

Reflexivity in 'sensitive' qualitative research: unfurling knowledge for nursing

Slide 1: Introduction

This paper presents some of the challenges I have experienced in researching with registered nurse participants, who like me, had cared for a dying family member in palliative care. The research that I am undertaking as a doctoral student in the Graduate School of Nursing, Midwifery and Health at Victoria University of Wellington, was inspired by my curiosity about how other nurses managed the complexities that caring for a dying family member brought to their lives. There is little research on how nurses live within their own families and communities as a nurse, and manage the call to care for others as a family member, friend or neighbour.

Face to face interviews with these nurses made me aware of the participants' vulnerability, and my own, in sharing experiences about loss and bereavement. As the interviews progressed I realized how much I shared the participants' culture as a nurse with similar language, relationships and experiences (Harper, 2003). While shared identities and experiences give qualitative nurse researchers particular skills and insights (Leslie & McAllister, 2002), my relationship to the topic, and with the participants, had to be made explicit in writing up the research. The term reflexivity describes this process of explaining how the researcher's experience has influenced the research.

Key words:

Reflexivity, sensitive research, vulnerability, nursing, research interviews

Slide 2: Sensitive qualitative research

- Sensitivity (McCosker & Gerber, 2001)

Qualitative research requires us to enter the participant's world; to listen to their stories and co-create knowledge with them about the meaning of their experiences. Sensitive research presents particular challenges for the qualitative researcher because it involves topics that are stressful and may cause emotional pain for both the participants and researcher (McCosker & Gerber, 2001) and it is these elements that define it as sensitive.

- Ethical practice

Ethical practice requires attention to strategies that will avoid harm and ensure that the consent that participants give is adequately informed. In research with bereaved participants, or those who have experienced emotional trauma, the risk of harm or discomfort that is anticipated should not exceed that which participants would normally encounter in their daily life (Cabott & Johnson, 2004). While they are registered nurses who have substantial knowledge about emotional self care, I had carefully informed the participants about the distress that exploring reflections about caring for a dying family member might create.

- Challenges

Strategies to manage the potential for harm to the participants, and myself as the researcher were set out in the research ethics application, but I did not fully appreciate what it meant to practice ethically as a researcher until I experienced doing the interviews. I had done interviews for previous studies about learning in clinical practice with nursing students, but I was to find that being a researcher in this study was more complex than I had imagined particularly when the participants became distressed or talked about deeply moving events.

- Counselling

As the research progressed I realized that I was having trouble asking the 'hard to ask' questions in the interviews. Counseling, undertaken as part of the ethics approval for the research, reflected my own words and actions back to me. It allowed me to see how the idea of vulnerability and a desire to avoid harm had preoccupied my thinking about the participants. I was turning the audio-tape off the moment participants became distressed and backing away from exploring sensitive issues.

Slide 3: The study

- Registered nurses as family members & Palliative care context

The participants in the research are six women, aged between 30 and 60 years, who are registered as nurses in New Zealand. Each of them had cared for at least one dying family member with a cancer related illness. All participants were Pakeha women who were born and educated in New Zealand, as were all of those who responded to my advertisements to recruit participants. The absence of other cultural groups in this research is one of its limitations.

- Inspired by own experience

Inspired by Carolyn Ellis' book *Final negotiations* (2005), I had written a thesis for a Masters degree in nursing as a 'narrative of the self'. This thesis explored my husband's illness and death and my journey with him; a journey that was profoundly influenced by my knowledge, skill and experience as a nurse. In this later doctoral study, I wanted to open up a space for other nurses to speak about their reflections on similar experiences and in doing so, unfold knowledge for nursing about the unique challenges of living as a nurse within one's own family and community.

- Theoretical frame: Genealogical ethics - 'the relation to oneself' (Foucault, 1977)

The theoretical framework for the research draws on the later work of the French philosopher Michel Foucault (1977) and his exploration of the relation to the self and others as an ethical project. His genealogical approach asks us to think beyond what is obvious to us in interpreting the world and in doing so, to move beyond the limits of what we have known as the bases for our previously defined selves (Lamb, 1995). People can be thought of as ethical when they are able to reflect on and question what has influenced them to live in the world in particular ways (Foucault, 1997/1980).

Slide 4: Defining reflexivity

Reflexivity involves being able to think critically about the self and others, with a robust and open curiosity about how we find ourselves situated in events and interpret the behaviour of other people and ourselves (Coles, 1992).

- 'Bending back' on oneself (Bonner, 2001)

The word 'reflex' means to bend back so reflexivity has to do with the idea of bending feelings and thoughts back on oneself, making the self and our own actions the object of inquiry (Bonner, 2001).

- Turning back on oneself (Davies, 1999)

Davies (1999) sees reflexivity as a process of self reference, an ongoing self awareness about the relationship between what we know and how we know it. This relationship between a knower and knowledge is always influenced by perspective, how we find ourselves situated in particular moments. So what we know and how we use knowledge is an effect of our past experiences and the frames of reference we use to interpret them (Bonner, 2001).

- Open to change & transformation (Gardiner, 1996)

Reflexivity involves awareness of the self in relation to others. Critical self appraisal provides the freedom to transform ourselves through thinking and acting differently.

Slide 5: Reflexivity as relation to self

- The relation to oneself

As Foucault suggests

“People often know what they do; they frequently know why they do what they do; but what they don't know is what they do does” (Personal communication with Foucault cited in Dreyfus & Rabinow, 1982 p.187)

Looking back at my actions, and thinking about their effects on the participants in the interviews, I became aware of how I might have responded in a way that had a different effect on what the participant was able to tell me.

- Calling forth one's own story to avoid overpowering the story of the other (Miehls & Moffat, 2000)

Being able to call forth one's own story (Miehls & Moffat, 2000), with some understanding of the effects of our behaviour means that we can better understand what motivates us to respond in particular ways, and avoid overpowering the stories of others with our own concerns and priorities.

Slide 6: Positioning self

- Self as a researcher, nurse and family member

I had thought carefully about how to position myself in this research. I knew that I did not have to own the participants' stories. Having traveled with friends through the loss of their husbands had taught me how to be with other people who experienced similar life events differently. But interviewing these nurses was a challenge because within 15 minutes of meeting them, I found myself listening to intimate details of what had been profound experiences in their lives.

While in my mind I had a strong sense of my role as the researcher, there were moments when I identified with these nurses as colleagues and women, and empathized with their experience as a family member. These difficult moments made me want to move beyond the role of researcher and engage with them in ways that were supportive and therapeutic.

- Interpreting self in context

Counselling provided an external reference point, the person Foucault speaks of as the guide or mentor, who reflects the subject's actions back to them through critical questioning. The counselling process challenged my interpretation of the participants' vulnerability and opened a space in my mind to perceive them differently.

- 'Reframing' practice

Being able to think critically about how I responded to the participants enabled me to make reframe my practice as a researcher. Armed with new vision, I became sensitized to reading the interview transcripts in new ways. I was able to see the moments when I had not followed a story line or changed the subject. So how had I done this?

Slide 7: Constructing vulnerability

- Protection (Yeatman, 1994)

Focusing on vulnerability had 'saturated' my thinking to the point that I was unable to see the participants as resilient and deeply reflective women. I understood my own emotional resilience but did not respect their capacity to engage in the research in ways that were freely chosen. In a sense, I was attempting to protect them in the moments when they became distressed or I didn't ask the next question in my mind because it seemed too intrusive.

- Feeling reticent

Topics such as death and dying evoke emotional responses for both the researcher and participants (Lee, 1993; Arber, 2006). Stopping the audiotape and feeling reticent about asking the 'hard to ask' questions was bound up with my desire to be compassionate and respectful.

- 'Nursedness' (Leslie & McAllister, 2002)

Leslie and McAllister (2002) believe nurse researchers bring a certain kind of 'nursedness' to qualitative research. 'Nursedness' describes ways of thinking, speaking and acting that influence how nurses engage with other people. It may be that nurses give each other permission to speak about extraordinary things as though they are ordinary because we are experienced in dealing with the intimate details of other people's lives. I have wondered whether there was something about the fact these women were nurses that made them reveal such intimate detail so promptly, and whether it was this degree of disclosure that made me protective of them.

- Silencing their stories

But protection is in some ways an undemocratic concept because it legitimises power over others whom we see as too weak to take care of themselves (Yeatman, 1994). It also permits an uncritical relationship to an ethic of care where 'good' nursing equates to doing for others in ways that may actually disenfranchise and silence them; it may also evade the more complex politics of a negotiated relationship in such moments. In retrospect I can see that I silenced aspects of the participants' stories by refraining from being the researcher in moments that felt difficult. In these moments my own curiosity was also silenced.

Slide 8: Perceiving resilience

- Perceiving differently

So thinking reflexively had opened my mind to new possibilities.

- Building strength

Talking with my supervisors about my discomfort also helped to build confidence and strength to move back into the interviews in a stronger frame of mind. I came to see the participants as capable of freely choosing whether to tell me things or not.

- Asking the 'hard to ask question'

As I did the second round of interviews I became more aware of how I phrased questions, such as, *"I have another question and you don't have to answer this if you don't want to but last time you said you couldn't do some things that you wanted to for your mother Can you tell me more about why you couldn't?"*

- 'Holding' the moment

Holding the moment involves keeping the conversation space open. It requires managing the tension that asking a hard question creates and being open to how the other will respond. And sometimes it is necessary to dwell moments of uncertainty in order to be sensitive to the experience of others (Miehls & Moffat, 2000).

Slide 9: Unfurling knowledge for nursing

- Self in relation to others

Reflexivity creates deeper insight and understanding of what it means to be a researcher by facilitating awareness of the effects of our own actions and values in gathering data and making decisions in the research process (Harper, 2003).

- Agency

Representing the stories of others requires the freedom to speak. Recognising the ability of others to speak for themselves and choose what they disclose is essential for respectful research.

- Ethical responsibilities

Ethical practice as a researcher required making my self present in a different way. Rather than silencing the participants' stories to calm my own anxiety, I had to learn to dwell in uncertainty. When I found the courage to listen attentively I heard moving stories about nurses' belief in themselves and the power of nursing.

- Transformative possibilities

A reflexive approach has enabled me to understand aspects of how my own positioning as a nurse has influenced my responses to the participants in the research interviews. Debriefing and counseling have encouraged me to think critically about how I have interpreted the participants' stories and responded to them.

References

- Arber, A. (2006). Reflexivity: a challenge for the researcher as practitioner. *Journal of Research in Nursing, 11*, 147-157.
- Bonner, K. (2001). Reflexivity and interpretive sociology: the case of analysis and the problem of nihilism. *Human Studies, 24*, 267-292.
- Coles, R. (1992). Communicative action and dialogical ethics: Habermas and Foucault. *Polity, 25*, 583-591.
- Davies, C. (1999). *Reflexive ethnography: a guide to researching self and others*. New York: Routledge.
- Dreyfus, H.L., & Rabinow, P. (1982). *Michel Foucault: beyond structuralism and hermeneutics* (2nd ed.). Chicago: The University of Chicago Press.
- Ellis, C. (2005). *Final negotiations: a story of love, loss, and chronic illness*. Philadelphia: Temple University Press.
- Foucault, M. (1977). Nietzsche, genealogy, history. In D. Bouchard (Ed.). *Language, counter memory, practice. Selected essays and interviews by Michel Foucault* (pp. 139-164). Ithaca: Cornell University Press.
- Foucault, M. (1997/1980). The masked philosopher. In P. Rabinow (Ed.). *Ethics, subjectivity and truth. The essential works of Michel Foucault 1954-1984. Volume one* (pp. 321-328). Harmondsworth: Penguin.
- Gardiner, M. (1996). Foucault, ethics and dialogue. *History of Human Sciences, 9*, 27-46.
- Harper, D. (2003). Developing a critically reflexive position using discourse analysis. In L. Finlay & B. Gough (Eds.). *Reflexivity* (pp. 114-136). Oxford: Blackwell.
- Lamb, A. (1995). Freedom, the self and ethical practice according to Foucault. *International Philosophical Quarterly, 35*, 440-467.
- Lee, R.M. (1993). *Doing research on sensitive topics*. London: Sage.
- Leslie, H., & McAllister, M. (2002). The benefits of being a nurse in critical social research practice. *Qualitative Health Research, 12*, 700-712.
- McCosker, H., & Gerber, R. (2001). Undertaking sensitive research: issues and strategies for meeting the safety needs of all participants. *Forum: Qualitative Social Research 2* (1). Downloaded 22/05/2007 from <http://qualitative-research.net/fqs/fqs-eng.htm>
- Miehls, D., & Moffat, K. (2000). Constructing social work identity based on the reflexive self. *British Journal of Social Work, 30*, 339-348.
- Yeatman, A. (1994). Feminism and power. *Women's Studies Journal, 10* (1), 79-100.