Reflexivity: Personal, Professional, and Researcher Stances

Contributor Biography

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Abstract

In 2008, I conducted a study to explore Malaysian nurses' perspectives of transnational higher education post-registration top-up nursing degree courses delivered by "flying faculty" academics in Malaysia. These academics are from "exporter" universities who "fly in" to an Eastern "importer" country to deliver teaching on these courses and then "fly back" to their country. Post-registration top-up nursing degrees enable diploma-trained nurses to upgrade their qualifications to degree level. For this research, I chose the interpretive, hermeneutic phenomenological and ethnographical principle of cultural interpretation that uses a qualitative approach. These methods require the researcher to adopt an involved position that encourages reflection and self-examination of their influence on the research. This case study uses extracts

from reflexive and reflective accounts, personal and analytical notes, and interview data to make explicit my personal, professional, and researcher positions and to clarify my preconceptions, beliefs, and experiences. The extracts illustrate the challenges I faced and the influences and thinking behind my decision making regarding the strategies I adopted. Furthermore, this case study demonstrates how my insider and outsider status enriched the communication of findings, illuminating their meaning for readers.

Learning Outcomes

By the end of this case, students should be able to

• Identify the difference between reflection and reflexivity

• Recognize that the researcher's reflexive accounts or preconceptions and assumptions can affect the research process

• Understand how to use extracts from reflexive and reflective accounts, personal and analytical notes, and interview data to justify the research journey

• Know how to use the emic views to enrich the data and etic opinions to clarify meaning for readers

Case Study

Project Overview and Context

I commenced my Doctorate in Education in 2008 when my School of Nursing was collaborating with Malaysia to deliver transnational higher education (TNHE) post-registration top-up nursing degree courses. These top-up nursing degree courses enable Malaysian nurses to upgrade their diploma qualifications to

degree level. The courses are delivered by "flying faculty" academics. These "exporter" university academics "fly in" to the Eastern "importer" country—in this case study to Malaysia—and deliver teaching within a short, intense time frame. On completion of teaching on a module, the academics "fly out" or "back" to their country and their normal role.

For this research, I chose the interpretive, hermeneutic phenomenological and ethnographical principle of cultural interpretation that uses a qualitative methodology. This approach would enable me to probe and obtain an in-depth insight of nurses' viewpoints. In using this approach, the researcher is required to shift their position from detached objectivity to reflecting and self-examining their preconceptions, beliefs, and stances in order to identify their influence on the research.

Reflection is defined by Gillie Bolton (2005, p. 9) as an

in-depth consideration of events or situations outside of oneself: solitary, or with critical support . . . looking at whole scenarios from as many angles as possible: people, relationships, situation, place, timing, chronology, casualties, connection, and so on, to make situations and people more comprehensible.

In contrast, reflexivity is "selfing" (Skeggs, 2002, p. 360) or "what counts as evidence" (Skeggs, 2002, p. 349). The researcher reflects critically on their identity and feelings within social, cultural, and political roots and lived experiences with other people. This is to make explicit the researcher's self,

thinking, and positioning, informing the research decision making that led toward the process, findings, and conclusions. Reflexivity is only possible when one is able to reflect on the self in the construction of meaning (Finlay, 2002). This is shared with the reader in the text of the research report to show how influential preconceptions, beliefs, and experiences can be.

In this case study, six threads of the experiences that trace my personal journey through multiple roles will be outlined. These are from my position as a Malaysian, a former international student nurse, UK resident, UK trained nurse, nurse academic, and finally practitioner-researcher working in a UK higher education institution. The threads will be categorized under the stance of (1) personal, (2) professional, and (3) researcher. I have chosen illustrative extracts to identify my thinking and stances and how my ways were challenged. These extracts include interview data, reflexive and reflective accounts, and personal and analytical notes. Personal notes are a researcher's written recordings and observations to enable them to develop opinions; analytical notes are evaluations of the data collection process and patterns that are emerging—both are written during or immediately after data collection and bring to the surface assumptions and hidden insights that may have an impact on the research. These are made transparent to the reader to show how they influenced my journey when conducting my research. In addition, my shared knowledge, insights, and experiences of the values and beliefs within education, society, and healthcare systems within both Malaysian and UK communities enabled cultural interpretation as both an insider and an outsider in the research.

Personal Reflexivity and Influential Stance

Personal reflexivity involves reflecting on one's values to provide an account of the self within the role as a researcher to declare the "authority used to claim knowledge" (Fox, 1999, p. 220). In using reflexivity, I engaged in ongoing critical self-questioning to identify my "taken-for-granted" values and beliefs from my lived experiences, rooted in my experiences as a Malaysian and international student nurse in the United Kingdom. I shaped the study by including key aspects of the connection between my own past and present self, the previous "me" and the current "I" but not my possible or future self. This reflection is made public to make explicit my position within the study.

I chose this research because it was my personal interest. However, after reading the literature, I felt as though I had been in a maze for a long time. I kept venturing in different directions, returning to my starting point on numerous occasions, only to then head off in another direction. I appeared able to explain my research thoughts to others with clarity, but writing in English at this level was fraught with difficulty, as I struggled to convey ideas and feelings in a precise manner. Eventually, I realized that none of my previous study experiences had challenged my reading, thinking, or writing with such focus and depth. Only when I started to design my interview guide did my writing start to align with my thinking as I had to have clarity to enable me to develop relevant questions to probe and obtain nurses' views on the chosen topic:

At every supervision meeting since starting this study, I am

repeatedly told that my research questions don't reflect what I say I

intend to research! Aaargh! Why do I seem unable to co-ordinate

my thoughts with my writing when I KNOW WHAT I WANT TO

LOOK AT! (Reflexive notes: August 3, 2010)

I did not come to my research value-free: I had many preconceived

assumptions, confirming Bev Skeggs' (2002, p. 348) view that in all research,

"the self of the researcher always or already exists." On reflection, initially, I could

not exclude my own voice as I constantly referred to my own insights and also

compared data with my own experiences for cross-validation. Over the course of

undertaking the research, I slowly developed the ability to focus and embrace the

perspectives of the Malaysian nurses.

Professional Reflexivity and Influential Stance

Professional reflexivity involves recognizing one's professional identity and

adopting a reflexive approach to examine the knowledge, ideas, values,

attributes, attitude, and skills that characterize the role and the self-in-role (Taylor

& White, 2000). As the identity of an individual is assessed by his or her behavior

within the profession, the self-in-role is required to alter performances: to

reinforce to a degree some similarity between one's identity and the identity that

is imposed by the profession.

In adopting a reflexive approach, I point out that I lived and studied for my

nursing qualification and then worked as a nurse, nurse academic, and

practitioner-researcher exclusively within the United Kingdom. My professional stance integrated a reflexive account of my nurse and academic self to embrace the wider issues raised by both Western and Malaysian society. These professional attributes and identities were achieved by learning the theoretical knowledge and skills based on the UK nurse education and healthcare delivery approaches in line with the requirements of the Nursing and Midwifery Council. They were also shaped through interactions between self and others, within and outside of the profession group, and comments from users of the service. Even with my adaptation to the UK culture, I still needed to be mindful in every aspect of my work to avoid unconscious use of my former habitual and entrenched values and practices.

In comparison, for nurses on TNHE programs, their teaching and learning experiences of each Western culture module are only for a short 1- or 2-week period in each semester over 2 years. Habitual ways of thinking, speaking, expectations, and behaving may be challenged during the teaching period. But due to the short nature of these modules, the tendency to make only minimal adjustments is high, as the nurses eventually return to clinical settings where they are confronted with ingrained traditional, cultural, social, and political values and ways. Again, as the focus is on completing their assessments, there may be a tendency for nurses only to adjust their thinking, writing, and speaking to meet the assessment criteria in order to obtain the degree:

"Tough! . . . here in Malaysia it is for only two weeks, . . . Not
enough [time to gain understanding of knowledge or discussion], . .

." (**Int: 014**) and **Interviewee 008** stated, the ". . . focus is my assignment only, . . ." (Interview data: September 24, 2011)

The option to implement change in clinical practice depends on the individual, as no practice component is attached to their program of study. Both Western and Eastern countries expect nurses to abide by the guidelines of the World Health Organization and their professional bodies. However, Malaysian nurses are also required to provide care in line with the traditions of the multicultural, multiracial, and multilingual groups:

> We learn UK culture and in UK hospital it is UK culture. In Malaysia, they teach UK culture but difficult to blend UK culture in our health care, because patient, other staff and management must all want to change (**Int: 008**). (Interview data: March 10, 2011)

Researcher Reflexivity and Influential Stance

My personal and professional self influenced my practitioner-researcher self and underlay and emphasized my stance within this study and its influence throughout my research. All of these factors impacted the decisions I made when representing and positioning my identity: they helped to shape my knowledge and to question and challenge personal experiences in Malaysia and in the United Kingdom that would privilege both understanding and interpreting of participants' experiences. In addition, they would highlight my assumptions that otherwise may have remained hidden and impacted unknowingly on my research.

I chose the interpretive paradigm for my research as I—the researcher—had to acknowledge my own views from those of my different roles, positions, and experiences due to their potential influences on the research process. In considering the research design, I looked for a people-centered approach that would identify nurses' views of their lived experiences, support self-reflexivity, and locate the researcher as part of the research. To clarify the motivation in using hermeneutic phenomenology informed by an ethnographic principle of cultural interpretation, researchers often position themselves as either insiders or outsiders within their research domain. Having to position myself within the research paradigm and design meant that, as a researcher, I positioned myself as either an insider (emic) or an outsider (etic) within my research domain. This enabled questioning to occur at each stage of the research process. Thus, I had to integrate my personal, professional, and researcher self and my knowledge and experiences and continually be in a reflexive mode. This enabled me to identify my own biases, to justify the reasoning behind my actions and the intercultural perceptions that influenced the research journey, and acted as a sign-post for readers to what is going on within the research and to formulate conclusions to make it transparent to the reader.

The hidden values and dilemmas of my emic and etic positions from my personal crossover and mixing between Malaysia and the United Kingdom meant I was constantly shifting between the multiple axes on which my identity rested: it also informed and shaped the text of the process and experiences I faced through my research journey.

Malaysian and UK Researcher Collecting Data in Malaysia

When I planned to undertake this study, I was aware of my dual stance within Malaysian society. In Malaysia, the prerequisite for being an insider would be being part of the main ethnic group (Malays). A Malay is defined as "a person who professes the Muslim religion (Islam), habitually speaks Malay, conforms to Malay custom and is born and/or domiciles in Malaysia" (Constitution of Malaysia, Article 160, 1957). In reality, there are differences between the historical and socio-cultural factors, but despite these variations between the definition in the constitution and the historical and socio-cultural context, both are usually considered together (Ali, 2008).

Accordingly, an outsider is anyone who does not meet all the conditions of being a Malay; thus, the other ethnic groups, including myself as a Tamil Malaysian, do not meet the requirements of the Malay definition. As I was born in and had only ever known Malaysia as my home until I came to the United Kingdom, my position, like many other non-Malays, was strange, as we had a dual stance: an insider by being a Malaysian and an outsider as a non-Malay. Despite not fitting the constitutional and socio-cultural definitions, in reality of daily life and living, we were considered and treated as Malaysians. My study involved nurses from all ethnic groups, so it was pertinent to position myself within the Malaysian tradition, not as a single us-versus-them dichotomy, as implied by the official definition of being Malay. I take a stand by stating I intend to research my previous social identity group who had similar earlier life experiences to mine, until I came to the United Kingdom.

Some of my personal and professional behaviors, values, and cultural perspectives as a Malaysian were deep-rooted and ingrained. Sometimes, I was unaware of being insufficiently detached from certain concepts I described, as they influenced me unconsciously. It was a revelation when these taken-for-granted assumptions were challenged by my supervisors or became evident in my ongoing reflexive journal, as I had felt I had adapted well to fit in with the Western culture.

Sample Group

While I was in the United Kingdom, six participants in Malaysia were recruited via convenience sampling from the only UK TNHE university that consented to be part of the study. When I was in Malaysia arranging interviews with these six participants from different clinical settings, five nurses who had studied with other TNHE universities showed interest. These nurses were asked to further suggest or introduce others who had studied in similar programs. The nurses were recruited via snowball sampling from two additional providers of TNHE post-registration nursing degree programs in Malaysia, that is, a second UK provider and an Australian provider. A total of 18 female nurses from different ethnic groups in Malaysia participated in the study. The age range of participants was 21-50 years, and all had completed their TNHE program of study.

Ethical Considerations

I received formal written approval for this study from the University of Hertfordshire's Faculty of Law, Humanities, and Education Research Ethics

Committee. All interviewees were provided with information sheets detailing the aims of the study, research process, potential risks associated with collecting personal data, and measures taken to avoid these risks for both the pilot and main study. After providing participants with an opportunity to ask questions and/or opt out from the research at any time without negative consequences, I obtained their written consent to participate and to allow their interview to be voice-recorded.

I assured participants that their anonymity would be protected; I would safeguard and conceal their identity, ethnicity, and their university's identity so that readers could not guess either the individual or their university. I achieved this by using a system of mixed number coding or code numbers. Interviewees' permission and agreement were sought to read, comment on, and/or amend or retract statements as they saw fit on the transcripts sent via email for verification to ensure rigor.

Data Collection Methods

In selecting the use of only a qualitative methodological approach, I had to identify whether focus groups and/or interviews would be appropriate data collection tools. In an attempt to hear Malaysian nurses' voices and to probe to understand their views, I acknowledged that due to the necessity of saving face, of self and authority, the nurses might find interviews—as compared to focus groups—less threatening, as revealed next with my emic insights:

I myself still sometimes smile politely and keep quiet when I am uncomfortable in a group situation, despite being in UK for years! Furthermore, they will also be reluctant or fear to say too much in English as they will be very conscious of their English in front of everyone, especially me a Malaysian now based in UK. (Reflective notes: February 20, 2010)

Semi-Structured Interviews

I conducted both pre-pilot and pilot studies, which identified that my UK practitioner-researcher role was perceived to exude power, status, and threat. This meant I might be considered more as an outsider than an insider, and thus, I was unable to confidently shortcut the mutual familiarization phase. To create a positive impression, I proceeded to contact and meet with some nurses (others opted to forego this meeting because of restrictions on time due to changes in working hours for the fasting month or personal and family commitments). Their reactions to being researched were mixed—fear, pride, and curiosity. I overcame these reactions by negotiating my relationship with each participant, using an interactive format to instill trust and maximize exchange. On reflection, irrespective of whether nurses met with me or not, they all initially appeared self-conscious and displayed an appropriate "front." It meant that they politely answered my questions with limited words in Bahasa Malaysia.

I was confident that, my being a Malaysian, the face-to-face interview technique would enable rapport. In addition, I felt that I could foster an

atmosphere of a lengthy conversation, based on my extensive knowledge, a shared past history with participants, and my ability to blend and to become part of the social setting when observing the culture and conventions. My insider knowledge guided me to slip effortlessly into a Malaysian insider role that connected with my biography, as I used colloquial words, gossip, and humor with ease. At times during the same interviews, when certain issues were being discussed, nurses appeared to view me as a temporary insider, or partial insider, due to my cultural identity:

> It is obvious they felt intimidated to say anything to me against the
> programme in fear it may even after receiving their results affect
> them receiving their awards. They appeared tense and started off
> by checking if the interview was going to be in Malay. When I
> started the interview, the classic Malaysian "smile and silence"
> attitude was very obvious. I felt frustrated!!!!!! Slowly as I started to
> speak in Bahasa Malaysia, used colloquial words and Malaysian
> humour, told them a bit about my own experiences as an
> international student nurse in UK and not forgetting, forthrightly
> telling them I was not evaluating the TNHE programmes or
> lecturers, they suddenly opened up. Information was revealed
> without me having to ask the question! As the interview progressed,
> I suddenly realised that I was speaking in Bahasa Malaysia whilst
> some were speaking in English and some even asked my

professional opinion about certain situations. (Analytical notes:

August 23, 2010)

At other times, I was made to feel as an outsider due to my adaptation into the Western culture; then, nurses appeared to withhold information. I concluded it was because of my UK practitioner-researcher role being perceived as exuding power, status, and threat—this appeared to heighten levels of distrust during the interview process. This may have been a defense or a conscious effort on the part of participants to avoid being frank or to not comment on issues that may be harmful or have negative repercussions. But I was able to create a persona that was less likely to be perceived as a threat, and initial reserved responses offered were replaced with more confidential, detailed, and revealing accounts:

> She kept saying that what she learnt was fun and useful, I got the
> feeling that she appeared to be saying what she felt I wanted to
> hear rather than what she really felt or maybe to avoid offending
> me. Finally, 45 minutes into the interview she admits that "not really
> anything I learnt I applied. The lecturers focus on, useful for
> assignment what we learn but can't apply in practice." (Reflexive
> notes: August 25, 2010)

Other reasons for nurses limiting information may be as evidenced in the following extract. A nurse was hesitant to share certain information for fear of being judged by me. My insider insights enabled me to encourage her to voice her views. It led to a more revealing account. As an insider with insights based

on shared lived experience, I was able to cut across ethnic lines and encourage

her to voice her views:

> I will call them, of course you will get angry and say "always late
>
> coming to work . . .," she [participant] laughed, blushed and
>
> appeared embarrassed and was reluctant to continue. I
>
> encouraged her and after a few minutes she continued. You need
>
> to tone down actually, for example I sometimes hem . . . many,
>
> many times will tell, without knowing it, right in front of everybody,
>
> so you actually aiming for and she pointed to her jugular vein. She
>
> [participant] laughed and again appeared embarrassed and very
>
> hesitant to demonstrate her weakness so she stopped. I
>
> encouraged her to continue.
>
> She [participant] then said sometimes you are actually bogged
>
> down with many, many things. You are abrupt . . . sarcastic.
>
> Sometimes you cannot control, we human, we have our own
>
> problem, families, stresses, and dealing with young students, they
>
> are very restless, you tend to be very abrupt, but deep inside I
>
> [participant] know this is not right. (Interview and personal notes:
>
> August 21, 2010)

Interviews may have provided a degree of security for nurses to reveal

their private views. However, due to the sensitivity of the questions when under

investigation, they said things I do not believe they would have said to a

Westerner, who is regarded to have a higher status. They informed me they were telling me things in strictest confidence and said, "you tahu lah" translated as "you know what I mean," confirming they considered me as a person in the know. I accept that the nurses might have provided more detailed information to a Malaysian within their own ethnic group or similar hierarchy level. It confirmed the emic position and that establishment of trust for disclosure is decided only by the participants.

The advantage of being an insider was evident, and shared lived experiences led to communication between myself and the different ethnic groups in my research sample to occur easily and naturally. It is impossible to tell definitely whether it demonstrated mutual commonality, but my friendliness and familiarity with them appeared to encourage candor and laughter. My reflective account describes a joke I shared with one of the interviewees:

> Whilst interviewee **016** was talking about others' acceptance to changes, she mentioned some staff will follow what she tells them to do, whilst others "will make noise." She continued, as a unit manager I would call them into my office; ask what the problem was for not following my instructions. Hmm . . . and they will come up with a thousand excuses, "macam-macam" [translated different types] excuses, some not even related with work . . . We both started to laugh at the same time and it appeared to encourage her to further demonstrate her feelings through her facial expressions, the way she expressed and emphasised certain words and by what

she said. She laughingly continued, "I tell staff before you open

[clinical area] door make sure your personal problems, you leave

outside door, when going back collect it and go home"! (Interview

data and personal notes: August 25, 2010)

In writing up my dissertation, I chose to use verbatim extracts of nurses'

voices to speak for themselves as I interpreted their TNHE experiences. It meant

I had to focus on keeping nurses at the center of data interpretation. I chose to

return transcripts to interviewees and encourage them to read, amend, and verify

the accuracy of the dialogue of the interview. This enabled them to confirm they

had said what they meant and allowed them the option to expand and explain

their answers. Out of the 18 interviewees, only 10 responded to the returned

transcripts, despite my sending three email reminders. Some personal email

addresses were no longer operational, as notification of failed delivery returned

to my email inbox, whereas others simply failed to respond. All who did respond

confirmed the accuracy of the record, such as the interviewee in the following

extract. None of them asked me to add, amend, or remove any details:

Interviewee **006** Sorry for late reply. I has read the interview

transcript and satisfied with it. The dialogue of the interview is

accurate and I agreed with it. I verified that this transcript is

accurate. (Email: June 26, 2012)

Practical Lessons Learned

1. To be reflexive, I had to consider my multiple identities. This was made clear through critical self-examination, by providing explicit evidence of my preconceptions and positioning in the research. It was important to bring to the surface my personal, professional, and researcher experiences and stances to uncover ingrained assumptions and hidden insights. These were then questioned and challenged as they could impact the research.

2. Researcher bias must be made transparent. It is important to identify how the researcher's position privileged or affected the research process, decision making, and strategies adopted. Integrating meaningful personal, professional, and researcher insights, experiences, and stances situated me in my study. It also uncovered the beliefs and values that influenced or justified the reasoning behind my actions and intercultural perceptions throughout the research.

3. Participants' bias must also be acknowledged. The selection of facts based on nurses' views must be considered as bias, for example, Malaysian nurses presenting facts that they want readers in TNHE nursing academic arenas to understand about their world. I overcame this by interweaving the literature with the findings to ensure no misrepresentation.

4. The emic perspective enriched the Malaysian nurses' voices, whereas the etic opinions clarified meaning for the reader. Through the emic and etic outlook, cultural nuance of beliefs, values, and behavior are depicted to enhance the Malaysian nurses' voices either through reference to their personal lives or situations or through thoughts of the researcher. It enables the reader to

appreciate nurses' values, views, and actions and provides clarity for cross-cultural comparison.

5. Reflexivity helped shape my interpretation of nurses' experiences to reveal the TNHE universities to the Malaysian world and the Malaysian world to TNHE universities. My knowledge, insight, and experiences directed the meaning I ascribed to situations and to what was said. It also enables the reader to recognize the rigorousness of my research approach.

Conclusion

In this case study, I attempted to unravel, examine, and illustrate my personal, professional, and researcher roles through reflective and reflexive accounts, personal and analytical notes, and interview data. The study traced my personal journey through multiple roles and brought to the surface my researcher assumptions and questioned and challenged hidden insights and experiences. Initially, in my research journey, I fell into the insider/outsider dilemma with regard to my loyalty to both the TNHE universities and my interviewees, often taking on the role of sub-cultural spokesperson. Over the course of undertaking the research, I developed the ability to think dispassionately and became detached from the concepts being researched. I embraced the perspectives of the Malaysian nurses as sharing their voice became the focus, rather than forming an attachment to the TNHE universities, the nursing profession, academics, or Malaysian nurses. Reflexivity demonstrates how my position,

roles, and experiences privileged or affected the research process, decision making, communication of findings, and strategies I adopted.

Exercises and Discussion Questions

1. The researcher is required to reflect on events and situations throughout their research to enable learning and understanding. How does this differ from reflexivity which has been used in this study? Discuss the role of both reflection and reflexivity in the research process.

2. In my EdD thesis, the chapter on reflexivity was outlined prior to the presentation of the findings. Why do you think I choose to present it in this way? How would you propose presenting reflexivity in a research write-up?

3. The researcher's reflexive accounts or preconceptions and assumptions can affect the research process. How did I use these insights to enhance the research and provide useful strategies to overcome challenges as illustrated in my EdD? Explain how acknowledging such challenges can affect the research process.

4. Examples of extracts from reflexive and reflective accounts, personal and analytical notes, and interview data were used to justify the research journey. Do you feel that it was useful to do this? How do you think you could present your research journey? Why have you chosen this decision?

5. In this research, the researcher focused on presenting an emic and etic perspective. Do you feel the nurses' views were explained and enhanced using the emic stance? Did the etic views provide clarity and understanding for the reader of the research? Explain your answers.

Further Reading

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