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How to ... be reflexive when conducting qualitative research

Barrett, Aileen

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- 1 How to ... be reflexive when doing qualitative research
- 2 Aileen Barrett¹, Anu Kajamaa², Jenny Johnston³
- 3
- 4 ¹Irish College of General Practitioners, Dublin, Ireland
- 5 ² Faculty of Educational Sciences, University of Helsinki, Finland
- 6 ³ Centre for Medical Education, Queen's University, Belfast, UK
- 7
- 8 Corresponding author
- 9 Aileen Barrett, Irish College of General Practitioners, 4-5 Lincoln Place, Dublin 2
- 10 <u>aileen.barrett@icgp.ie</u>
- 11

1 Summary

2	Reflexivity can be a complex concept to grasp when entering the world of qualitative research. In
3	this paper, we aim to encourage new qualitative researchers to become reflexive as they develop
4	their critical research skills, differentiating between the familiar concept of reflection and reflective
5	practice and that of reflexivity. While reflection is, to all intents and purposes, a goal-oriented action
6	with the aim of improving practice, reflexivity is a continual process of engaging with and articulating
7	the place of the researcher and the context of the research. It also involves challenging and
8	articulating social and cultural influences and dynamics that affect that context. As a hallmark of high
9	quality qualitative research, reflexivity is not only an individual process, but one that needs to be
10	considered a collective process within a research team and communicated throughout the research
11	process. In keeping with our previous papers in this series, we have illustrated the theoretical
12	concept of reflexivity using practical examples of published research
13	
14	

15As a group of researchers, clinicians and academics, we are drawn together to support and16further the development of qualitative research in medical and health professions education.17Bringing together our diverse disciplinary backgrounds, research experiences and positions,18in writing a series of 'How to....'papers for The Clinical Teacher, we hope to support19qualitative researchers, students and teachers. We have challenged ourselves to collaborate20not solely on areas of common interest, but to explore issues in qualitative research that21allow us also to learn from each other.

22

23 Introduction

This reflexive statement above describes where we are positioned as authors of this series of 'how
to...' papers. Being reflexive is, from our perspective, first and foremost, a critical process for
enhancing the quality of qualitative research and clinical practice. It enhances the trustworthiness of

1 the study and is considered one of five quality criteria for publishing including credibility,

2 dependability, transferability and confirmability [1]. In this paper, we will explore the concepts of

3 reflection and reflexivity and focus on how you as a researcher and a clinician, can examine your

4 research process and consider the impact of reflexivity on the quality of your research and practice.

5

6 Reflection or reflexivity?

7 **Reflection** is a common concept in educational literature, organizational learning and change and in 8 healthcare. John Dewey, an American educational reformer, defined reflection as "active, persistent 9 and careful consideration of any belief or supposed form of knowledge in the light of the grounds 10 that support it, and the further conclusions to which it tends" [2]. Through reflection practitioners are facilitated to rethink their tacit understandings around the repetitive experiences of a practice and 11 12 can make new sense of situations, which in turn may allow them to gain new experience [3]. 13 Schön's [3,4] three levels of action and reflection are familiar to healthcare professionals: 14 Knowing-in-action represents the intuitively acting practitioner 15 Reflecting-in-action is a change process of practising (doing) and reflecting upon it whilst doing 16 Reflection-on-action is a retrospective process; we stand outside our practice and review it for 17 strengths and areas for development 18 Conscious, collective reflection is a necessary part of development and learning at work [5], and can 19 be seen as part of the co-construction and re-construction of work [6] both in clinical workplaces and

in research contexts. It is worth emphasizing that reflection is always considered in relation to the

21 context in which work takes place [6,7].

22

20

1	Reflexivity, however, is an ongoing process that involves reflection to continuously construct (and
2	shift) our understandings and social realities as we interact with others and talk about experience
3	[8]. Reflexivity challenges the status quo through this continuous process of questioning, examining,
4	accepting and articulating our attitudes, assumptions, perspectives and roles [9].
5	The notion of reflection is often used synonymously with the concept of "reflexivity"; however,
6	reflexivity is actually a combination of reflection (and its outcome i.e. a defined action that comes
7	about as a result of that reflection) and recursivity, where we consider those outcomes in context,
8	for example, we consider the setting, those performing the action, how team dynamics shape the
9	outcomes of a research study [6,10].
10	Table 1 below will help you to distinguish between the notions of reflexivity and reflection.
11	Insert Table 1: Reflection vs Reflexivity
12	
13	What should I be reflexive about?
14	Research is always influenced by a number of factors, including those related to the research process
15	as a whole and the researcher's position and influence in this. Explicitly describing this, along with
16	the intended and unintended consequences of these influences and assumptions is the mark of a
17	considered and reflexive approach to the research process. In quantitative research, such influences
18	are sometimes labelled biases; in qualitative research, we welcome them so long as they are

19 reflexively included in the research. Every researcher sets out with an agenda - that is, a research

20 question that needs to be answered. How you choose to go about this and the methods you use are

- 21 to a large extent related how you view knowledge and the world. Do you feel that research is
- 22 needed to find the 'truth' of a situation, in which there is one reality (positivism) or can you live
- 23 within a grey area in which reality is relative to the experiences of a group of people? In the latter,

social constructivism acknowledges that knowledge is 'constructed' differently within different
 cultural and historical contexts. [11]

3 Position refers to the researcher's position relative to the research participants or the research 4 context. [12] For example, if you are a general practice trainee (registrar/resident) exploring GP 5 trainees' perspectives on a phenomenon, and this is something you have experienced yourself, you 6 would be considered an 'insider researcher'. However, as a GP trainee exploring qualified GPs' 7 perspectives on the same phenomenon you are an 'outsider' researcher, but with a deeper 8 understanding of the context in which the phenomenon is experienced than, for example, a non-9 medical researcher. This insider position can be a real strength as profound understanding of a 10 particular phenomenon and the context in which it occurs can be an advantage in connecting the 11 theoretical and the empirical parts of the study. The participants of a research group and clinicians 12 may also have different positions. In qualitative research, we recognise and welcome this multiplicity 13 of voices, and often work hard to help them to be heard in our research.

14 It is also important to reflect on why you've chosen a particular research question, theoretical lens 15 and its associated methods. Do you have a certain view on this topic based on your academic 16 training? As a ground rule, our underlying assumptions should always to be explicated to the reader, 17 as part of making our position clear. If we are using a particular theory (see our previous paper on 18 how to get started with theory in education research [13]) then we need to introduce this in simple 19 terms. Different lenses and positions will give a different set of data, different analytic procedures, 20 and different interpretations of results. Additionally, the reader will add another layer of 21 interpretation; publishing the 'final product' is really just the start of another conversation. This is 22 one important reason why patient and public participation (PPI) is equally as important in medical 23 education as it in in clinical research.

Reflexivity is essential because our own position might not always be clear to us and because we are
sometimes unaware of our own prejudices and relationship with our cultural contexts and settings.

5

[9] Thus, being continually reflexive and challenging ourselves to understand and make clear our
 own underlying perspectives is an important part of rigour in qualitative research. Ramani et al [14]
 have produced a helpful infographic that illustrates the key points at which researchers make
 choices while conducting a study and how to ensure that researchers consider the influences in
 those decisions.

We have included two references demonstrating reflexive writing [15,16]. In the first paper [15]the
lead author details her position as an 'insider researcher' while exploring the workplace-based
assessment experiences of medical trainees. In this case her job involved implementing new WBA
tools across a postgraduate training body; her research interest centred around the effect of these
initiatives on the trainees' learning trajectory.

11 In writing reflexively, it is important to keep a reflexive research diary, and to meet regularly with 12 team members for reflexive discussion. In the final research report, you may choose to tell the 13 reader the 'story' of your research and the positionality of the research team. It is also important to 14 tell your reader how interpretations were formed and any reflections, for example, on your field 15 notes, that influenced the write-up and conclusions of your study. The second paper [16] provides 16 an example of reflexivity woven throughout the research process; the methodological choices are 17 reasoned and prior to the study, the lead author considered her own position and presumptions in 18 writing, allowing her to continually refer to that document throughout the entire research and 19 writing process.

20

21 Conclusion

We wish to promote reflexivity as a continual process for enhancing quality in qualitative research.
 Being a reflexive researcher ensures that you carefully consider, and articulate to the reader, your
 choices at each stage of the research process, and that you also consider alternative perspectives

6

- 1 which may be at odds with your own. The hallmark of good research in any paradigm is
- 2 methodological rigour. In the case of qualitative research, we suggest that being reflexive is a
- 3 strength and critical factor in that rigour.
- 4

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References

- 1. Korstjens I, Moser A. Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. Eur J Gen Pract. 2018 2018/01/01;24(1):120-124.
- 2. Dewey J. How we think: A restatement of the relation of reflective thinking to the educative process. Lexington, MA: Heath and Company; 1993.
- 3. Schon D. The Reflective Practitioner: How Professionals Think in Action. New York: Basic Books; 1983.
- 4. Schon D. Educating the Reflective Practitioner: Toward a New Design for Teaching and Learning in the Professions. San Francisco: Jossey-Bass; 1987.
- 5. Reynolds M, Vince R. Organizing Reflection. Ashgate: Aldershot; 2004.
- 6. Schulz K-P, Kajamaa A, Kerosuo H. Creating innovative work practices through reflexive interventions. International Journal of Work Innovation. 2015;1(2):143-160.
- 7. Virkkunen J. Supporting expansive learning through theoretical-genetic reflection in the Change Laboratory. Journal of Organizational Change Management. 2011;24(2):229-243.
- 8. Cunliffe AL. Reflexive Inquiry in Organizational Research: Questions and Possibilities. Human Relations. 2003;56(8):983-1003.
- 9. Verdonk P. When I say ... reflexivity. Medical Education. 2015;49(2):147-148.
- Hibbert P. Reflexivity: recursion and relationality in organizational research processes. Qualitative Research in Organizations and Management: An International Journal. 2010;5(1):47-62.
- 11. Reid A-M, Brown JM, Smith JM Cope AC, Jamieson S. Ethical dilemmas and reflexivity in qualitative research. Perspectives on Medical Education. 2018 April 01;7(2):69-75.
- 12. O'Leary Z. The Essential Guide to Doing Your Research Project. London: Sage Publications, Ltd.; 2010.
- 13. Johnston J, Bennett D, Kajamaa A. How to... get started with theory in education. The Clinical Teacher. 2018;15(4):294-297.
- 14. Ramani S, Könings KD, Mann K, van der Vleuten CPM. A Guide to Reflexivity for Qualitative Researchers in Education. Academic Medicine. 2018;93(8):1257.
- 15. Barrett A, Galvin R, Scherpbier AJJA, Teunissen PW, O'Shaughnessy A, Horgan M. Is the learning value of workplace-based assessment being realised? A qualitative study of trainer and trainee perceptions and experiences. Postgraduate Medical Journal. 2017;93(1097):138-142.
- 16. McLachlan E, King N, Wenger E, Dornan T. Phenomenological analysis of patient experiences of medical student teaching encounters. Medical Education. 2012;46(10):963-973.