NURSE'S VOICE FROM THE FIELD

Reflexivity: A First Step into the World of Qualitative Research

Marian A. Torres, RN[1]

Learning how to do qualitative research is a very challenging work especially for someone who is doing it for the first time. The complexity and unfamiliarity of the nature and processes involved in the conduct of qualitative research is something that we can read in literature but is somewhat difficult to put into reality. This is why in the conduct of this study, understanding and incorporating reflexivity has been crucial in ensuring that the outcome would be insightful, credible and trustworthy. Reflexivity in qualitative research refers to the process by which researchers critically reflect on their own influence on the research process, including their assumptions, biases, and interactions with participants. Keeping a reflexivity journal allowed the researcher to be well positioned to probe and to grasp the experiences and perceptions under study through the lens of participants, while recognizing how one's positionality, background, set of values, and social and professional identity may affect the research process and outcome (Polit & Beck, 2012). This epilogue serves as a reflective closure on the importance and application of reflexivity in phenomenology that brought an appreciation of qualitative research as a much-needed mode of inquiry for mental health psychiatric nursing practice.

Reflexivity at the Beginning of the Study

Conducting a phenomenological study for the first time brings a lot of fear and anxiety about how to get things right. With the risk of subjectivity and bias, as well as, the complexity of data analysis, embarking in this journey requires more than just knowledge and keen interest on the topic, but also a deep commitment to reflexivity in the entire process. I have started reflexivity only after the approval of the research proposal and prior to the data collection and it took a lot of time studying literature and samples of reflexivity. Starting reflexivity as a practice requires skill on reflection and self-awareness in order to be able to deeply know one's self and how this may influence the entire research process. While reflexivity is different from reflection, I believe that reflection after each particular event in the research process allows reflexivity to happen, as one examines and analyzes influences on those events. Reflection and self-awareness are basic skills of a mental health psychiatric nurse and this has somehow helped me when I began the practice of reflexivity.

My first step on reflexivity is through an honest self-assessment such as knowing myself, my personal experiences, competencies, values and motivations for this research. Finlay (2002) emphasizes the importance of self-assessment in reflexivity, highlighting the need for researchers to understand their own experiences, competencies, values, and motivations as a foundational step in the reflexive process. I started my journal with a narrative autobiography about my own life story to be aware of where I am coming from and as to how I situate myself prior to data collection. The use of narrative autobiography is a means for researchers to situate themselves within the research context, thereby enhancing awareness of their positionality before data collection (Clandinin and Connelly, 2000). A narrative autobiography can also help uncover unspoken assumptions and values, even emotions and personal motivations, that may shape the perspectives and methodologies of the research (Etherington, 2004). Researchers who are aware of their own narratives can interpret data more contextually and can better appreciate the nuances in participants' stories (Berger, 2015).

As I start with my qualitative research journey, I establish my profession as a mental health psychiatric nurse through my own experience with aggression and violence in my patient care duties as an important influence in the conduct of the study.

[1] Affiliation: Nurse Trainor, Division of Nursing Education and Training of the UP-Philippine General Hospital; Mental Health Nurse, Mindcare Club Telemental Health Services

In my duties as a psychiatric nurse, I find it most challenging when I had to deal with aggression and violence among patients and it is not uncommon when you are in an acute care setting. At times, it happens several times in a day. Aggression and violence is considered as a psychiatric emergency as it poses safety risks to the patient, others in the unit, and the environment. It is hard when you are a nurse managing such incidents because even with all the fear and emotions you have, you still have to be able to manage it professionally and therapeutically. Even when the aggression or violence is directed towards you, you still have to think of what is best for the patient (Journal entry, April 1, 2023).

While these experiences might create a strong point for bias and subjectivity, being aware of this position at the start of the study gives me a mindset of how to find the right balance between subjectivity and objectivity in the research process. Subjectivity allows researchers to acknowledge preconceptions and connect their experiences to the phenomena being studied while objectivity emphasizes impartiality, detachment, and a neutral stance free from personal emotions and judgment. This has become a mindset for me all throughout the research process – ensuring strict compliance with the methodological rigor while continuously reflecting and analyzing my experiences as a mental health psychiatric nurse and how it shapes the research process, data collection, analysis and interpretation. It is a daunting task, but it has to be a continuous motivation for me so that this research becomes credible, meaningful, and ethical.

At the beginning of this research, I also had to remind myself of the reasons for wanting to research this topic. Researchers need to be aware of their reasons for research because this may have important consequences on the trustworthiness of the study.

I came up with this topic because I know that violence and aggression is not something that is often discussed especially in the Philippine setting. Even with the safety risks, I have not encountered settings with clear and written protocols on how such incidents should be managed properly. It may also come with ethical issues especially with the passage of the mental health law particularly on the use of restraints and seclusion. I have experienced incidents of aggression and violence from patients but I have not documented them. I have ideas but they are personal, intuitive, unformed and I hope that this study will somehow put a deeper and well-defined understanding of the experience that can guide practice for psychiatric nurses (Journal entry, April 1, 2023).

With these sources of motivation in mind, it helps create a mindset every time I engage in this research to ensure that each step is directed towards achieving what I want for myself, but also in helping create awareness on the impact it may bring to mental health patients and to the Nursing profession.

Mindfulness Practice and Reflexivity

The practice of mindfulness has been a significant part of my research journey. In constantly making sure how to always keep in mind all important considerations for this research, I learned to make mindfulness a habit. Mindfulness practice involves cultivating a state of active and open attention to the present which helps individuals become more aware of their internal and external experiences without being overwhelmed by them (Kabat-Zinn, 1994). In the context of qualitative research, mindfulness practice can significantly enhance reflexivity by helping researchers become more attuned to their thoughts, feelings, and biases as they interact with participants and interpret data (Baer, 2003). This said practice also helps improve concentration and focus, promotes emotional regulation to maintain objectivity, and enhances ethical sensitivity through empathy, respect and openness. Mindfulness practice is something I used to do for mental health and self-care, and it is something I have come to appreciate more as a part of this research especially with the many responsibilities I have to work on. I applied mindfulness through a 10-minute session before and after I do anything related to this research, just to keep my mind free from all worries, shift my perspective, and focus on my role as researcher.

Reflexivity in the Data Collection Process

In qualitative research, the process of incorporating reflexivity into data collection is essential for producing credible and authentic findings. Applying reflexivity in data collection, I started with the "Interview Yourself" strategy. This strategy is a reflexive technique where researchers conduct self-interviews, pose questions to themselves, and answer them candidly. It is also a way for researchers to explore their own experiences, motivations, biases, and assumptions related to the research topic. At the start of data collection, I had to ask myself the same questions for data collection to situate myself and my own perspectives on the phenomenon under study. Doing this allows the researcher to become more self-aware which is pivotal in identifying potential biases that might influence data collection, analysis, and interpretation (Finlay, 2002).

"The impact of inpatient aggression on me is more emotional, or should I say, more difficult to manage the psychological stress it causes. I remember having a

delusional patient who is paranoid about me and for more than a month, he would threaten to hurt me physically and he would say all the hurtful words and that was most difficult for me. I cannot remember how I coped but I think I never got to a point where I would hate my job. I think my experiences as a psychiatric nurse pushed me to really optimize my self-care and coping skills and that helped me to keep the passion for my job despite the difficulties" (Journal Entry, April 14, 2023).

At some point before data collection, reflexivity enabled me to acknowledge that I was once affected by aggression and violence from patients, but I have learned to cope with it and develop a good professional perspective on patient care. This attitude also allowed me to maintain a professional stance as a researcher and to be mindful that these past experiences will not affect how I conduct and interpret the interviews, especially with similar experiences that may arise from the participants.

Many times, I would also consult with trusted colleagues who are also nurses, to validate my thoughts about certain interviews that were difficult for me. I remember expressing rants to a colleague because some interviews were emotionally demanding and I was asked "*How did your values and beliefs impact your interaction with those participants*?" I answered "*I think it's normal to feel bad to see the differences in standards and practices, and the different ways people view psychiatric patients, but I also think that that is the reality and the great need for us to really work for psychiatric care in the country. Their experiences are all valid and we can only learn to improve when we accept that there are really things we need to improve on (Journal Entry, June 8, 2023).* These kinds of conversations helped me see an external perspective from colleagues, and at the same time a venue to ventilate and to process difficult emotions in this research endeavor. Peer debriefing not only helped address potential biases and assumptions, but also creates a supportive environment where researchers can share their struggles and receive encouragement and validation. This support can enhance researchers' resilience and motivation, helping them to maintain a critical and reflective stance throughout the research process (Creswell & Miller, 2000).

Going through the journal entries, I realized that, in the beginning, each interview comes with anxiety at different levels, but fortunately somehow I was able to develop confidence and to master the process of finding the right questions. Being a psychiatric nurse interviewing fellow psychiatric nurses somehow sets a commonality that makes it easier to build familiarity and rapport that would encourage richer data. However, there were times when I felt that this familiarity may

also influence how participants share information, especially in terms of whether we work in the same institution and whether they would be comfortable sharing information from someone outside their institution. To address this, mindful listening and interviewing was employed as a strategy for reflexivity during interviews. This entails fully focusing on the participant without formulating responses or judgments prematurely to be able to get deeper and more authentic interactions. This was easier to apply during the in-person interviews as compared to those done online and in retrospect, I deeply wished that there were fewer limitations so that all interviews were done face-to-face allowing a fuller account of communication exchanges.

I believe that my skills in facilitating therapeutic interactions as a mental health psychiatric nurse helped me make more meaningful interactions through a person-centered approach. Applying person-centered approach has been a part of the framework I use in providing therapies to my clients. I think this has influenced the way I conducted the interviews for this research. The person-centered approach, rooted in the humanistic psychology of Carl Rogers, emphasizes the importance of empathy, unconditional positive regard, and genuine engagement in interpersonal interactions. (Rogers, 1951) In the context of qualitative research, this approach is particularly beneficial for conducting interviews, as it fosters an environment where participants feel valued, heard, and understood. When participants feel this way, they are more likely to share detailed, nuanced accounts of their experiences. This depth of information is crucial for qualitative research, which aims to explore complex human behaviors and social phenomena in their full context (Patton, 2015).

Reflexivity in Data Analysis and Discussion

Applying reflexivity in data analysis and discussion involves a combination of strategies aimed at enhancing self-awareness, transparency, and methodological rigor. Reflexivity intersects with our epistemological stance or how we believe knowledge is constructed during the analysis. At the start of data analysis, while I was thinking of how I will go through the tedious and unfamiliar task of coding and formulating themes, I went back to self-awareness. I asked myself questions such as who am I as a researcher, what do I have in my mind, and where are my thoughts and decisions coming from.

In my sixteen years of work as a mental health psychiatric nurse, I have grown from every interaction trying to learn how to understand each person and how to find the best approach that would be therapeutic. Whenever I have to work on something related to my profession, I realized I would always consider several frameworks that guides my practice. First, the

nursing process as the main framework for nursing practice, which means that every patient or situation that I have to deal with would have to go through a process of assessment, diagnosis, planning, implementation and evaluation. This helps me understand any phenomenon in a structured and systematic manner. Another is the biopsychosocial model of care which I use in dealing with all individuals I talked to, whether they are patients or are members of the team. It helps me better understand attitude, behaviors and actions by considering that there are multiple dimensions of health and illness and always looking into the biological, psychological, and social factors. Lastly, the person-centered approach which emphasizes the holistic well-being of a person and is my way to understand an individual's experiences, values, and needs from their perspective. This approach helps me to develop skill in empathy, active listening, unconditional positive regard and a strong value for a genuine connection with people. Though there are many other frameworks, theories, and concepts that I encounter in different situations, these three frameworks have guided me in data analysis and have consequently shaped my perspective in the phenomenon I am studying.

During the data analysis, the coding and identification of themes are the most difficult task for a novice researcher. From the journal entries, I would note a tedious and exhaustive task of reading and re-reading through transcripts before one can really grasp the true meaning of the experiences and arrive at themes. Many times, I have to revise the coding and themes because new thoughts and interpretations would arise which seemed more appropriate to the transcripts. During such times, I would also need someone to verify if the codes I use are correct. Coding is indeed an iterative process where themes are developed and refined through repeated engagement with the data. The repeated readings and revisiting of the transcripts and codes, as well as, reflecting on how coding decisions were made are part of reflexivity. At some point, I needed to go back to the journal entries and the self-interview to compare how my own perspectives might be shaping the way I categorize and interpret data. This said process ensures that the final themes are deeply grounded in the data and not overly influenced by the researcher's initial biases (Creswell, 2013). Eventually, it was all about learning to trust myself, the competencies I continue to equip myself with, and in the end, just trusting the whole process itself.

When I was nearing the end of the data analysis, I had to do member checking and share my preliminary themes to some participants to validate and get feedback. In one follow-up, a participant confirmed accuracy and how the themes resonate with her experiences. There were no errors or corrections identified and she specifically mentioned how she relates with aggression and violence as a part of her job and something that she would try to cope with despite the challenges that she had to face and the impact that these challenges have on her. This strategy of member checking as a strategy for reflexivity can provide evidence that the interpretation and analysis are appropriate, accurate, and reflect the content of the discussion, thereby enhancing credibility and authenticity of the findings. It is hard to feel confident when you are new to qualitative analysis and member checking is a validation of how to put correctly into writing the meaningful stories of each participant.

Conclusion: Appreciating Qualitative Research in Mental Health Psychiatric Nursing

This phenomenological study set out to explore the lived experiences of psychiatric nurses dealing with aggression and violence in inpatient settings. Throughout this journey, reflexivity has played a crucial role in shaping the research process and outcomes. As a researcher, my background in psychiatric nursing provided both a foundation of understanding and a lens through which I connect with and viewed the data from the participants.

As a novice researcher, I used to think that qualitative study is about erasing yourself from the study to achieve pure objectivity. This journey made me learn that qualitative study is not about erasing yourself, but more of embracing yourself as an active and subjective participant in the research process. Like mental health psychiatric nursing, qualitative research is about ensuring "therapeutic use of self" to be able to get the best out of each participant's story, to produce a research that is insightful, credible, and ethical. The findings of this study are, therefore, a product of both the participants' narratives and my reflexive engagement. With this study, I learned that reflexivity and qualitative research are fundamental to improving psychiatric nursing practice and promises to offer profound insights into patient experiences, nursing interventions, and the complex dynamics of mental health and psychiatric care, which are often difficult to quantify.

My personal growth throughout this research journey has been significant. For one, I have gained a deeper appreciation of the resilience of psychiatric nurses and a greater awareness of the complexities involved in managing aggression and violence in psychiatric settings. More than this, I have come to appreciate the significance and the need for more qualitative research, done with reflexivity and methodological rigor, to provide a deeper understanding of the context and meaning of mental health psychiatric nursing care in the country.

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ABOUT THE AUTHOR

Ms. Marian A. Torres-Villanueva is a graduate of BS Nursing from the UP College of Nursing, where she is also taking her Master's Degree in Nursing (Mental Health and Psychiatric Nursing). She is a Nurse Trainor at the Division of Nursing Education and Training of the UP-Philippine General Hospital and a mental health nurse at the Mindcare Club Telemental Health Services. Her clinical practice is on the field of mental health psychiatric nursing, addictions nursing, and clinical and occupational toxicology nursing. In UP-PGH, she leads a workplace mental health support program for nurses and is also a co-chair of their gender and development committee. For the past years, she has conducted various programs on psychosocial aspects of care, mental health and psychiatric nursing, and workplace psychological health and safety. Her research involvement include workplace mental health and coping, telemental health, and nursing care of patients with mental health problems.

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