

1    **How to ... be reflexive when doing qualitative research**

2    Aileen Barrett<sup>1</sup>, Anu Kajamaa<sup>2</sup>, Jenny Johnston<sup>3</sup>

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4    <sup>1</sup>Irish College of General Practitioners, Dublin, Ireland

5    <sup>2</sup> Faculty of Educational Sciences, University of Helsinki, Finland

6    <sup>3</sup> Centre for Medical Education, Queen's University, Belfast, UK

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8    *Corresponding author*

9    *Aileen Barrett, Irish College of General Practitioners, 4-5 Lincoln Place, Dublin 2*

10   [aileen.barrett@icgp.ie](mailto:aileen.barrett@icgp.ie)

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## Summary

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

*As a group of researchers, clinicians and academics, we are drawn together to support and further the development of qualitative research in medical and health professions education. Bringing together our diverse disciplinary backgrounds, research experiences and positions, in writing a series of 'How to....' papers for The Clinical Teacher, we hope to support qualitative researchers, students and teachers. We have challenged ourselves to collaborate not solely on areas of common interest, but to explore issues in qualitative research that allow us also to learn from each other.*

## 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

the study and is considered one of five quality criteria for publishing including credibility, dependability, transferability and confirmability [1]. In this paper, we will explore the concepts of reflection and reflexivity and focus on how you as a researcher and a clinician, can examine your research process and consider the impact of reflexivity on the quality of your research and practice.

## Reflection or reflexivity?

**Reflection** is a common concept in educational literature, organizational learning and change and in healthcare. John Dewey, an American educational reformer, defined reflection as “*active, persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds 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 can make new sense of situations, which in turn may allow them to gain new experience [3].

Schön’s [3,4] three levels of action and reflection are familiar to healthcare professionals:

- *Knowing-in-action* represents the intuitively acting practitioner
- *Reflecting-in-action* is a change process of practising (doing) and reflecting upon it whilst doing
- *Reflection-on-action* is a retrospective process; we stand outside our practice and review it for strengths and areas for development

Conscious, collective reflection is a necessary part of development and learning at work [5], and can 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 context in which work takes place [6,7].

**Reflexivity**, however, is an ongoing process that involves reflection to continuously construct (and shift) our understandings and social realities as we interact with others and talk about experience [8]. Reflexivity challenges the status quo through this continuous process of questioning, examining, accepting and articulating our attitudes, assumptions, perspectives and roles [9].

The notion of reflection is often used synonymously with the concept of “reflexivity”; however, reflexivity is actually a combination of reflection (and its outcome i.e. a defined action that comes about as a result of that reflection) and *recursivity*, where we consider those outcomes in context, for example, we consider the setting, those performing the action, how team dynamics shape the outcomes of a research study [6,10].

Table 1 below will help you to distinguish between the notions of reflexivity and reflection.

***Insert Table 1: Reflection vs Reflexivity***

**What should I be reflexive about?**

Research is always influenced by a number of factors, including those related to the research process as a whole and the researcher’s position and influence in this. Explicitly describing this, along with the intended and unintended consequences of these influences and assumptions is the mark of a considered and reflexive approach to the research process. In quantitative research, such influences are sometimes labelled biases; in qualitative research, we welcome them so long as they are reflexively included in the research. Every researcher sets out with an agenda - that is, a research question that needs to be answered. How you choose to go about this and the methods you use are to a large extent related how you view knowledge and the world. Do you feel that research is needed to find the ‘truth’ of a situation, in which there is one reality (positivism) or can you live 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]

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

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

[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.

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

## **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

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.

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