

## EMERGING NURSE'S VOICE FROM THE FIELD

# Exploring Other People's Lived Worlds as Student Nurse Researchers

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You walk into a room and people may judge you based on what you look like, or because you remind them, consciously or not, of someone they once knew, loved, feared, or hated. These snap judgments, often silent and unspoken, stems from biases and personal experiences that linger beneath the surface. As researchers, we are not exempt from this dynamic, nor are our participants. Our prejudices, our histories, and our identities enter the room with us, influencing not only how we are perceived but also how we perceive others.

In qualitative research, this human tendency becomes especially significant. Just as people bring their backgrounds and biases into everyday interactions, so too do researchers bring their values and philosophies into the research process. In qualitative research, these underlying biases can unconsciously impose a particular lens—one that can either illuminate or obscure our ability to fully grasp the complexity of participants' lived worlds.

Qualitative research, by its very nature, is a deeply human endeavor as it seeks to understand the world through the eyes of those who live it. Grounded on the philosophical underpinnings of constructivism, this method of inquiry acknowledges that researchers are not merely detached observers but rather active participants in the construction of meaning. Thus, we, as researchers, can never be truly neutral or positioned outside the study we are conducting (Hurst, 2023). Our values, assumptions, belief systems, and experiences inevitably shape the questions we ask, the stories we hear, and the interpretations we make. Rather than seeing this involvement as a limitation, a qualitative approach

encourages us to make our presence visible and accountable through reflexivity.

Reflexivity pertains to the “conscious, active acknowledgement of one's own belief, bias, and judgement systems before, during, and after the actual research process” (Jamieson et al., 2023). Thus, it is not a separate stage in the research process, but rather a continuing practice of utmost self-awareness through every interview, transcript, and decision in analysis. In this process, we examine how our cultural, ideological, intellectual, and theoretical principles and assumptions inform our interpretations.

According to Peddle (2021), practicing reflexivity is central to the construction of knowledge in qualitative research. A reflexive approach recognizes that researchers influence the research process one way or another. As Holmes (2020) asserts “rather than trying to eliminate their effect or influence, researchers should acknowledge and disclose themselves in their work, with the aim of understanding their influence upon, and within, the research process.” Therefore, by openly evaluating our positionality—the manner in which our social identities, experiences, and values impact the research—we create an opportunity for greater rigor and accountability.

## Authors' Positionality

From a constructivist worldview, we conducted our research with the belief that knowledge is not static or objective, but is constantly constructed and reconstructed by individual and social environments. As student nurses working within clinical

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settings, we were aware that our perspectives were influenced by our backgrounds, clinical exposure, and personal encounters with chronic illness. Herein, as student nurses at the University of the East Ramon Magsaysay Memorial Medical Center (UERMMMC), we articulate our positionality. We recognize that who we are, both personally and professionally, somehow affected how we engaged with the research process, how we interacted with participants, and how we interpreted their narratives.

I am Mark Joseph P. Almonte, a proud member of the Red Cross Youth Council and take on the role of a student leader. My heart is truly in serving my community and advocating for health. During my clinical rotations at UERM and various partner hospitals, I have seen firsthand how crucial it is to have compassionate and skilled nurses. These experiences have really sharpened my critical thinking skills and deepened my commitment to patient-centered care and advocacy, all with the goal of empowering patients on their health journeys.

I am Mary Hunna Amara M. Alvarez, an enthusiastic student researcher with a strong passion for exploring the lives of individuals living with chronic health conditions. My group's research focuses on narrative analysis, specifically looking at the nursing care experiences of young adults who started hemodialysis at a young age. This topic really hits home for me, as my clinical experiences have highlighted how chronic illness can shape a person's identity and dreams. With this study, I hope to amplify patient voices and enhance nursing care, all while growing into a more compassionate nurse and dedicated researcher.

I am Raiza Mae B. Bayer. Growing up in a family of healthcare professionals really ignited my passion for nursing from an early age. My grandfather's struggle with chronic kidney disease left a profound mark on me, his pain, resilience, and the care he received shaped my perspective on nursing today. Listening to our research participants brought back memories of his journey, which not only deepened my empathy but also pushed me to set aside my assumptions and truly listen to each individual's story. This experience has been both a professional and deeply personal one for me, honoring his memory while learning from the incredible strength and vulnerability of those we serve.

I am Andrea Louise S. De Leon. Growing up with a mother who was a physician, I learned early on that every diagnosis comes with a unique human story. Her insights instilled in me the importance of holistic care, one that goes beyond just treating physical ailments to also embrace emotional and psychological well-being. This journey has only strengthened my belief that chronic illness is more than just a medical condition; it is a

complex experience filled with emotions, challenges, and incredible resilience.

I am Josef Edward P. Gamit. Raised by a military father and a teacher mother, I grew up with both discipline and empathy at home. Our home was a blend of two very different but equally powerful worlds, my father's life as a soldier was all about rules, routines, and quiet strength, while my mother's world in the classroom revolved around understanding others and nurturing growth. Listening to hemodialysis patients' stories reminded me of the balance between strength and compassion I witnessed growing up, values I now see as essential to nursing.

I am Sarah Patricia B. Ignacio. Growing up in a big family taught me that every experience is unique, even when shared under the same roof. This realization nurtured my awareness of differences and instilled in me the belief that listening is a genuine act of care. These principles shaped how I approached our research on young adults living with chronic illness. As I listened to their stories, I was constantly reminded to be present, to hold back judgment, and to respect the incredible strength that comes from being vulnerable.

I am Stacey Ann Denise T. Lim, from Zamboanga City. I made the leap to Manila to chase my dream of becoming a nurse, a decision that was heavily influenced by my upbringing in a family of nurses. Growing up surrounded by this profession instilled in me a profound respect for it and helped me understand the essence of compassionate care. Through my nursing journey, this perspective has only deepened, especially with our research' focus involving young adult hemodialysis patients. Our group's approach is rooted in empathy, reflexivity, and a keen awareness of the unique challenges that shape the human experience in healthcare.

I am Jessie Marie S. Olaño. Growing up alongside my father, a city physician, I got a front-row seat to the human side of healthcare, where compassionate listening, a comforting presence, and tough decisions made with empathy were the norm. Those early experiences really shaped how I view care as a deeply human responsibility, one that's all about trust and connection. As I pursue my nursing journey, those lessons continue to influence my approach to both clinical practice and research, reminding me that at the core of healthcare lies presence and empathy.

I am Jelena Moira P. Pajaron. My clinical experiences have really opened my eyes to the intricate physical, emotional, and social hurdles that patients face, especially young adults dealing with life-threatening illnesses during such a crucial time in their lives. These experiences have profoundly influenced my perspective

as both a student and a researcher, helping me to ground my approach in empathy, active listening, and a genuine commitment to understanding the real-life challenges young adults encounter within the healthcare system.

I am Angela Monique C. Tarectecan, a passionate volunteer in community outreach. Growing up in Pangasinan, I had the opportunity to help out in medical missions where we provided free services like circumcisions and breast check-ups. I also joined my father in delivering care to remote communities in Tarlac. These experiences opened my eyes to the structural barriers in healthcare and highlighted the need for culturally sensitive and compassionate nursing. These experiences shaped my empathy and commitment to patient-centered care, which is at the heart of our research into nursing care experiences.

This awareness of our situatedness in the study led us to embrace researcher reflexivity, not just as an abstract concept, but as a lived and continuous practice throughout the research process. By considering how our identities influenced every interaction and interpretation, we realized that qualitative research is more than simply gathering anecdotes; it also involves building trusting relationships, navigating ethical responsibilities, and being cognizant of the power dynamics that unavoidably exist between participant and researcher. Therefore, reflexivity became our fulcrum, keeping us rooted in humility, directing our interpretations with caution, and serving as a reminder that meaning is something we co-create rather than something we extract. By respecting the stories of our participants, we also gained a deeper understanding of our own, which helped us grow as future nurses who are dedicated to listening with compassion and acting with integrity.

### **Operationalizing Reflexivity: Through and Through**

As novice researchers, conducting qualitative research was like embarking on a journey into uncharted seas—thrilling and intimidating. Prior to data collection, we attended qualitative research training that equipped us with foundational knowledge of methodologies, ethics, and analytical techniques. However, no amount of preparation fully prepared us for the emotional and epistemological complexities we encountered in the field.

Undoubtedly, committing ourselves to a qualitative inquiry led us into the complex, and often uncertain, landscapes of research, where roles are fluid and boundaries are blurred. Initially, we struggled with the duality of our roles—the lines between student and researcher, listener and interpreter, felt blurred. We were unsure whether we had the right to probe deeper, to interpret certain silences, or to include emotionally charged narratives that participants trusted us with. At times, we felt overwhelmed by

the emotional weight of the stories shared, struggling to maintain professional detachment without becoming disengaged or insensitive. We questioned our own emotional readiness to handle such vulnerability, fearing that our personal biases or unresolved feelings might cloud our interpretations. These moments sparked internal conflicts—between wanting to honor participants' trust and the fear of overstepping ethical boundaries. We wrestled with self-doubt, wondering if we were capable enough to carry such responsibility, and if our presence might inadvertently cause harm or discomfort. These moments made us question not only our methodological decisions but also our ethical stance and personal readiness.

The data analysis phase of our study was a watershed moment that was a shift from simply gathering stories to grappling with their meaning. We employed narrative inquiry to our methodology in order to bring depth and contextual richness to the stories of hemodialysis patients. However, its use demanded more from us than methodological rigor since it required us to be vulnerable, flexible, and genuinely committed to co-constructing meaning with our participants. This process stirred up emotional turmoil where we struggled with feelings of helplessness and wondering if we could truly do justice to their experiences without oversimplifying or misinterpreting. Balancing empathy with analytical distance proved difficult and we often questioned whether our own biases or personal reactions were influencing the meanings we derived. There were moments when the weight of these stories felt overwhelming and thereby challenging our ability to remain present and objective. Yet, these conflicts ultimately deepened our commitment to approach the analysis with humility and openness.

To put reflexivity into practice, we employed several methodological strategies including member checking, audit trails, thick description, and memoing, that strengthened the credibility, transparency, and ethical integrity of our study. These approaches supported our ongoing self-examination and helped us stay attentive to the meanings shared by participants, while questioning our own interpretive frames. Memoing, in particular, allowed us to document our evolving thoughts and emotional responses throughout the research process, capturing the tensions, doubts, and moments of insight that shaped our analysis. By engaging in this continuous reflective practice, we were able to be conscious of how our own preconceptions and emotions affected how we interpreted the narratives of the participants. It was an essential tool for preserving openness and reflexivity by externalizing these internal dialogues and guaranteeing that our interpretation was well-considered and ethically correct. In addition, it gave us a place to critically examine ourselves, which helped us uncover any biases and keep an open mind to different viewpoints as the study progressed.

We also took to heart Braun and Clarke's (2006) reminder that thematic analysis is never a neutral act, but rather an interpretive process shaped by the researcher's vision and values. Our goal, then, was not to "find" the truth in participants' stories, but to co-construct meaning in a way that honored their complexity and context.

Clandinin and Connelly's (2000) narrative structuring further underscored this commitment. We learned that stories are not mere data points; they were expressions of embodied experience—woven from memory, emotion, identity, and social worlds. Some narratives echoed our own lived experiences, prompting us to pause and interrogate our interpretations. *Were we truly hearing participants, or were we filtering their stories through our own lens?*

## Conclusion

As student researchers entrusted with other people's stories, reflexivity brought to light the enormous duty we hold. Narratives hold immense power—they shape understanding, identity, and meaning. Our role was never to control or contain this power, but to honor, to respect, and to amplify it with integrity and humility. Through continuous self-examination, we became more aware of how our own perspectives, biases, and emotions influence the research process. This awareness deepened our commitment to ethical and person-centered inquiry that privileges the voices and lived realities of our participants.

In the end, reflexivity was a transforming activity that molded our identities as nurse researchers and aspiring doctors and was not merely a methodological instrument. It helped us develop critical empathy, the courage to challenge our preconceptions, and the discipline to listen intently and openly. These insights will continue to direct us beyond the confines of the study, influencing how we interact with our future patients, advocate for care, and make significant contributions to nursing knowledge.

## References

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Clandinin, D. J., & Connelly, F. M. (2000). Narrative inquiry: Experience and story in qualitative research. Jossey-Bass.
- Darwin Holmes, A. G. (2020). Researcher Positionality—A Consideration of Its Influence and Place in Qualitative Research—A New Researcher Guide. *Shanlax International Journal of Education*, 8(4), 1–10. <https://doi.org/10.34293/education.v8i4.3232>
- Hurst, Allison. (2023). Introduction to Qualitative Research Methods: A Helpful Guide for Undergraduates and Graduate Students in the Social Sciences. Oregon State University. <https://open.oregonstate.edu/qualresearchmethods/>
- Jamieson, M. K., Govaart, G. H., & Pownall, M. (2023). Reflexivity in quantitative research: A rationale and beginner's guide. *Social and Personality Psychology Compass*, 17(4), e12735. <https://doi.org/10.1111/spc3.12735>
- Peddle, M. (2021). Reflexivity in qualitative nursing research: A review of the literature. *Nursing Inquiry*, 28(3), e12385. <https://doi.org/10.1111/nin.12385>

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The authors of "Exploring Other People's Lived Worlds as Student Nurse Researchers" are third-year nursing students currently completing their Bachelor of Science in Nursing at the University of the East Ramon Magsaysay Memorial Medical Center (UERMMMC) and are expected to graduate in 2026. United by a deep commitment to promoting a more responsive healthcare system, their research interests focus on advancing patient-centered care—an approach that acknowledges the unique experiences of individuals in clinical settings. Their work focuses on how compassionate nursing can shape more meaningful patient outcomes and promote healing that extends beyond physical treatment. Through their work, they hope to contribute to a healthcare culture where every patient feels seen, heard, and deeply valued.