

Reflexivity: the experience of undertaking an ethnographic study to explore issues of consent to intrapartum procedures

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Abstract

Background. Reflexivity is a popular, yet complex process, which attempts to analyse personal, intersubjective and social processes that influence research projects, particularly those using a qualitative approach. With the rising popularity of qualitative methods being used to examine health care and midwifery practice, as well as the increased public and professional scrutiny of research, reflexivity provides a means of strengthening greater transparency and quality in this type of research.

Aim. This paper examines the concept of reflexivity and highlights specific issues that researchers need to consider when undertaking ethnographic studies involving participant observation. Reference will be made to personal experience of undertaking an observational study examining informed consent to intrapartum procedures.

Methods. Application to undertake the study was approved by the local research ethics committee. Data were collected by field-notes, which were made through participant observation, followed by semi-structured interviews with each woman observed and the corresponding midwives within 24 hours of the baby's birth. In addition, notes pertaining to personal thoughts and experiences before, during and after the data collection and analysis were recorded in a research diary to add to the reflexive account.

Findings and conclusion. Each way of approaching reflexivity has strengths and limitations and will be dependent on the research methods used in respect of fulfilling the aims of the study. Each researcher is responsible in deciding how best to exploit the reflexive potential of the research to ensure their final account is authentic, trustworthy and of good quality.

Key words: Reflexivity, introspection, inter-subjective reflection, collaborative reflection, social critique, conscientious reflection, ethnography, participant observation, informed consent, evidence-based midwifery

Introduction and overview

All qualitative researchers are part of the social world in which they study, regardless of the approach they use, which in turn raises issues of subjectivity and bias when attempting to demonstrate the trustworthiness of their findings. It is therefore important that as the study is being carried out, the researcher has the ability to reflect back and forth on the research process and challenge their own perceptions and influence on it. This is known as reflexivity.

For the purpose of this paper, a number of variants of reflexivity will be examined within the context of the personal experience of undertaking an ethnographic study, which set out to examine informed consent to intrapartum procedures through the interactions between health professionals and women in labour. The ethnographic study using participant observation aimed at determining to what extent health professionals obtain informed consent during labour within the labour ward environment of a large teaching hospital in an East Midlands city in the UK. A total of 100 healthy women who went into labour spontaneously at term took part in the study and were observed throughout their labour, until they were transferred to the post-natal area with their baby. Follow-up interviews were conducted with the women and the attending midwives within 24 hours of the baby's birth, using a semi-structured format based on the

earlier observations. In addition to the observation field-notes and interview transcripts, notes pertaining to personal thoughts and experiences before, during and after the data collection and analysis were recorded in a research diary to add to the reflexive account. To be in-keeping with the focus of this paper, personal reflections will be written in the first person.

The concept of reflexivity

Being reflexive is more complex than being reflective. The latter term can be defined as thinking about something after the event, whereas the etymological origin of the former concept means to bend back upon oneself. Finlay and Gough (2003) indicate that this can be applied in research terms as thoughtful, self-aware analysis of the inter-subjective dynamics between researcher and the researched. Lipp (2007) relates this to how the researcher examines the way in which their research acts on the world and how the world acts on their research. Lipson (1991) affirms that reflexivity requires critical self-reflection of the ways in which the researcher's social background, personality, personal assumptions, position and behaviour can impact on the research process, particularly the collection and analysis of the data.

Numerous typologies/variants of reflexivity have been published (Lipp, 2007; Taylor, 2006; Davis and Klaes, 2003; Freshwater and Rolfe, 2001; Finlay, 2002; Lynch, 2000; Marcus,

1994; Wilkinson, 1988), with each having its own strengths and weaknesses, as well as presenting particular opportunities and challenges for the researcher. Reflexivity can be an individual activity or between members of the research team (an essential part of action research) and research students and their supervisors as a means of challenging personal prejudices regarding the research experience. The following variants of reflexivity will be examined within the context of undertaking an ethnographic study into intrapartum informed consent: introspection, inter-subjective reflection, collaborative reflection, social critique and conscientious reflection.

Reflexivity as introspection

It could be argued that much research that is undertaken originates with data from the researcher's personal experience and interest, as in my own case. In clinical practice, it had not only been personally observed, but also documented in studies that during intrapartum care, women accept what is done to them without challenging midwives and doctors, and in turn, health professionals accept this as consent to proceed (Henderson, 1984; 1991; National Childbirth Trust (NCT), 1989; Bergstrom et al, 1992; Menage, 1993; Coldicott et al, 2003). As a consequence, such introspection had yielded a personal insight that would then set out to form the basis of a more generalised understanding and interpretation of intrapartum informed consent.

As an experienced midwife and university lecturer, I was fully conversant with the legal and ethical concepts of informed consent, the local labour ward environment where the study was conducted and my own clinical practice. Consequently, I needed to be aware of the extent personal experience was integrated into my personality and the effect this would have on data collection. The phenomenologist Husserl (1970) asserts that it is important to identify, examine and bracket out [reduce] presuppositions and pre-understandings, in order to enter the lived experience of the participants and appreciate their perspectives. However, in comparison, Heidegger (1962) argues that it is not possible or even desirable to bracket personal beliefs during the philosophical process. Conceptual understanding of bracketing is therefore complex and can be problematic when we already know too much about the issue being studied (LeVasseur, 2003; van Manen, 1990). Merleau-Ponty (1962) acknowledges that the most important lesson that the bracketing process educates us about is that a complete reduction is impossible. On the other hand, it could be argued that the researcher should at least attempt to make their position explicit to better contextualise any understandings. Applying these principles to my study, I aimed to be reflexive on my experience of being a midwife-researcher studying other midwives and health professionals as they attended women in labour, and thus made additional notes in a diary as to any personal thoughts and feelings of what I was observing. This was to attempt to reduce the effect of my own experiences of obtaining consent in labour on what I was studying.

The challenge, as Finlay (2003) purports, is for researchers using introspection to draw on personal revelation not as an end in itself, but as a springboard for interpretations and more general insight. As a result, links between knowledge claims, personal experiences of both participant and researcher and the social context become more explicit.

Reflexivity as inter-subjective reflection

This type of reflexivity can be found across a range of research approaches such as ethnographic, feminist, phenomenological and psychoanalytical research. The focus is on the situated, emergent and negotiated nature of the research encounter and how unconscious processes structure relations between the researcher and the participant. Sartre (1969) states that the self and its relation to others becomes the aim and object of the focus, requiring a radical self-reflective consciousness on the part of the researcher in relation to those being researched (Lipp, 2007).

Researchers who utilise this variant of reflexivity are generally critical of the emotional investment they have in the research relationships concerned. Goffman (1959) recognised that during the course of fieldwork, participants who associate with the ethnographer will cast him or her into certain identities on the basis of ascribed characteristics, as well as aspects of appearance and manner. This must be monitored for its effect on the types of data collected. At the same time, the ethnographer will generally try and shape the nature of their role, through adaptation of dress and behaviour in order to facilitate obtaining data.

Hammersley and Atkinson (2007) considered that age and its associated features will have a bearing on the way people react to the researcher and what they are permitted to do. This ultimately will determine the kinds of relationships established between researcher and participants and the extent of data collected. The personal characteristics of the researcher and how these relate to participants in the study can be controlled to a degree by the researcher's presentation of self. Measor (1985) found that taking care to dress appropriately according to the age of the teacher she was interviewing and drawing on shared interests and biographical experiences, helped to facilitate the interview process. More recently, Johnson et al (2008) discovered that where helping behaviours were apparent in social interactions, dress, status and attractiveness between the participants played a considerable role.

As in Kirkham's (1987) study, I had decided not to wear a uniform when undertaking participant observation to avoid being identified as a member of the midwifery staff and being expected to contribute to the activities of the workforce. In contrast, Holdaway (1982) wore the uniform of a police officer in his covert study, and proceeded to participate as such a professional, which caused him difficulty in making contemporaneous field-notes of his observations. To become part of the scene in her ethnographic study that explored the lives of childbearing women and their families living in material poverty within the West Midlands in the UK, Hunt (2004) had adopted a less formal dress code of leggings, T-shirt and trainers. Bearing these studies in mind along with the findings from Johnson et al's (2008) critique, I carefully considered the style of dress I should wear for the follow-up interviews to ensure my presentation of self was facilitative to the interaction. This was not only influenced to some extent by the age and background of the individuals being interviewed, but also the range of other responsibilities I had scheduled for the same day in my capacity as a university lecturer. The dress code was less formal when interviewing the younger participant with trousers and jumpers/blouses being worn in comparison to the older/professional participant, when I chose to wear a dress/skirt and blouse/suit.

Despite all efforts to ensure my dress code was compatible to

the individual being interviewed, the women in the study generally appeared willing to converse and articulate their birth experiences regardless of their age and social class. This was probably due in part to my continued presence throughout their labour and the degree to which the relationship had developed during the observational stage of the study, prior to the interviews.

Reflexivity as collaborative reflection

Lipp (2007) states that the intent of collaborative and action research studies is to reduce the power differentials between researcher and researched by facilitating participant reflexivity in order to establish a team of equal co-researchers. Undertaking an ethnographic study regarding informed consent in labour as a sole researcher rather than a member of a team, this level of collaborative reflection did not exist. However, I did engage in reflexive discussion on a regular basis with my research supervisors (using entries from my research diary) and with members of the local inter-professional research seminar meetings. I was often faced with challenging questions at these meetings, particularly in the early stages of the study and as Barry (2003) warns, team members may offer differing, even conflicting perspectives on a specific issue that might overwhelm the inexperienced researcher. Nevertheless, the experiences that I encountered helped to facilitate enhanced reflexivity by challenging the research methodology I had chosen alongside my personal motivations and prejudices. This in turn led to a greater understanding of the area under investigation and a final reflexive account where the degree of bias towards a particular group of participants would be minimal.

As research participants also have the ability to be reflexive, Finlay (2003) and Lipp (2007) acknowledge that they can be co-opted into the research as co-researchers, involving collaborative reflexive dialogue during data analysis and evaluation. This practice extends beyond the usual strategy of offering the data to the individual participants for their commentary in order to validate the researcher's interpretations, which was the level of collaboration I adopted in my study.

While collaborative reflexivity enables members to move beyond their preconceived beliefs and prejudices towards representing multiple voices and conflicting opinions, critics of this type of reflexivity reject the element of compromise and negotiation, believing that it has the potential for diluting the insights of the individual researcher. The following section attempts to further address the unequal relationship between researcher and participant in respect of power and authority within the context of reflexivity as social critique.

Reflexivity as social critique

This type of reflexivity seeks to manage the power imbalance in the research setting, the organisation or society between researcher and participant (Lipp, 2007). Johnson and Scott (1997) affirms that reflexivity as a social critique attempts to provide a voice for the unheard, while acknowledging tensions that may arise from different social positions, such as gender, class, status and race. In this context, Finlay (2003) states that the researcher's imperative is to unravel the rhetoric of being a voice of authority and enable multiple voices to be heard instead. Because of the nature of ethnographic studies, it is expected for there to be a degree of bias, but rather than champion the underdog as Dingwall (1980)

warns, the findings from the study should reflect a 'reasonable' level of objectivity by discussing the perspectives of all participants in the study regardless of their position (Spencer et al, 2003).

Hammersley and Atkinson (2007) acknowledge that the researcher cannot escape the implications of gender as no position of genderless neutrality can ever be achieved, though the implications of gender vary according to setting and are intertwined with sexual orientation. When undertaking the study into intrapartum informed consent, being female enabled me easy access to the labour ward and its participants in order to undertake the study using both observational and interviewing techniques, as childbirth is essentially women's work. It was also important to be reflexive and constantly assess the impact of one's gender and familiarity with the setting to ensure the account accurately reflected the experiences of all the participants and was not biased to one particular sex or group. In addition, some women later revealed during the interviews that they had only given their consent to take part in the study having been informed by the attending midwife that the researcher (myself) was both a woman and a midwife, as they "did not want just anyone seeing them in labour".

As a professional, middle-class woman, considering Johnson et al's (2008) findings, I needed also to be mindful of how my social class and status could affect my relationships with the participants and the collection of data, especially as far as the childbearing woman was concerned. Both Kirkham (1987) in her study of interaction between health professionals and women during labour, and Holdaway (1982) in his study into police practice, particularly among the lower ranks, used participant observation as their data collection means, in settings they were professionally qualified and well experienced in. Although being a professional in the setting enabled me access with relative ease, it also highlighted similar areas of concern to consider when undertaking the study into intrapartum informed consent. Similar to Kirkham (1987) and Holdaway (1982), I would never be a complete stranger in the way that most researchers are, giving rise to issues of familiarity potentially being overlooked in my observations. However, Hunt (2004) found in her ethnographic study, that being an outsider on the inside was uncomfortable and demanding as she had little in common with those women she was interviewing. Her social status, Welsh accent and vocabulary were barriers she had to deal with alongside facing challenges within the community, such as reverting to use public transport to travel to the area after finding the wheels had been stolen from her car. Kirkham (1987) states that she felt very uncomfortable at first attempting mere observation, as it was difficult to refrain from thinking as a midwife, rather than viewing the situation from the woman's perspective. In some instances, when the number of staff on duty was limited, she had a tendency to intervene. Although Henderson (1984) considered that observation was the most appropriate method of enquiry to study consent to intrapartum amniotomy, she realised that such a research approach could not only influence the behaviour of those observed, but also the data collection may be further complicated by her being known to the midwives in the area under study. Nevertheless, she claimed that as the study progressed and she became accepted as part of the scene, the influence of her presence became minimal. As Pellat (2002) highlights, researching one's own culture can cause tension between strangeness and over-identification of professional role. It is therefore important

in settings that are familiar to be reflexive, adopting a more marginal role and being intellectually poised between familiarity and strangeness, in order to minimise subjectivity and bias and aim towards a more objective, critical and analytical perspective.

Assisting with simple tasks on the labour ward while waiting to recruit suitable women to the study rather than being a hindrance to the midwives and sharing their coffee room, enabled me to become part of the labour ward scene such that the influence of my presence during the observational stage became less obtrusive as the study progressed (Stoddart, 1986; Posner, 1980). However these activities, as well as making the decision to always accompany the last midwife out of the labour room and undertake the follow-up interviews in the hospital environment, could be considered to be a limitation of the study as they clearly identified my position with the labour ward midwives, rather than the childbearing woman and the medical staff.

Furthermore, my professional status of being not only a midwife, but also an experienced midwifery lecturer known to many of the midwives and student midwives in the study, may have accounted for them never refusing to participate in the study: an effect that Taylor (2001) previously reported. While this may be perceived by some as a limitation of the study in terms of researcher influence, others may see it as a strength, as some midwives readily sought to recruit women to the study on my behalf. However, Pearsall (1965) and Hunt (2004) recognise that there may also be problems with being accepted by those in the field, because they are on home territory and make the ground rules about collaboration. This was apparent to a degree in my study as there were three midwives who appeared reluctant to recruit women to the study, possibly perceiving the presence of a midwifery lecturer to be a personal threat to them, assuming I would be scrutinising their clinical practice. As a midwife and a teacher, Adams (1989) also experienced difficulty collecting data in her ethnographic study into communication during the second stage of labour. While some midwives readily gave her access to the women, believing that by participating in the study it would not only help to improve their communication skills, but also benefit their teaching such skills to student midwives, others failed to inform her when women were nearing the second stage of labour as they felt their practice would be under scrutiny.

Where student midwives had provided the majority of intrapartum care with indirect supervision from their midwife mentor, I had observed that they attempted to fully inform women of the benefits and risks of procedures as far as their knowledge allowed. It was recognised that my existing relationship with the student midwives in the study as a midwifery lecturer could have affected the data that were gathered to the extent that women were more likely to be given non-biased information, enabling them to make their own intrapartum decisions. In this context, my presence as the researcher therefore could be seen as a further strength of the study design in terms of benefiting the participants, namely the women.

Taylor (2005) and Richards and Emslie (2000) recognise that the status of the researcher can influence the type of answer from the respondent, where the researcher is seen as a powerful figure. As a result, socially desirable answers may be given in which the respondents say what they feel will show them in a positive light or what they think the researcher wants to hear. These issues were

particularly important to consider as to their effect in my study as I conducted the interviews myself and was known to many of the midwives and staff, of whom some had been former, or were current, students. The midwives' responses were therefore compared with the earlier observational data to assess whether their perceptions were an authentic and trustworthy reflection of how they communicated and behaved in the natural setting of the labour ward.

Reflexivity as conscientious reflection

Being privy to unacceptable and unethical/illegal conduct by staff or getting caught between clients and staff has been claimed by Munhall (2007) to be two of the most problematic situations for the researcher in the clinical setting, especially when they are familiar with the accepted standard of practice. Refusing to intervene in a situation that is in conflict with the conscience of the researcher, would place the value of the research above the quality of the life of the woman and fetus. Furthermore, as a midwife I am also bound by the NMC's (2008) *The code: standards of conduct, performance and ethics for nurses and midwives* to ensure that the standard of care women and babies receive is appropriate and that there is no breach in the duty of care resulting in harm to the recipient. However, as Hewitt (2007) purports, ethical codes, biomedical principles and care philosophies provide little contextual guidance on the moral dilemmas encountered in the practice of healthcare research. If researchers are to navigate the moral complexities of research relationships within this context, then sensitivity to risk to participants must be of continual concern: from the outset of the study to the reporting of findings. Examination of the self through conscientious reflection and supervision are therefore necessary components of ethical research.

In the informed consent study, unethical practice was observed on only one occasion. When a male obstetrician attempted to undertake a ventouse birth without the woman having any analgesia, I became fully aware of my conscience and moral obligations to the woman, such that no harm should befall her and her baby, as well as to her husband. As the midwife involved in the case intervened and prevented the doctor from proceeding with the birth, I did not personally have to act and consequently step out of the role of researcher. However, the supervisor of midwives (NMC, 2004) was informed of the incident should there have been any redress sought by the woman and her family.

Conclusions and implications for researchers

While this paper has highlighted some of the variants of reflexivity that were pertinent to my ethnographic study into the practice of intrapartum informed consent, there was not scope to examine all variants. Each way of approaching reflexivity has strengths and limitations and will be dependent on the research methods used in respect of fulfilling the aims of the study. As Lynch (2000: 273) purports: '*What reflexivity does, what it threatens to expose, what it reveals and who it empowers depends upon who does it and how they go about it.*' It is up to each researcher how best to exploit the reflexive potential of the research, based on their research aims. To avoid reflexive analysis altogether is likely to compromise the research, which should ensure the research's final account is authentic, trustworthy and of good quality.

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