Phronesis: Beyond the Research Ethics Committee—A Crucial Decision-Making Skill for Health Researchers During Community Research

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Abstract

Health researchers conducting research in the community are often faced with unanticipated ethical issues that arise in the course of their research and that go beyond the scope of ethical approval by the research ethics committee. Eight expert researchers were selected through extreme intensity purposive sampling, because they are representative of unusual manifestations of the phenomenon related to their research in the community. They were selected to take part in a semi-structured focus group discussion on whether practical wisdom (*phronesis*) is used as a decision-making skill to solve unanticipated ethical issues during research in the community. Although the researchers were not familiar with the concept *phronesis*, it became obvious that it formed an integral part of their everyday existence and decision making during intervention research. They could balance research ethics with practical considerations. The capacity of practical wisdom as a crucial decision-making skill should be assimilated into a researcher's everyday reality, and also into the process of mentoring young researchers to become *phronimos*. Researchers should be taught this skill to handle unanticipated ethical issues.

Keywords

phronesis, practical wisdom, ethics, health research, community, participant, researcher

There is an apparent revival in both practice and research in the disciplines of especially education, law, and health with regard to the use of Aristotle's notion of *phronesis*, also referred to as *practical wisdom*, one of the intellectual virtues in the *Nicomachean Ethics.* In this article, the focus is mainly on phronesis as a crucial decision-making skill within the context of health research in the community, as there is still paucity in research in this area. *Community* refers to a multicultural, disadvantaged, and often poor group of people living together in a specific area who mostly have limited health care resources and is research naive. As researchers and the authors of this article, we have often utilized "practical wisdom" as a decision-making skill to solve difficult unanticipated ethical issues with which we were faced while engaging with participants and the community during research. The question, however, is whether other health researchers also share this view and experience; and if so, how phronesis has manifested in their interaction with research participants and the community.

Aristotle refers to five intellectual virtues—*episteme* (scientific knowledge), *nous* (knowledge of first principles), *sophia* (divine knowledge or knowledge of the whole), *techne* (technical knowledge), and phronesis (practical

wisdom; Supernant, 2012). According to Papastephanou (2010), "Phronesis is the ultimate, practical perfection of the other virtues" (p. 591). Wisdom refers to "a state of the human mind characterized by profound understanding and deep insight" (Kirkeby, 2009, p. 92). Phronesis is a lived experience and a skill, rather than a method or science (Flyvbjerg, 2004; Thomas, 2012). It includes an understanding of oneself that is seen as knowing what is best for one's own well-being, while also being free and responsible (Lacey, 2013). It involves a lifelong improvement of oneself by being aware of personal values, a practical ability to assess situations, as well as pragmatic psychological knowledge of the other person (Kirkeby, 2009). It involves judgments and decisions that have to be made (Basu, 2009).

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Supernant (2012) argues that when certain people attain phronesis, it is not because they never make mistakes, but rather because they are consistently able to make thoughtful decisions due to their education, habituation, and position in society. Kinsella and Pitman (2012) use phronesis as *professional knowledge* and grapple with the moral significance of people who have lost their vision of what it means to be a professional. The major premise of phronesis, according to Lacey (2013), is the consideration of what is morally good. It requires doing the right thing at the right time for the right reason (Supernant, 2012). For Aristotle—in his original theory and not applied to research—to become *phronimos*, one had to possess knowledge of what virtuous behavior is, know how to attain a virtuous end, and finally act in such a manner that one will attain these virtuous ends (Supernant, 2012). Kinsella and Pitman explain that phronesis as an intellectual virtue always implies ethics. However, for Aristotle a person is not born ethical: One becomes ethical through practice in interaction with others through the use of deliberation and negotiation. This implies that the process happens within a cultural context of being taught and where learning takes place. People thus learn to become ethical (Nugus, Greenfield, Travaglia, & Braithwaite, 2012). Papastephanou (2010) quotes Aristotle: "Although *able* to think alone, even the wisest individual will be *better* able to think *with* the aid of others" (p. 591). Two questions become evident from this discussion: (1) What does having phronesis involve? and (2) What needs to be in place to achieve phronesis as a decision-making skill? With regard to the second question, Aristotle went on to say that one needs a moral tradition passed down through generations, and a political culture that supports the social conditions for citizens that are "wise." Our current society is troubled by violence, war, and poverty, which might disrupt the social conditions that support citizens to execute their responsibility in a "wise" manner. This also has a potential impact on the researcher living and working in such a society. These conditions do not support the research culture of acting "wisely."

As health researchers who are engaged with communities during research in the community, we are often faced with unanticipated ethical issues because of our involvement with the community in their everyday lives. Our practice in community research is characterized by the absence of certainty (Kinsella & Pitman, 2012). *Community health research* in this context refers to the researcher being fully engaged with and involved in the community where the research is conducted. The nature of the research might imply action research or intervention research that requires true engagement in practical situations. To act in an ethical manner, we would have to know what ethical behavior during health research in the community entails, how to achieve this in our health research practice, and then how to act accordingly. Phronesis as a skill could help health researchers to responsibly negotiate conflicts during these practical

situations, as it is directed toward concrete situations (Basu, 2009). According to Lacey (2013), phronesis involves a person being in the situation. Thomas (2014) furthermore argues that phronesis is not only developed in practice but also comes into play in practice. The application of a phronetic approach to interact with participants and the community allows researchers to refine and optimize their approach over time. The researchers develop the capacity to learn, adjust, and improve while engaging with the community during research (Thomas, 2012). Phronesis could be an important decision-making skill to ensure responsible ethical research conduct.

As researchers, we should be open to continuous debate and dialogue with the community with which we are engaged, after having entered the community or having been invited to be in their midst. Flaming (2001) presents phronesis in the context of deliberation and moral action as introduced by Aristotle. It requires that the context of a situation must first be considered before a person acts. Phronesis has to be an expanded concept that incorporates knowing how to act in relationships beyond only the participant–researcher relationship, and it has implications for the education of young researchers. Van Niekerk and Nortjé (2013) explain *deliberation* as a way to help researchers to act in such a way that they can live with the consequences of their acts. It requires dialogue with the self and others, as well as the ability to move between the guidelines of how to act and the requirements of the practical situation, because the actions prescribed for researchers are not always clear. Phronesis could provide a perspective (moral perception) based on dialogue, which allows a richness of voices of all those involved in the research to be heard. It refers to seeing the moral salient features of a situation, which is something we have to learn and at which we have to improve (Van Niekerk & Nortjé, 2013).

The challenge is then to develop an understanding that becomes a dialectical conversation in which the other person's opinion truly carries weight (Basu, 2009). By using dialogue, we ensure impact and we ensure that the voices of the participants are represented in our research (Thomas, 2012). As researchers, we have to create opportunities during research for dialogue, by not only being focused on the process of obtaining data but also creating time for both researchers and participants to reflect on the research. The deliberation, however, is based on values, concerned with judgment and informed by reflection. It has the qualities of being pragmatic, variable, context dependent, and focused on an action (Kinsella & Pitman, 2012). It requires the researcher to reflect on the research process, which is primarily action or intervention oriented, as well as to reflect on the data of the project (Nugus et al., 2012). In ethics reviews, it is easy to reflect on recruitment and on informed consent by the participants, which are the focus of regulations, but much less so to reflect on the skills required to activate debate in the community. The community should

have the choice to continue the dialogue or to withdraw from further conversation. It is thus easy to include the procedural elements, but the fluid elements are difficult to pin down beforehand (Thomas, 2012), due to the nature of community dialogue. This might differ for different dialogues, for example, dialogue with an individual, dialogue with traditional leaders, or dialogue with the community as a whole. A researcher should be truly open to hear the voices of these various community members.

As mentioned earlier, phronesis is related to action—to that which can be done (Kirkeby, 2009). Phronetic actions, according to Joseph Dunn, "can't exist without both intellectual and moral conditions of the mind" (Kinsella & Pitman, 2012, p. 5). The best course of action must be guided by norms linked with values, with the latter being the focus that leads the researcher toward the right goal (Kirkeby, 2009). As researchers, we thus have norms and rules that we have to interpret and apply in the practical situations of everyday health research in the community. In adhering to the principle of justice, a person has to be able to first analyze and understand the situation in terms of justice/injustice, and then deliberate the action that best realizes the conception of justice from the available alternatives (Papastephanou, 2010). The person takes responsibility for who he is and how he interacts with others by being truthful in his situation and by acting accordingly (Lacey, 2013). Van Niekerk and Nortjé (2013) refer to phronesis within a larger *ethics of responsibility* (ER). They use ER as an ethics of fallibility. In the case of research in the community, the researcher quite often needs to make an instant decision to move forward, because failure to make that decision can have consequences. However, the researcher has to know that he or she is fallible and must face the reality of making a mistake. One would have acted ethically responsibly as long as one had performed one's reasoning process with due diligence. Phronesis as a skill, which the researcher develops, is regarded as the most important way of achieving this ethical responsibility.

The Aristotelian notion of phronesis is more concerned with practical knowledge, with judgment added into the process (Thomas, 2014). The ability to judge is necessitated when reason is limited or when relevant information is lacking (Kirkeby, 2009). This judgment is based on experience and a practical instinct for the course of events, while anticipating the future by remembering the past to judge the present correctly (Basu, 2009). Flyvbjerg (2004) presents a more pragmatist position to phronetic research by building on the constructs of practical wisdom, practical judgment, and common sense in everyday situations. Phronetic researchers will expose themselves to the reactions of their surroundings and will derive benefits from the learning. It involves doing what is practical and is thus oriented toward action, without assuming to know another person's understanding of reality (Flaming, 2001; Flyvbjerg, 2004).

McAreavey and Das (2013) also focus on phronesis as a solution to the pragmatic ethical issues that researchers have to face while in the field. The researchers have to learn to judge the situation and mindfully respond to it. Researchers will be guided in their critical-ethical decision making by the details of the research site and circumstances of the participants involved, rather than by the one-off bureaucratic approach of the ethics committee during the research ethics review. The research ethics committee (REC) does not always understand the moral decisions that researchers have to make while in the field and faced with unanticipated ethical issues. Establishing trust, understanding the scope of harm or benefit to a community, and engaging in a critical manner are the aspects that make the conduct of research ethical. Phronesis as a critical decision-making skill, then becomes a tool for the ethical researcher who has to be able to negotiate, to evaluate, and to act immediately, "balancing research ethics with practical considerations." The process has to be one of a profound understanding and deep insight—built on values of the researcher, the ability to assess and ensure a knowledge of the other person, judgment, thoughtful decision, critical reflection, dialogue, and negotiation.

Problem Statement

In this article, we introduce phronesis as a crucial decision-making skill for health researchers during research in the community to handle the *unanticipated ethical issues* that often arise in the course of their research, and that go beyond the ethics approval by the REC. Health researchers and others conducting their research in the community are often faced with unanticipated pragmatic ethical issues that could not have been predicted prior to them entering and engaging with a community. In the case of health research, the dynamics can be complex due to the additional context of health and research. RECs are often ignorant of the detailed and difficult processes required by health researchers working in the community, such as gaining entry and then fully engaging with the community. RECs expect the researchers to give a detailed description—prior to conducting the research—of possible ethical issues and precautions that will be followed if these issues arise. They expect the researchers to follow these directives in a diligent manner during the research process. Even researchers themselves may be unaware of all the underlying ethical issues they could be facing during health research. Practical wisdom as a learnt crucial decision-making skill could enable the researcher to handle these unanticipated ethical issues in a pragmatic and ethical manner.

The research questions that emanated from the literature overview and problem statement ask the following:

Research Question 1: Do health researchers consider practical wisdom to play an important role in their

decision-making skills when conducting research in the community?

Research Question 2: How has practical wisdom been manifested in researcher action and experience?

Research Objectives

The elected objective for this research is to explore, interpret, and describe researchers' perceptions of the use of practical wisdom as a crucial decision-making skill to solve unanticipated ethical issues during health research in the community.

Research Methodology

The qualitative interpretive description approach of Thorne (2004) has been implemented.

Sample

We sampled all health researchers in the Faculty of Health Sciences at all three campuses of a selected university in the North West Province of South Africa through extreme intensity purposive sampling. Stringent inclusion criteria were set to ensure that the correct expert participants were included. The inclusion criteria set for the participants were being a researcher in the Faculty of Health Sciences, a minimum of a master's degree, a minimum of 2 years experience in action or intervention research in the community and most likely to be faced with unanticipated ethical issues while conducting their research, not being in a work-related subordinate position to the researchers conducting the research, willingness to participate in the research and to have the planned focus groups digitally recorded, and an ability to communicate and express themselves freely. Participants were recruited by posting an advertisement on the internal electronic communication system of the Faculty of Health Sciences. Only 11 health researchers qualified to be part of the study, as the inclusion criteria only made provision for researchers who were truly experts in the field of action or intervention health research in the community (Botma, Greeff, Mulaudzi, & Wright, 2010). Within-group saturation was used as a principle, as all available experts were present. Initially two focus groups were planned, due to the depth of the discussion that was needed in the focus groups, and because a group of 11 members would have been too big for that purpose. Only one focus group was eventually formed, however, because only eight of the 11 identified participants were available at the time that was allocated for data gathering.

Data Collection

Ethics approval was obtained from the Health Research Ethics Committees before data collection commenced. The questions for the interview schedule were reviewed by both researchers in the team, as well as other independent experts in focus group management and health research in the community. However, the South African–based researcher conducted the focus group. She is an established and recognized researcher who worked in one of the research units of the faculty, is skilled in conducting focus groups, and offers research and ethics consultation, training, and support to colleagues in the faculty. There was an existing relationship of several years with most of the other researchers. Once contact was established, a suitable time to accommodate all participants was negotiated and arrangements were made for a venue that was not too close to their offices, to ensure privacy and to ensure that no interruptions would take place. Informed consent documentation and a practical introduction to Aristotle's phronesis were sent to all participants via email, to establish whether the participants had any questions they wanted answered by the researcher beforehand. They were informed that only external confidentiality could be provided due to the nature of focus group discussions. Before the onset of the focus group, written informed consent was obtained by an independent person and light refreshments were served. Permission was also obtained for the digital recording of the focus group.

The following open-ended questions were used to guide the focus group:

- What is your understanding of practical wisdom?
- With which ethical issues have you been faced during health research in the community that you could not have predicted during your ethical application to the REC?
- What was your response to these issues?
- What sort of considerations affected your decision making at those times?
- How do you think your practical wisdom as an experienced health researcher helped you to handle these unanticipated ethical issues you have encountered during your community research?
- What are your views on using your own practical wisdom to solve ethical issues during community research?
- What are your views on the importance of your own practical wisdom to solve ethical issues during research in the community?
- To what extent does practical wisdom play a role in your decision making as a health researcher conducting research in a community?

The group was conducted on one of the campuses of the selected university, with participants from the other campuses traveling for the group. Group rules were set at the onset of the group and the group was asked not to communicate discussions in the group to anyone outside the focus

group discussion, and also to monitor what they say in the group, to ensure some form of confidentiality. Communication and group facilitation techniques were used to facilitate the focus groups. The group lasted for 2½ hr. A research assistant provided support and took notes during the group. Rich quality data were obtained through the active discussions in the group, and it was also ensured that the focus group discussion continued until no new relevant data emerged and saturation was achieved (Cresswell, 2009).

Data Analysis

The digitally recorded focus group was transcribed by a research assistant involved in the research, who signed a letter of confidentiality. The coding system described by Tesch (in Cresswell, 2009) was used as an initial step to link data that were thematically related, but the researchers further made sense of the relationships between the various groupings, so as to form a more coherent whole (Thorne, 2008). A co-coder was used for intercoder reliability.

Credibility of the Study

The credibility criteria set out by Thorne (2008) were adhered to and qualitative research credibility was ensured: *epistemological integrity, representative credibility, analytic logic*, and *interpretive authority*. Epistemological integrity is evident in the defensible line of reasoning throughout the article, from the research question to the interpretation of the data. Thorough planning went into selecting the sampling technique, as well as the manner in which the participants were selected. Representative credibility is visible in the consistency between the theoretical claims and the phenomenon that was sampled. The researcher had prolonged engagement, and knowledge is reflected beyond a single perception. The evidence of analytic logic is apparent throughout the article by its dense description of the research methodology and results, as well as the possibility of generating an audit trial. Interpretive authority is reflected in the provision of sufficient information and in a description of how bias was avoided. Both researchers are seasoned researchers and have authority in their disciplines. Intercoder reliability was reached during the data analysis process.

Ethical Considerations

Respect for participants was ensured through anonymity and confidentiality. As indicated, only partial anonymity and external confidentiality could be provided, due to the nature of a focus group. The signed informed consent at the onset of the research and group rules, however, reduced the risks to participants. Confidentiality was ensured by changing identifying data during transcription and deleting the

digital recording once it was transcribed, so that no information could be traced to a specific participant. Any possible deductive disclosure was prevented during analysis and reporting of data. Only the researchers and the person making the transcription had access to the data. Data will be kept safe and secure for a period of 5 years by keeping hard copies in locked cupboards in the South African researcher's office and by password-protecting the electronic data. Justice was ensured by treating participants fairly, as indicated earlier in the description of the manner in which they were recruited and contacted. No participant who was in a work-related subordinate position to the researcher was included. Participants had access to the researcher to ask any questions or to lodge complaints, and they were informed that their participation was voluntary and that they could withdraw at any stage. The research topic was also of such a nature that no colleagues could be disadvantaged by participation. Any possible self-incrimination by sharing problematic research in which participants might have been involved was managed through safe-group facilitation techniques (e.g., focusing and re-focusing of group discussions). Privacy was protected by conducting the focus group in a venue away from participants' offices.

The direct benefits for the participants included the opportunity to share their views with other researchers, gaining a deeper understanding of other researchers' perceptions of this topic, and the larger indirect benefit to the research community in gaining a better understanding of the use of phronesis as a decision-making skill during research in the community. The risks in this study were minimal because the topic was intellectual in nature. The risks mainly related to the partial loss of anonymity due to the focus group, initial feelings of discomfort to talk in front of others, or feeling that their contribution was less than that of others. No one had a problematic relationship with any other group member and no power relationship existed with the researcher that could create feelings of unease. The expertise of the researcher in group facilitation minimized the risk that participants could experience discomfort or that difficult situations could arise. The benefits outweighed the risks. Participants who had to travel far were compensated for their travel expenses, but there was no further remuneration for participation.

Results of the Study

The results reflect the findings of the eight expert health researchers on the three campuses as participants who qualified for the extreme intensity purposive sample and who were able to join the focus group discussion. Three participants could not join the discussion as they were overseas at the time of data gathering. The discussion during the focus group had depth and richness, and consensus confirmed saturation of findings within the group. Phronesis
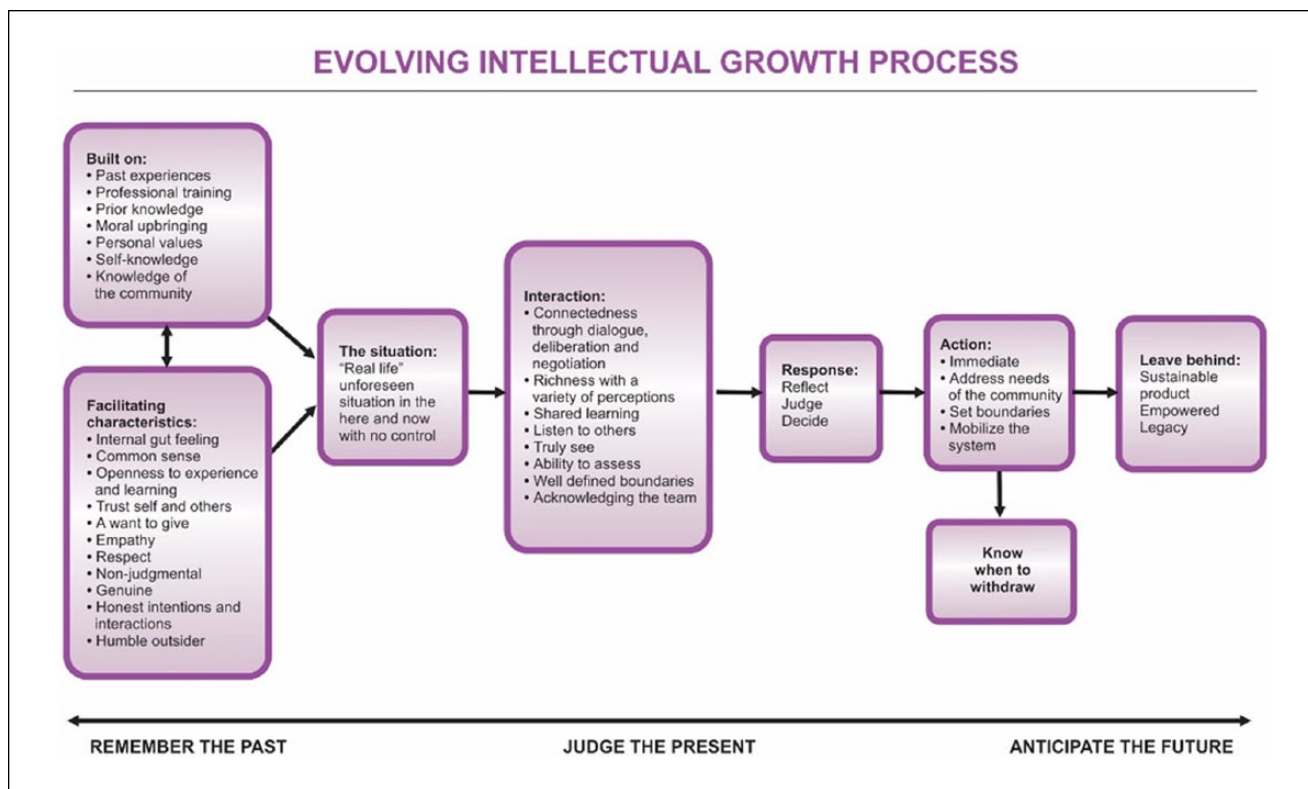
Figure 1. Phronesis as crucial decision-making skill to handle uncertainties during research in the community.

as a crucial decision-making skill to handle unanticipated ethical issues during health research in the community was unanimously stated, discussed, and agreed upon by the group, as well as its importance as an integral part of a researcher's everyday existence. From what the participants said, it was clear that they were, in Aristotle's term, phronimos and, thus, possessed phronesis as a crucial decision-making skill.

Nine themes that were applicable to phronesis emerged during the focus group discussion. Figure 1 gives a summative outlay of the findings and shows that phronesis is a crucial decision-making skill, which seasoned health researchers have developed to handle the ethical uncertainties in their everyday research practice in the community. Some of the findings will be enriched by direct verbatim quotes. The figure is a visual presentation and needs further development, validation, and evaluation before it can be presented as a decision-making process.

Participants' Understanding and Context Description of Phronesis

The findings indicate that phronesis is seen as an evolving intellectual growth process, where the intellect and affect of the researcher must first connect and then be followed by practical wisdom: " . . . training the brain, but connecting

the heart and starting to think wisely." Practical wisdom was described as a "total package" including several aspects that were specifically context related. They explained that some people are "more inclined to being ethical but not all people have practical wisdom," indicating that not all researchers have developed the skill. The participants further pointed out that practical wisdom is not related to the age of the researcher, but that older, more seasoned researchers nevertheless have a responsibility to act as a role model and mentor for students and younger researchers in the process of developing practical wisdom.

What Phronesis Is Built on

Phronesis was described as a specific skill, which participants can acquire through their past experiences, professional training, prior knowledge, moral upbringing, personal values, self-knowledge, as well as knowledge of the community. The participants indicated that it was practical wisdom that saves the researchers in difficult situations, because they can base the situation on past experiences and prior knowledge. They linked practical wisdom to professional wisdom.

According to them, one's upbringing plays an important role in forming one's moral conduct. They indicate that one's moral conduct is embedded in the researcher's own

value system and backed by their personal and religious beliefs. Researchers have to be able to think on their feet and base their decisions on these learnt morals and values. Although they are in touch with their own values, it is also extremely important to always consider the cultural norms and values of the community.

Self-knowledge was described as important, and they emphasized the importance of being aware of "all your weaknesses." Researchers have to become aware of how to use the inner self (" . . . it's also about my internal physic . . . ") and their personality, as practical wisdom was seen as an inherent part of the self.

Facilitating Characteristics

The participants identified several facilitating characteristics that researchers must possess to apply practical wisdom. They mentioned using their "inner gut feeling," while realizing that there could be many perspectives, "influenced by your past experiences." As reality is very different from theory when doing research in the community, "common sense rather than book knowledge" is important in the community. The "common sense" they referred to is the result of a cultural knowledge that is understood in a specific culture as the rules by which that community lives and explains things.

Researchers have to be open to learn: "I very quickly learned that my practical wisdom is not even close to what it's supposed to be." Researchers have to realize that their own understanding of a situation is unique and that it differs from others because there are many perspectives. They mentioned that researchers have to be open to the experience, and at the same time guard against being influenced. Researchers have to trust themselves that they can change.

The participants felt strongly that researchers have to want to give more to others than they want to receive, and that they always have to be honest about their intentions. Honesty among researchers was also considered as important. Being respectful, non-judgmental, accepting of community differences, as well as having the ability to read the community, were mentioned as enablers of phronesis.

The participants discussed the importance of the researcher's ability to adapt to the community, and to be calm, while also being able to show enthusiasm. Respect for the values of the community, empathy, and sincerity were emphasized as important when interacting with the community during research. It was pointed out that the interaction will be facilitated by a humble attitude when approaching the community: "Be humble as an outsider and honest in your interactions with them."

The Situation

Participants described being in the community as a "real life" learning process where researchers are confronted by the unforeseen in the here and now: ". . . confront you in the here and now and you cannot postpone . . . " They spoke of the community as an area of "no control" that could be extremely challenging, as the researcher enters the world of the participant as "a guest." Researchers have to accept this limited control and realize that the only thing they can control is the self. However, researchers also bring richness to the situation.

The Interaction

It was pointed out how important it is for researchers to deliberate, negotiate, and be in dialogue with the community. They reported that it was challenging to ensure that the needs that were addressed by the researcher are truly those of the community. The participants referred to this as "think and re-think before you act." Researchers have to be aware of the connection they create: "It's about that connection in the moment when you have the wisdom to decide . . . " Researchers need to be responsible with the interventions they are implementing and to first consider the possible consequences of their actions: "Good intentions can destroy people or situations."

Ethical conduct is a lifelong learning process where the researchers learn many lessons from the community: "I learnt my best lessons sometimes from people in the community." They experience that their practical wisdom is constantly confirmed by being among other people: " . . . what you are with other people." The ability to truly hear the wisdom communicated by the community is as important as the ability to see the research participant for who he is: " . . . being so open to groups . . . to listen to the wisdom of groups"; "See your participant for who they are."

The participants remarked that researchers need to realize that not all their actions might work, but that they then need to assess why it did not work. They referred to the ability of researchers to know how to set boundaries: " . . . putting boundaries in not trying to do things myself to change circumstances." However, they have to go beyond set boundaries, while retaining well-defined boundaries for action.

The focus, according to the participants, is always on involving various people in the community in interaction, while acknowledging the participant as well as the community and their differences. They report that researchers must continuously be aware that they are not in a superior position and that they have to respect the rights and uniqueness of their research participants. Building trust and enhancing and maintaining relationships with the community are always important to them during community research.

By working as a team, researchers can build on their strengths. They mentioned that researchers need to acknowledge their own knowledge limitations and that they must recruit other team members with different skills, who might be able to do certain things more effectively.

The Response

Participants stressed the importance of reflection to earnestly think about what is happening while the researchers are in a community: ". . . so we sit back and say, okay maybe this could've been a very big mistake, but we then reflect on the process and our behavior . . . " They specifically need to reflect on their own mistakes and must reflect on "what defines the decision as wise or not," and then stand by it or confront it.

Researchers also have to judge the situation and take a stance. They have to realize their own fallibility and not be afraid to learn from it, and they must know that they can sometimes choose inappropriate responses: "I don't believe that in practical wisdom there's wrong and right; maybe 'inappropriate' . . . " Researchers have to be able to put themselves in a situation that is different from situations with which they are familiar, and they cannot prepare for or predict what will happen or how they will have to use their previous experiences: "How you judge to handle a situation influences the whole interaction." They felt that researchers have to take ownership for what they do, and that researchers have to have the ability to judge the situation, but never the person involved: "So I judge what you (the participant) say. I don't necessarily break it down." Researchers have to judge their own behavior as well.

Action

The participants interpreted phronesis as "action in interactions." They observed that researchers have to know when and how to act during unanticipated ethical issues, as well as whether to act or not to act. If researchers have to act during unanticipated ethical issues, they have to do so immediately, usually without the choice to postpone, making decisions based on their ability to assess a situation. However, researchers also have to be aware that they are not able to solve all the problems with which they are faced, and that they have to know how to mobilize the existing system or to back off: "You have to act in good faith after having judged the situation and believing that you have taken the best possible decision"; " . . . know when to back off and just get out of the situation." They indicated that they sometimes had to act against their true nature to accommodate the situation. The participants felt strongly that researchers should never decide anything on behalf of the community.

What to Leave Behind

Participants emphasized the importance of not creating expectations that cannot be fulfilled: "Be honest about what you can do and what you cannot do . . . " In their view, researchers need to empower the community to continue after the researchers had left, by creating sustainable solutions and leaving something meaningful behind: "It's to leave something of your own wisdom behind and empower them."

Discussion

Widespread efforts have been made to include the concept phronesis in discussions of practical decisions in health research. Although the health researchers in this study were not all familiar with the concept phronesis, they could identify with it and they definitely experienced that practical wisdom was a skill that played an important role in their everyday research activities in the community, in terms of helping them to solve unanticipated ethical issues in a pragmatic manner. Practical wisdom manifested as a decision-making skill in their everyday, real-life existence as health researchers. If they were skilled in the use of phronesis, it was not something they normally had to think about: Instead, it was part of their everyday existence and permeated their interactions with participants and the community. To the researchers, practical wisdom became a "living reality" and a habit over time. It was reflected in the way they viewed life and reality during research in the community and in their thoughts and perception of good research. The acquisition of practical wisdom is not something that can be accomplished by following particular principles, techniques, or recipes; but it is an intellectual growth process that evolves over time.

These researchers, however, gave a new context to Aristotle's meaning of phronesis as wisdom in a somewhat militarized ancient Greek context, by applying it to health research conducted in a community context with a greater focus on the "other." Yet, some of Aristotle's core principles and ideas are universal and remained unchanged, and are still useful in today's context, as is evident in the literature that was cited earlier. A comparison between the relevant literature and the findings of this study indicates that phronesis manifests in the health research context of solving unanticipated ethical issues. The Aristotelian concept of a wise man seeing the right way, takes on a stronger meaning in the way the researchers in questions apply it, as it implies an openness toward the community and toward learning from the community and learning to adapt to the needs of the community. The health researchers described how these competencies manifest in health research, and they added additional meanings by including considerations of empowerment, social justice, and respect. In this way, they modified Aristotle's original conception of practical wisdom. Although interpreted as expansions of moral commitments, it could also be interpreted as evidence of other sources of moral commitments, such as communitarian principles or political commitments to respect for diversity. The concept judge took on a notion of discernment that reflected a

greater sensitivity toward the community. A better understanding of those decisions can be achieved by attributing researchers' considered practical judgments to their accumulated practical wisdom. The researchers in this study went beyond the typical Aristotelian conception of the virtues that are involved in phronesis, by also incorporating contemporary concerns about empowering other stakeholders in the research enterprise and leaving something of value behind for the future.

Becoming phronimos—a person with practical wisdom—was perceived as a dynamic evolving process, which involved the accumulation and assimilation of experiences over time, as well as an openness to learn from the community or from new situations with which they were confronted. Phronesis was seen to help them manage difficult situations in the course of conducting their research in situations where they had little control, except for the control they had over themselves.

It was not something they needed to think about. They knew what facilitated their ability to be phronimos: being in touch with their own fallibilities; being able to connect with others through dialogue, deliberation, and negotiation; a capacity to genuinely listen to what is being said; and to engage in a critical and reflective manner of thinking. These capacities underlay the formation of reasonable and context-sensitive decisions about whether to act or not, and how to act. They did not view this as mere information, but truly assimilated it into their everyday reality. The sources of practical wisdom are embedded in their practice and tradition. They felt strongly that research should never be done for its own sake, and that mentoring young researchers to become phronimos was an obligation on their part. Practical wisdom was a decision-making skill that helped them to balance research ethics with practical considerations.

Best Practices

The emphasis on the vital component of the implementation of practical wisdom in health research in a community during action or intervention research when faced with unanticipated ethical issues is the ability to take into account the multitude of possible perspectives, the cultivation of an attitude of humility and provisionality in the research field, and the importance of not imposing one's own idiosyncratic judgment on a community.

Research Agenda

Phronesis as a means of assisting ethical deliberation in the research field could also be problematic, for instance, if it relies too heavily upon the subjectivity of the researcher— the "internal gut feeling" as a facilitating characteristic—or if it is built upon the past experiences, personal values, and moral upbringing of the researcher. It could be meaningful to do a next level of critical analysis to probe below the practice of phronesis, to the substantive moral lessons that these researchers' practical wisdom suggests about meeting challenges of unanticipated issues in community.

The diversion from the traditional account of phronesis to bring in other considerations, like respect for the community, could be investigated in further research, using another research design. Follow-up research could involve asking researchers open-ended questions about their practices and patterns of reasoning in the face of unanticipated issues, and then looking for the signs of phronesis in their untutored responses.

Educational Implications

The results would be extremely useful as a supplement to general/traditional research ethics and REC guidelines to assist researchers to highlight and implement the additional practical wisdom required to address unanticipated ethical issues during health research in a community.

Lessons emerge that could be useful to other, less experienced researchers—such as the importance of equanimity, transparency, honesty, and humility. Experienced researchers could integrate the lessons of their lived experience with the training of young researchers or with the review of research proposals.

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