Qualitative research as reflexive process: a word limitation challenge in qualitative health care research publications?

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Abstract

Background: There is a general consensus across health related disciplines that reporting of qualitative research should address criteria such as researcher reflexivity. Reflexive practice is thus understood as integral to producing rigorous and trustworthy research outcomes.

Nevertheless, many journals in the health context impose a strict word limitation on original research articles, which may hinder reporting such aspects of the research in an adequate manner.

Objective: To explore the presentation of reflexivity in original qualitative research papers, highlighting the importance of including reflexive detail that would allow the reader to better assess the quality and rigor of a study.

Results: The paper demonstrates ways in which the presentation of issues of reflexivity in regards to describing research procedure, data collection, analysis and interpretation of findings, can aid the reader's ability to make a thorough assessment of the credibility and rigor of a research study.

Conclusion: This paper has explored the utility of reflexivity as a methodological tool in producing and presenting qualitative research that can be considered trustworthy and rigorous. We argue that the strict word limitation in some journals may not allow for adequately presenting information relating to reflexivity practices, inhibiting a thorough assessment of the quality and rigor of such research. Moreover, we suggest specific ways in which reflexivity may be incorporated into an original research paper in the face of a word limitation challenge

Keywords: Qualitative methodology, word limit, reflexivity, rigor, quality, trustworthiness

Introduction

Qualitative approaches to knowledge production seek to explore phenomena taking research participants' own experiences, views and meaning making as the starting point (1, 2). Qualitative research thus produces knowledge grounded in participants' lived experiences and perspectives. In doing so, methods of generating data are multiple and varied, including for example interviews, focus groups, observations, document analysis, visual analysis and memory work (2,3). In general terms, it can be argued that qualitative researchers across the health, welfare and social science disciplines have been concerned with generating rich, context specific accounts of experience, that aid theoretical development and contribute to the existing knowledge in a field (2). Furthermore, descriptive, generic or pragmatic approaches to qualitative research has had a central place in the fields of nursing and medicine (4, 5). Smith, Bekker and Cheater (4) suggest that a polarization exists between researchers who advocate generic approaches to analyzing qualitative data, and those who adopt theoretical approaches such as for example discursive, narrative and grounded theory methods. They argue that generic approaches are particularly concerned with giving "accurate" descriptions of participants' experiences. Nevertheless, in the context of both approaches what participants say about their experiences can be understood as co-constructed through methods such as those mentioned above, and as interpreted by researchers who are already situated in embodied, professional, social, political and historical terms (6, 7). Therefore, reflexivity may be central to achieving ethical and trustworthy interpretations of what participants say (6, 8, 9). As such, Lazard and McAvoy (7) suggest that qualitative researchers are increasingly expected to engage in reflexive processes in relation to their own positioning and interactions with participants.

In line with these ideas, Kitto, Chester and Grbich (10) argue that reflexivity is central to reporting of qualitative research in health and allied disciplines. However, the word limitation imposed on the publication of original research in many journals in this context, may be an obstacle to reporting such aspects of research in an adequate manner. In medical and healthcare journals, the word limitation for original research papers is often set at 3000 words, notably some journals allows for a maximum of 5000 words for qualitative research articles. This contrasts with the social science tradition of publishing qualitative papers of up to 9000 words. A particular concern in regards to the strict word limitation is the omittance of information that would allow the reader to better assess the quality, of a qualitative research study. In this paper we suggest that the researchers' use of reflexivity should be reflected throughout and given adequate space in a qualitative research publication, ensuring the reader's ability to assess the quality, credibility and rigor of a paper.

Reflexivity as a methodological tool in qualitative research

Ramazanoglu and Holland (11) suggest that reflexivity: "covers varying attempts to unpack what knowledge is contingent upon, how the researcher is socially situated and how the research agenda/process has been constituted". Furthermore, Lazard and McAvoy (7) have argued that the practice of reflexivity requires that researcher to reflect critically at different phases of the research, including reflecting critically on the methodological approach taken, the relationship between participants and the researcher and the personal and embodied situatedness and position of the researcher.

In qualitative research, thus, using reflexivity as a methodological tool can mean that the researcher is committed to utilizing critical (self)-reflection throughout the design, data generating and interpretation phases of the research. In practical terms, this can include different types of writing through which the researcher makes visible and explicit to

her/himself aspects of the research process, such as research logs and diaries, engaging in a reflexive form of research supervision, and generating and analyzing feedback from research participants (6, 7). In contrast to reflecting on the research process, which usually means considering the strengths and weaknesses of particular methods and strategies, reflexivity involves a more *critical consciousness raising* on the part of the researcher, not only in terms of aspects of research methodology, but also in terms of the researcher as research-instrument and situated person in the world (8). Depending on the topic of research this may require the researcher to reflexively engage in personal and moral issues relating for example to past experience, feelings, power dynamics and embodiment (7, 13, 14). As eloquently argued by Holland (14): "It is important to realize that the researcher's identity and experience shape the ideas with which they go into the field, their political and ideological stance, and there is an analytic cost if this interplay of person and research is not taken into consideration". For example, in a qualitative study of women's experiences of bulimia, Burns experienced that her own problematic history with food caused her to have strong feelings of guilt, greed and fatness in an interview with a participant (9). In utilizing a method of reflexivity in the interview, however, she asserts that she was able to identify and reflect critically upon her own situated-ness in discourses on slenderness then and there in the moment, and to manage the interaction with the participant in an ethical and beneficial manner. In particular, the practice of reflexivity, in this instance, allowed the researcher to manage her own felt and embodied experience, and to continue to pay close attention to and encourage the participant's narrative. Reflexivity thus allows the researcher to become conscious of and make visible the conditions through which data is generated and managed. Similarly, Boden, Gibson, Owen and Benson (15) suggest that in their study on suicide, the felt experience of the researchers, who interviewed participants who had attempted suicide or had been bereaved by suicide, was in need of reflexive attention particularly in regards to the analysis of the data. They highlight

the ethical importance of exploring and becoming aware of how the researchers' feelings permeate and contribute to the research, including the ways in which feelings help the researcher to make choices in interactions with participants. As such, reflexivity can aid the researcher in managing conflict, ambivalences and difficulties that emerge during the research process.

It can be argued that researcher reflexivity is of great importance to producing high quality research, not only because it allows the researcher to become aware of and critically explore aspects of the research which are integral to the production of the research outcomes, but also because this allows the researcher to present the research process and findings with transparency. We argue that it is this transparency, in regards to the conditions through which the research findings were generated, that can allow the reader to assess the quality, rigor and trustworthiness of such findings. In the next section we suggest some ways in which reflexivity can be made visible and contribute to transparency in the context of the publication of an original qualitative study.

trustworthiness (11). As explored above, qualitative researchers are increasingly encouraged to apply a method of reflexivity in order to make explicit the conditions through which the research findings emerged, ensuring rigor and credibility (8), and to enable the research to be

Suggestions for including reflexivity in the presentation of qualitative research

Qualitative research papers are typically evaluated in terms of their quality, rigor and

thoroughly evaluated by making visible such reflexivity practices in publication (11). An original research article, which uses qualitative methods, should thus include adequate description of what the researcher(s) did, including reflexive, contextual detail relating to the research procedure, in order to enable a thorough evaluation of the quality, rigor and trustworthiness of the research findings (11). An obstacle to achieving such *adequate*

description, however, is the strict word limitation set by some journals. For example, as explored by Jaye (16), this can result in presenting a research study with severely limited information about the theoretical and analytical framework through which the results were generated, allowing the reader little insight into how interpretations of the raw data were achieved. Ideally qualitative papers should be allowed a wording limit which enables the researcher(s) to *fully* present theoretical contextualization, and procedural, interpretative and reflexive detail, in turn enabling the reader to make a thorough assessment of the study. Nevertheless, we suggest adopting a reflexive and contextualizing *style of writing* in presenting the methods and results sections of a paper when working within a strict word limit.

Firstly, in the method section of the paper the description of the research procedure should be described in a manner which makes visible issues relating to the data being coconstructed in *interactions* between the researcher and participants (6, 8, 9). For example, making visible the researcher experience by highlighting central dilemmas and difficulties relating to conducting the research. This information is typically published in methodological articles (6, 8, 9, 17), but more often than not left out in empirical papers which present research results. In an article by Leonardsen, Del Busso, Grøndahl, Ghanima and Jelsness-Jørgensen (18), for instance, the authors chose to leave out details which could have informed the reader of the dynamics through which the data and subsequent analysis was generated. As such, the paper did not make visible the interviewer's positioning, simultaneously as academic researcher and young, female nurse, interviewing, mostly male, General Practitioners (GP). It was, however, apparent to the researchers that particular power dynamics, relating to age, gender and occupation, were present and contributed to the interviewing interactions. In the first interview, for example, the researcher wore a white summer dress and experienced that this contributed to highlighting the age and gender

difference between herself and the interviewee, a male in his 50s with a stern manner. At the end of the interview, the GP made a comment expressing, in general terms, his dissatisfaction with female researchers.

Furthermore, we suggest that as part of the methods section it is also of great importance that the method of reflexivity utilized within the research is presented with reference to the literature, describing how this was carried out by the researcher. Typically, researchers who mention reflexivity in the methods section, include a few sentences stating in general terms that reflexivity was applied in the research process (19, 20). In contrast, including a short description of the practice of reflexivity, not in general terms but as it was carried out in the specific study, will allow the reader insight into how the researchers worked in order to ensure a rigorous research process and trustworthy results

Secondly, we suggest that in the context of a study which applies reflexivity, the most appropriate way to present participants' accounts in the results section is with reference to *participants as people*, not as numbers. Giving participants a pseudonym emphasizes that the data in generated and interpreted in an interaction between the participant and the researcher (6, 7, 9). In addition, details about the participants and the interaction between participant and researcher can be weaved in to the text in order to contextualize what is presented as participant experiences, perspectives or meaning making. It can be argued that in qualitative research that explores peoples' experiences and perspectives, it seems of particular importance to present the reader with a contextualization, for instance through the use of a name and other details, allowing an understanding of experience as lived through by people in specific contexts (21). This person-centered and contextualized approach to presenting participants words would thus enable the reader to better assess the credibility of

the analytical interpretations made by the researcher, and to evaluate the analysis in terms of nuance and complexity.

Furthermore, as explored above, in qualitative research data is generated in an embodied interaction between participant and researcher, and therefore the *spatial and material* setting may be of methodological and analytical importance (22). Spatial, sensuous and relational detail pertaining to the *context of the data generation* can thus be woven into the presentation of the findings showing the researcher's reflexive engagement with participants, place and the co-construction of data.

In the context of strict word limitation imposed on qualitative research papers, and the increasing expectation that researchers should use and make visible their reflexivity practices in publication, we have suggested w*ays of writing* researcher reflexivity into the method and analysis section of a paper. Our suggestion is that this way of presenting the reflexive aspects of the research process contributes to transparency, and the reader's ability to assess the rigor and trustworthiness of a study.

Concluding comments

In an increasingly complex world, medical and health related knowledge that is nuanced, person-centered and produced through rigorous and trustworthy methods, can be of great benefit to researchers, practitioners and patients. This paper has explored the utility of reflexivity as a methodological tool in producing and presenting qualitative research. We argue that the strict word limitation for original research papers in some medical journals may not allow for adequately making visible the conditions through which qualitative research results were produced, in many cases inhibiting a thorough assessment of quality, rigor and trustworthiness of a publication. Nevertheless, this paper has offered ways of incorporating reflexivity into the presentation of qualitative research, simultaneously emphasizing

reflexivity as a methodological tool that allows the researcher to identify and critically assess the conditions through which the research findings emerge, as well as to present their research in a transparent manner.

References

- (1) Brottveit, G. Vitenskapsteori og kvalitative forskningsmetoder. Om å arbeide forskningsrelatert. Oslo: Gyldendal Akademisk; 2018
- (2) Denzin, N and Lincoln, Y. The Sage handbook of Qualitative Research. California: Sage publications; 2018.
- (3) Willig, C. Introducing qualitative research in psychology. England: Open University Press; 2013
- (4) Smith, J., Bekker, H. and Cheater, F. Theoretical versus pragmatic design in qualitative research. Nurse Researcher 2011; 18: 39-51.
- (5) Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006; 3:77-101.
- (6) Del Busso L. Embodying feminist politics in the research interview: material bodies and reflexivity. Fem Psychol. 2007;17:309-15.
- (7) Del Busso, L. Å bli en etisk forsker, in Brottveit, G. Vitenskapsteori og kvalitative forskningsmetoder. Om å arbeide forskningsrelatert. Oslo: Gyldendal Akademisk; 2018
- (8) Lazard, L. and McAvoy. Doing reflexivity in psychological research: What's the point? What's the practice? Qualitative research in psychology. 2017; https://doi.org/10.1080/14780887.2017.1400144

- (9) Burns, M. Bodies that speak: examining the dialogues in research interactions, Qualitative Research in Psychology. 2006: 3; 3-18,
- (10) Burns L. Interviewing: Embodied Communication. Fem Psychol. 2003;13:229-36.
- (11) Kitto S, Chesters J, Grbich C. Quality in qualitative research. Criteria for authors and assessors in the submission and assessment of qualitative research articles for the Medical Journal of Australia. MJA. 2008;188:243-64.
- (12) Ramazanoglu C, Holland J. Feminist Methodology: challenges and choices.

 London: Sage Publications; 2002.
- (13) Burkitt I. Emotional reflexivity: feeling, emotion and imagination in reflexive dialogues. Sociology. 2012;46:458-72.
- (14) Holland J. Emotions and Research. Int J Res Methodol. 2007;10:195-209.
- (15) Boden Z, Gibson S, Owen G, Benson O. Feelings and Intersubjectivity in Qualitative Suicide Research. Qual Health Res. 2015;26:1078-90.
- (16) Jaye C. Doing qualitative research in general practice: methodological utility and engagement. Fam Pract. 2002;19:557-62.
- (17) Engelsrud, G. The lived body as experience and perspective. Methodological challenges. Qualitative research. 2005; 5: 267-284.
- (18) Leonardsen A, Del Busso L, Grøndahl V, Ghanima W, Jelsness-Jørgensen L. General practitioners' perspectives on referring patients to decentralized acute health care. Fam Pract. 2016:1-6.
- (19) Del Busso, L. and Reavey, P. Moving beyond the surface: A poststructuralist phenomenology of young women's embodied experiences in everyday life.

 Psychology & Sexuality. 2013; 4: 46-61.

- (20) Bagwell-Gray, M.E. Women's healing journeys from initimate partner violence: establishing positive sexuality. Qualitative Health Research. 2018. DOI: 10.1177/1049732318804302
- (21) Henderson M, Brooks S, Del Busso L, Chalder T, Harvey S, Hotopf M, et al. Shame! Self-stigmatisation as an obstacle to sick doctors returning to work: a qualitative study. BMJ Open. 2012;2.
- (22) Ihlebæk, H.M. Blood, Sweat and Tears: Making Sense of senses in Expert Nursing. Ethos. 2018 https://doi.org/10.1111/etho.12220