an audit to determine whether "the final themes could be assigned to the categories, initial codes, and important statements" [12].The second process involves returning the narratives and a summary of the results to the participants so that they can "examine and comment on the transcription of the narratives as well as the researchers' interpretation" . This presents the feedback process as a space for confrontation and co-production of knowledge validated by the study

participants.

Dimension 2: An Emic Stance Observed in the Conduct of Narrative Research

The term emic illustrates the behavior of researchers conducting narrative studies in the health sciences, whose perspective is supported by the ways of thinking and characteristics of the individuals being studied: "Participants were able to see how their quotations were used, with the exact wording of the thesis document. The meaning of the data was validated by all participants" [13]. Thus, if the study participant has lived the phenomenal experience, they are able to express the feelings experienced throughout that experiential journey. Therefore, to understand the everyday lives of the study participants, the researcher is led to engage with what accounts for the life world of the subject of the study, namely, the collection of the phenomenological narrative [14].

Dimension 3: Perspectives with a Strong Phenomenological Influence

The phenomenological approach is predominantly used in 23 articles. This is consistent with narrative research, which considers reality to be socially constructed. The narrative is an intercultural encounter imposed by the analyst for referential purposes. Consequently, the narrative approach incorporates social constructivism which conceives that reality is "constructed through social interaction" (*Ibid*., p. 3) [15]. However, the interpretivist conception asserts that reality is primarily an ontological construct: "The conception of the study was underpinned by interpretivism, that is, ontological relativism (i.e., that reality is multiple, created, and mind-dependent) and epistemological constructivism (i.e., that knowledge is constructed and subjective)" [16]. Epistemological constructivism, however, stipulates that reality is produced in the interaction of the human mind with that reality: "based on the principle that meaning arises from or is constructed from human interaction with the world, the things, and the people in it" [17]. In two articles, we noted triangulated theoretical perspectives: "The study was framed by triangulating critical, feminist, and postmodern research perspectives" and "The narrative method is described as a hybrid of various theoretical frameworks, including constructivist theory, humanistic theory, feminist theory, and hermeneutic theory [9,18]. One might have thought that the diversity of theoretical perspectives would imply a proportional diversity of conceptions of the narrative approach. This is not the case, since health science researchers are much more versed in the dialectic between the practice of narrating lived experience and the processes of characterizing experiential knowledge [19].

Dimension 4: Narratives of Experiences Perceived as a Strategy for Accessing Reality

A life story is a narrative told by an individual, recounting the unfolding of their life. This definition is shared by most authors, as seen in 29 articles. The key characteristic here is "lived and narrated experiences." This allows us to distinguish between lived experience and the narrative the individual constructs. Thus, by listening to several individuals from the same social background (doctors, nurses, etc.) who have found themselves in a similar situation, the analyst seeks to benefit from the knowledge these individuals have acquired through their direct experience of the situation. By comparing several narratives about the lived experience of the same socio-professional situation, the analyst transcends individual differences to arrive, through progressive construction, at a sociological representation of lived reality: "The aim of the study was to categorize the types of reflection used by residents during their residency program," according to [12].Another conception was observed in an article that we associated with the concept of lifelines, according to which the individual telling their story structures it around a temporal succession of events: "emergence of chronological and relational stories at the heart of a narrative inquiry" [11]. What matters in the first perception of life narrative is the emergence of new knowledge from the story being told. What matters, rather, in the second perception of life narrative is the understanding of phenomena through temporal dimensions.

Dimension 5: The Intention to Discover at the Heart of the Concerns of Narrative Inquiries in Health Sciences

The analyst relies on the participants' lived experience to understand a reality. This intention of discovery inherent in the narrative approach was identified in 29 selected articles in which the analyst seeks to explore a reality to better understand it: "This inductive narrative survey explored the positive learning experiences of nurses in acute frontline care" [13]. Alongside this exploratory aim of life stories, there is another, evaluative one, found in one article: "This is the first research to systematically examine, in this context, the use of narratives as a knowledge application tool" [16]. Exploration precedes evaluation: "This article examines the usefulness of stories as a potential tool for disseminating synthesized knowledge about physical activity to adults with spinal cord injuries (SCIs) and healthcare professionals (HCPs) working with this population." (*Ibid*., p. 303). What emerges here is the confrontation of findings with real-world situations to make new knowledge accessible and share best practices. However, the new knowledge that is applied stems from the processes of transforming lived experience (transitioning from experience to language), putting lived experience into words, and interpreting and understanding the lived experience of the individual recounting it.

Dimension 6: Methods for Moving from Recounting an Experience to Interpretation and Understanding of the Narrative

Inductively, researchers interpret or understand the lived experience of the person recounting their story. Three integrative steps can be involved in the inductive approach: sampling, collecting, and analyzing biographical information.

The Sample was Formed Iteratively

Sampling is defined as the method of constructing samples. Two types of samples were distinguished: the non-

probability sample that was observed in 29 identified scientific articles, and the systematic random sample that was derived from a systematic literature review, which we classified as a systematic random sample. "In February 2015, MEDLINE, EMBASE, CINAHL, OVID Nursing, British Nursing Index, PsycINFO, AMED, and ISI Web of Science were used to conduct an initial search. The search terms 'palliative care,' 'terminal care,' and 'end-of-life' were combined with 'nurse role,' 'impact,' 'competence,' 'function,' and 'responsibility', both as keywords and text words" [20]. Sample sizes used in narrative surveys are not standardized. The number of participants ranges from 1 to 142. However, several sampling techniques were identified, namely network or snowball sampling found in two articles, purposive sampling detected in 16 articles and electronic sampling A first search was carried out using MEDLINE, EMBASE, CINAHL, OVID Nursing, British Nursing Index, PsycINFO, AMED and ISI Web of Science in February 2015 [21,22]. Sekse, Hunskar and Ellingsen, 2018, free translation) discovered in one article [20]. With a total of 32 articles selected, this means that several sampling techniques were used in a single article. In one study, we observed that sampling stopped when the data collection process became stagnant; that is, each new interview or life story yielded only previously collected data: "In accordance with qualitative approaches, participants were recruited until data saturation was reached" [21]. The researchers did not wait for the sample to be completed before beginning data collection.

An Iterative Data Collection Process

Sampling and data collection occur simultaneously, so that information obtained in previous cases informs subsequent cases and vice versa, as observed in the 30 articles, particularly that of: Data saturation is reached when there are no more emerging patterns in the data; the data begin to repeat themselves [16]. There are various methods for data collection, including interviews in 20 selected articles, life stories in six articles, focus groups in four articles, and electronic data collection in two articles. The researchers do not only collect verbal messages. The interviewer took notes during each of the telephone interviews to document the emphasis placed by the participants. The researchers also collected field notes, evidence that the analysts were interested in the behavior (of the individual recounting their story) as it occurred spontaneously [23]. We examined field notes in six studies [15,23-27]. In one study, we observed that the researchers conducted both life stories and interviews with each participant: "Each participant's written story and interview were then analyzed together" . This allows researchers to clarify and compare what participants conveyed in terms of life stories and what they said about their "positive learning experience" (*Ibid*.). To discover commonalities in each specific case, the researchers have several cases at their disposal to facilitate comparison (identifying similarities and differences). However, it is noted that "data analysis began with the first interview," as found in the text by [28].

An Iterative Analysis Process

The researchers follow an iterative approach to analyze the collected information through two main processes: thematic content analysis and grounded theory analysis process. The researchers use a four-stage process for analyzing thematic content in 28 selected articles. The first stage involves reading and rereading the life story. This allows for an overall understanding of the story told [29]. This is followed by the phase of identifying significant statements, that is, passages likely to contain themes. The emphasis here is on words, phrases, and expressions that contribute to the construction of discourse around a theme or subject. Each reader identified significant statements to share with the research team, as well as preliminary themes [21]. The process involves compiling a list of words used, reduced to their root, dividing the text into contextual units, and grouping units containing the same lexical forms around word classes. These word classes are then classified based on the number of occurrences and co-occurrences: "Significant themes or statements are shared with the research team in the third phase", "where the ongoing coding and comparisons were explored [12]. Comparisons were made between the codes and the participants to explore differences and similarities in the participants' perspectives" [15]. The focus here, collaboratively, is on the richness of the vocabulary used as well as the themes identified individually. In concrete terms, researchers identify passages relating to different themes and then compare the content of these passages from one story to another. Here, thematic content analysis is central to the analysis, as it involves developing thematic categorizations from one narrative to another. This interaction between researchers thus results in "the development of new insights", generating themes defined objectively and consensually: "The researchers met again in groups to develop a consensus on emerging categories related to initial codes, significant statements, and categories of reflection [22]. The process of individual-to-group analysis and consensus was used to develop sub-themes and final themes," according to Furze, Greenfield, Geist, Gale, and Jensen [12]. Given that the human reality into which the researchers will delve is a social construct belonging to the study participants, the results of the analysis are returned to the individuals who experienced the events so they can verify whether their interpretation of the statements corresponds to their lived experience: "Participants were asked to review and comment on their own transcripts and received a summary of the results," according to Kiri and Cook [22]. The iterative nature of the process is evidenced by the fact that the previous step supports the subsequent step, and that the subsequent step leads the researcher to identify analytical discrepancies in the previous step, and so on. Diagram 3 schematically presents the first analytical process.

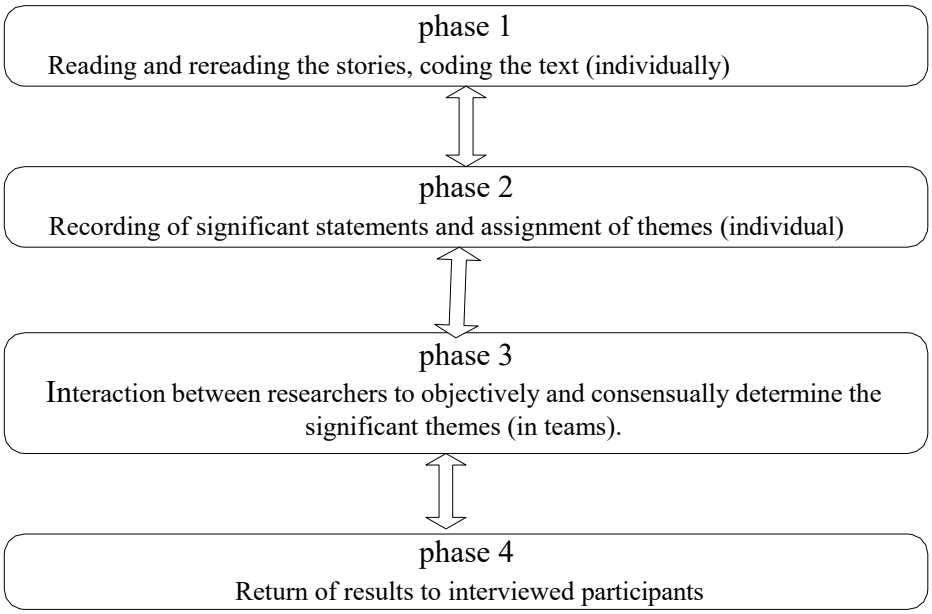

Diagram 3: The Steps of the First Analytical Process: Thematic Content Analysis

In the second process, which we categorize within the "Grounded Theory" framework found in two articles, were identified five phases [18,23]. The first phase involves sending the verbatim audio transcripts to a subject matter expert so they can fill in any missing information and verify whether the data collection instrument is gathering the information it is designed to collect: "All interviews were recorded on audio and video tape. Text transcripts of the interview data were generated at each stage and reviewed by a program design expert to refine the data collection tools, either to enhance the richness of the collected data or to improve its quality" [18]. This external review of the quality of the interview guide is also with an emphasis on the pretest: "The interview guide was peer-reviewed by two experienced qualitative researchers, which allowed the questions to be revised in a logical flow and format [23]. Following this, seven simulated interviews were tested with occupational therapists known to the author before data collection." (*Ibid*., p.324). Confirmation of the completeness/richness of the verbatim transcripts and validation of the data collection instrument precedes their return to the study participants for further field validation: "The apparent validity of the transcripts was confirmed by a selection of research participants from each group" in Ramklass and "The completed transcripts were sent to all participants for review and error correction; more than 50% of participants returned the transcripts with corrections or confirmed their accuracy" [18,23]. The study participants had lived through the experience. They are therefore able to confirm or refute the reliability of the statements they made. This reinforces the emic perspective we observed in narrative research, which gives significant weight to the research participants. This attitude of the researcher falls within the scope of the duty to relate the experiential life of the individual who tells their story, without correlating it with their own, but to learn from the subject who tells their story. The third phase involves the analysis of a case followed by the search for emerging patterns, facilitated by cross-sectional case analysis, as noted in Ramklass: The analysis was initially conducted separately for each group of research participants, followed by an intersectoral analysis [18]. Cross-sectional analysis is important because it allows for case comparisons, which enable the progressive development of categories and themes (*Ibid*.). We observed in Krueger, Sweetman, Martin, and Cappaert that they used methodological triangulation to understand the research topic from at least two different perspectives: "Finally, we compared and assimilated the results of the two phases of our mixed-methods study [23]. This involved comparing the results between the quantitative and qualitative phases and assimilating the data." Assimilation involved transforming qualitative data into quantitative reporting frequencies, then comparing the results between phases for triangulation and explanation purposes. (*Ibid*., pp. 327-328). Regarding the analytical methods used, several versions of Ground Theory exist, namely Charmaz's constructivist Ground Theory (2014), used in the text by and Boje's Spiral Ground Theory (2001), used in the text by Ramklass [18,23]. The researchers' aim was not to arrive at a theoretical framework. After coding the collected data, the researchers stopped at the stage of categorizing it: "three categories of codes emerged from the data analysis: triggers of reflection, depth of reflection and actions taken." were noted in the text by Krueger, Sweetman, Martin and Cappaert while "Theory and practice, and interpersonal relationships in the curriculum emerged as two major themes of the analysis" emerged from the study by Ramklass [18,23]. While a category is far richer than a code, the researcher should still define it, identify its properties, and specify the social conditions that legitimize its formulation. This is something we did not find in these two texts in which grounded theory was used to analyze narrative data. The absence of a phase establishing relationships between categories and one integrating multidimensional components suggests that it is not always necessary for a researcher using Ground Theory to arrive at a theoretical framework. Categorization is sufficient, and the richness of the categories allows the researcher to understand a reality that was previously unintelligible. The developed categories will be validated by an expert researcher to ensure their close connection to the participants' statements: "the emerging categories and the raw data were cross-checked by a curriculum design expert", "an external evaluator specializing in qualitative analysis supervised the data analysis process by reviewing the coding framework, the coding cards, and confirming the data analysis process with the principal

investigator" in Krueger, Sweetman, Martin, and Cappaert [18,23]. Diagram schematically presents the second analytical process.

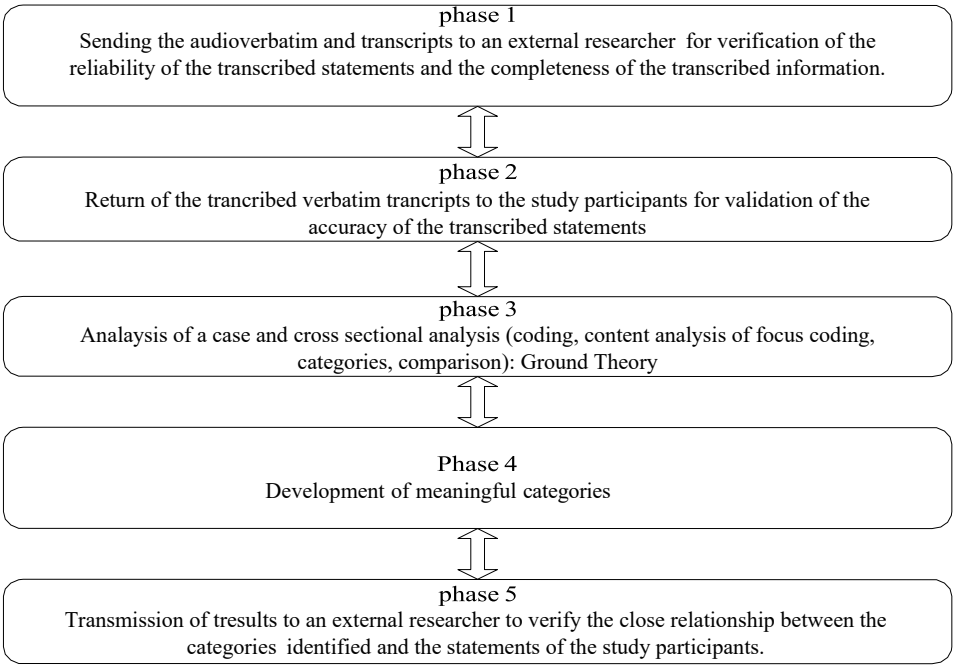

Diagram 4: The Steps of the Second Analytical Process: Ground Theory

Let us conclude this chapter on the dimensionalization of the construct 'narrative surveys in health sciences' by relating the dimensions developed (see diagram 5 below).

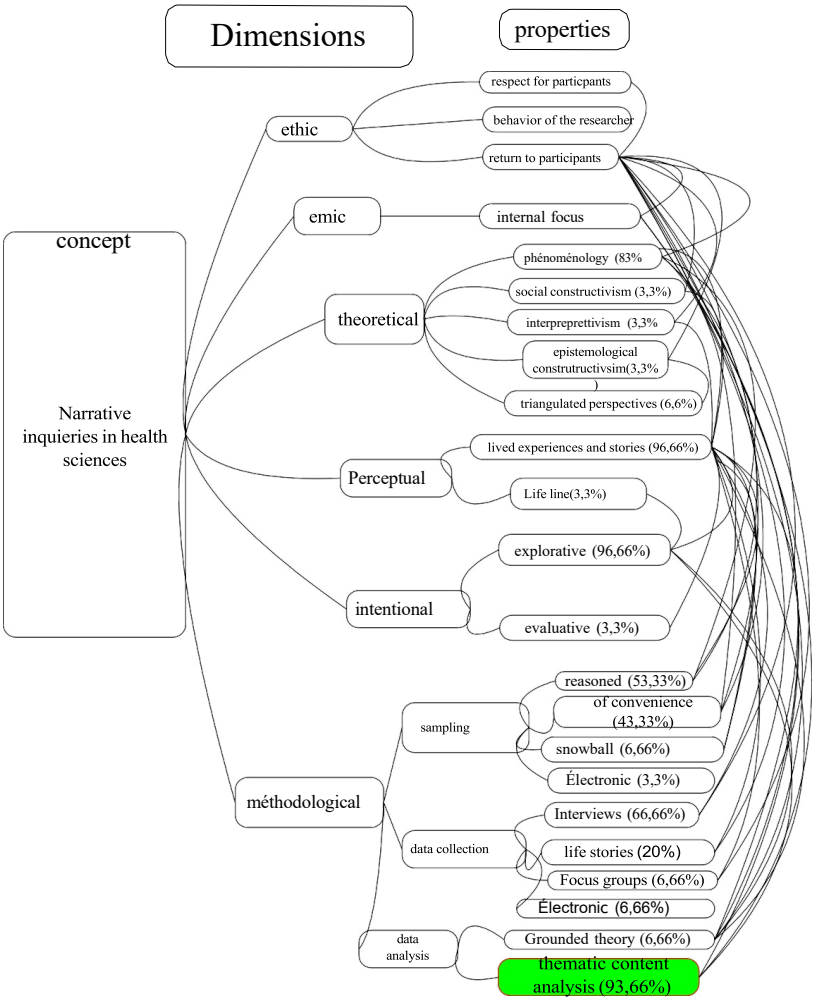

Diagram 5: Visual Representation of the Construct Narrative Inquiries in Health Sciences

Let's say that the intentional causality of returning to the participants is the principle of respect for the participants. Since the qualitative approach in general, and narrative in particular, is based on induction, the researcher is obliged to return to the participants to collect data. This data does not belong to the researcher; it belongs to individuals who have engaged in an exercise of putting their lived experience into words. Since an individual only has a story because they recount their story, the materialization of lived experience (audio verbatim or transcript) allows the analyst to have material from which to characterize new knowledge. Internal focus, or the elaboration of new knowledge from existing knowledge (audio verbatim or transcript highlighting practices, analysis, etc.), demonstrates an emic approach adopted by the analyst, who is concerned not only with the applicability of the study's results but also with the expressive nature of the discoveries that lead them to publish them. Out of respect for methodological tradition, the researcher follows the framework of qualitative research. He develops a framework for a comprehensive semi-structured interview, which will gradually evolve into a comprehensive semi-structured interview guide based on field data. While grasping the content of experience is relatively straightforward, the experiential effects associated with the interrelationships experienced with phenomena prevalent in the individual's social environment remain beyond the scope of attention. The analyst, by eliciting the narration of lived experience, induces in the narrator the functioning of mental states "endowed with experiential or phenomenal qualities". Phenomenology flourishes in the exploration and description of the meaning attributed to a response. Social constructivism focuses on phenomena and examines how they structure and construct social reality. Interpretivism, on the other hand, defends the thesis that individual reality precedes social reality. In other words, two individuals who have experienced the earthquake do not recount their experience in the same way. Even when focusing on the shared experience, what the analyst collects are the interactions with the earthquake as an event, and not the earthquake as a phenomenon. This is the thesis of epistemological constructivism, according to which interaction with reality does not imply an exact reflection of reality itself. It emerges from this theoretical diversity that the individual who recounts their story is the analyzing subject (the informant), and the analyst is the analyzing subject (the one who analyzes the recounted story). Hence the research intention, which is primarily exploratory, since the analyst meets with "ordinary participants and questions them about their concrete experience of the social object being studied," as Bertaux states [2]. Purposive sampling is not the only option, especially in a context where the analyst has difficulty identifying witnesses to the experience. In such cases, convenience sampling is used, meaning that the analyst interviews the witnesses they find on-site. It is understood that snowball sampling becomes an alternative, allowing for the identification of additional witnesses from the initial sample. Since the social is caught up in languages and interviews, focus groups or life stories never give us facts but words, the method of analysis aims at the interpretation (thematic content analysis) or the understanding (Ground Theory) of the words of subjects engaged in the exercise of narrating their experience. Ultimately, we can conclude from diagram 5 that ethical considerations (referring to the participants) require the analyst to adopt an ethical stance (internal focus). The theoretical choice (phenomenology) is primarily driven by the researcher's desire to respect the perspective of the individual recounting their story, from which they will develop their own perspective. Given that the individual recounting their story makes lived experiences available to the analyst, the researcher's intention can only incorporate the exploration of a reality previously unintelligible to them. This will also influence methodological choices. Diagram 6 presents the considerations that guide these methodological choices.

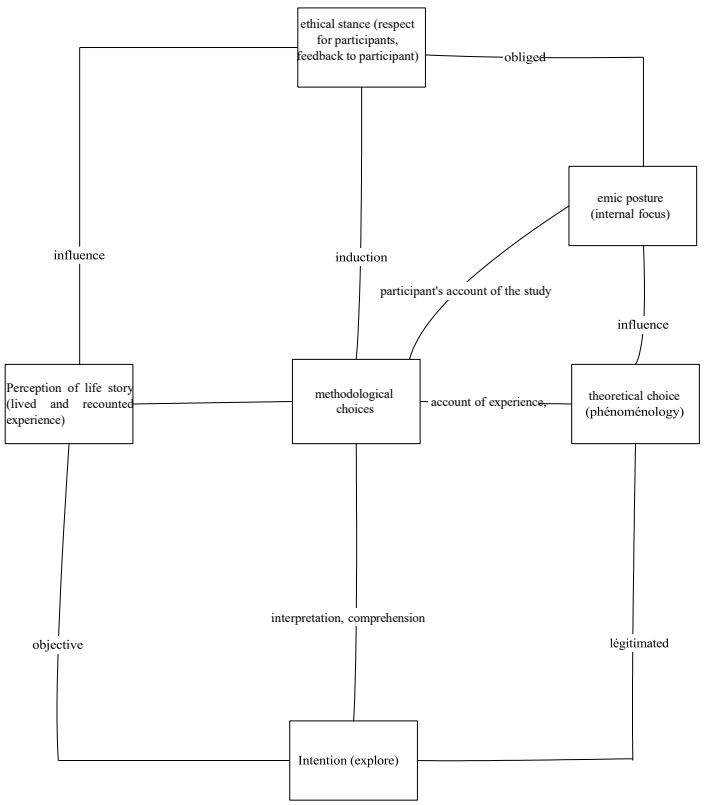

Diagram 6: The Anchors that Guide Theoretical Choices

Methodological choices are influenced by emic, ethical, theoretical, perceptual, and intentional choices and stances, as shown in Diagram 6. These diverse influences serve as methodological anchors that are mutually interwoven. When examining the methodological choices, it becomes apparent that the collection and analysis involve the interpretation (thematic content analysis) and understanding (Ground Theory) of the individual's self-narration experience. This leads us to question whether intentional and theoretical anchors and methodological choices (analytical method) are coherent.

Discussion

The aim of this work was to comprehensively identify the different narrative approaches used by health science researchers in order to highlight the underlying principles guiding their methodological and analytical choices when conducting narrative research. We observed that to move from the recounted experience to the interpretation or understanding of an experiential narrative, researchers employ an iteratively constructed sample, an iterative data collection process, and an iterative analysis process. Focusing on the analysis processes, we observed that researchers used thematic content analysis (found in 28 articles) and Ground Theory (found in approximately 2 articles). We found that ethical, emic, intentional, and theoretical principles guide the researchers' methodological and analytical choices. Based on these identified principles, we will explore avenues for creating coherence. To this end, we will focus on the analytical procedures.

Analytical Methods Used and their Depth

In the humanities and social sciences, and specifically in qualitative sociology, which incorporates the narrative approach, thematic analysis is used when the researcher does not want to gain depth [3]. The aim of thematic analysis, or thematic content analysis, is not to understand but rather to interpret content [30]. The researcher constructs knowledge by calculating the frequencies or co-occurrences of the terms used. The individual who recounts their story provides the analyst with a lived experience that can only be understood by ordering the narrative fragments that constitute the story. Focusing on the content, as the researchers of the selected articles do, means focusing on words or fragments of words grouped into thematic classes. In other words, only certain isolated elements of the texts are considered. But to interpret, one must first understand. This is something that thematic content analysis does not allow: "unlike linguistics, content analysis in social sciences does not aim to understand the functioning of language as such" [30]. This creates an inconsistency between the researcher's intention, which is to explore to understand, and the use of thematic content analysis. Ground Theory, compared to thematic content analysis, allows the analyst to develop an explanatory theory of the experiential life of the individual recounting their story. However, the analysts stopped at the categorization phase. This is not far removed from the work of thematization, since the researcher is "in possession of sufficient 'results' to produce a rich and detailed account of the phenomenon in question, for example, in the form of a typology or a thematized description," according to Paillé. Yet, to gain knowledge from the story told, one must reach the stage of theorization. This is what the authors did not do. Ultimately, if thematic content analysis is not the appropriate method for analyzing experiential experience, Ground Theory is not an alternative either, since it does not consider the structure of the story being told.

A Structural Incoherence in the Choice of Analytical Methods

We begin with the premise that an individual has a history because they recount a part of their life. The narrative, as the materialization of the story told, reveals an intense biographical process undertaken by the narrator and objectified by a ordered arrangement of narrative fragments. A narrative fragment is akin to an episode from which we observe that a triggering or disruptive element (S) generates actions (A). However, between the triggering of the disruption and the individual's reaction to the life-altering element, there are discourses that allow the analyst to ascertain the degree of disruption, and whose justifications (P) for acting illuminate the individual's reaction (*Ibid.*). Here we find ourselves within a structuralist perspective of narrative, which requires considering, during the analysis, the relationships between SPA (Social, Explicit, and Explicit) designations to create meaning [31-33]. In the dialectic between the practice of narrating lived experience and the processes of characterizing experiential knowledge, the designation S corresponds to the situations that trigger learning, the designation P to justifying explanations of the situation as a social phenomenon, and A to the contextualized learning generated from the meaning attributed to the phenomenon. The S allows for a chronological anchoring of events illustrating change over time; the P provides insight into the underlying value conflicts and tensions between competing conceptions in an individual's mind; and A describes the resulting attitudes or actions, reflecting the temporal resolution of conflicts and tensions. Knowledge, therefore, resides in the tension between the three SPA (Strategic Analysis and Planning) designations. Neither thematic analysis nor Ground Theory allows us to achieve this. We must therefore imagine a new method of analysis that takes structure into account [34].

Criticism of this Work

We should have facilitated the work by using thematic analysis. This would have involved identifying the different themes developed in each article. Then, we would have grouped the themes by objective and presented them in a table, like an analytical framework. The third phase would have consisted of synthesizing the themes' specific objective. Despite the relevance of this approach, it would not have been coherent in this study, as it would not have allowed us to achieve the second aspect of our goal: to identify the underlying principles that guide researchers' methodological and analytical choices when conducting narrative investigations in the field of health.

The Difficulties Encountered in this Work

Despite the resurgence of interest in life story research around the 1970s, it remains difficult to find researchers experienced in conducting narrative surveys, whether in the social sciences and humanities or in the health field. Consequently, we conducted remote interviews with European researchers to supplement the number of articles to be analyzed. A second limitation is the availability of librarians, which reduces the time available to develop the article search strategy.

Conclusion

We found the use of thematic content analysis incongruous, as it is not aligned with the approach of a researcher committed to the co-construction of meaning from the knowledge made possible by the life story methodology. We also concluded that grounded theory methodology is not a coherent approach because it does not consider the structural presentation of the story or life narrative. This led us to present structural analysis not only as congruent with the analysis of biographical/narrative data but also as a coherent method for analyzing experiential knowledge for application in health sciences. However, the approach we propose is not exactly the one developed by in their work Analyser les entretiens biographiques. L'exemple des récits d'insertion* (Analyzing Biographical Interviews: The Example of Integration Narratives). The approach we propose emphasizes its distinctive characteristic, which is that of a theorization based on a structural segmentation of the narrative.

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