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Operationalizing reflexivity to improve the rigor of palliative care research

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ABSTRACT

Reflective practice involves deliberate consideration of actions, attitudes and behaviors. Reflexivity in research is considered important for ensuring that research is ethically and rigorously conducted. This paper details the challenges of conducting research involving patients with palliative care needs within the acute hospital environment. It discusses the contribution of reflexivity to a pilot study using the Patient Dignity Question (PDQ) "What do I need to know about you as a person to take the best care of you that I can?" as a brief intervention to foster a more person-centered climate. Challenges that emerged are discussed from the perspectives of the researchers, the participants, and the setting; they relate to: timing and recruitment, the nature of palliative care illness, attitudes to research, and the research environment. Awareness of such issues can prompt researchers to devise appropriate strategies and approaches that may inform and assist the rigor and conduct of future research.

1. Introduction and background

Reflective practice involves deliberate consideration of actions, attitudes and behaviors. It is often discussed in relation to improving clinical health practice (Johns, 2009). Reflexivity in research is also considered an important part of ensuring that research is ethically and rigorously conducted (Seale, 2012). This paper discusses the contribution of reflexivity to a research project involving patients with palliative care needs within the acute hospital setting. The study aimed to examine the use of the Patient Dignity Question (PDQ) "What do I need to know about you as a person to take the best care of you that I can?" as a brief intervention to foster a more person-centered climate by promoting a therapeutic relationship between healthcare professionals (HCPs) and their patients (Johnston et al., 2015).

Clinton (1998:200) defines reflexivity as involving a potentially more complex 'higher order' activity than reflection; Finlay (2003: ix) differentiate between the two processes thus: 'Reflection can be defined as "thinking about" something after the event. Reflexivity, in contrast, involves a more immediate, dynamic and continuing self awareness'.

Reflexivity provides a means of critically reviewing the research process, and can enhance the confidence of practitioners new to research (Walker, Read, & Priest, 2013). However, Kinsella (2010:4) concludes that there is a lack of conceptual clarity surrounding reflective practice in general, arguing that the term is 'in danger of becoming an empty, meaningless phrase, that at once means everything and nothing'. It is therefore important to distinguish between the different types of reflective activity that are taking place, and to detail how these are being achieved, for any account of reflective practice or reflexivity to be meaningful. According to Mauthner and Doucet (2003:414), there is a lack of guidance about how to 'operationalise' reflexivity.

Seminal work by Schön (1983) detailed how reflection could be used to the benefit of professional practice. This work has formed the basis of current critical reflection in healthcare, as a means to enhance knowledge development and skill improvement (Murphy & Timmins, 2009).

Finlay (2003) suggests a reflection–reflexivity continuum to distinguish between the differing levels that may be engaged in. Similarly, Smith, Flowers, and Larkin (2009:189) discuss 'layers of reflection' as ranging from an everyday 'awareness', through to the type of 'deliberate controlled reflection' required for in-depth research. This latter type can involve both the researcher and participants, with the researcher asking the participant to focus and reflect on a particular experience, or sequence of events, to a greater extent than they would do naturally in everyday life. Probing or questioning by the researcher may then divulge greater meaning and detail through further reflection. In addition to this, however, the researcher must be carrying out his or her own reflexive activity, to challenge and identify any subjective influences which may be shaping and directing the research process, with a view to acknowledging and exposing the challenges (Kinsella, 2010). This involves a critical self-awareness on behalf of the researcher (Finlay, 2003), vital in acknowledging the roles and influences being

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brought to the research process by the individual researcher or research team. Nevertheless, Seale (2012) considers a reflexive account to be part of the process of enhancing research quality, requiring time, space and engagement.

Recognizing emotions felt both in ourselves, and by our research participants, forms an important part of reflexivity, and interpreting these emotions is necessary to better understand and make sense of research responses (Holmes, 2010:150). This may, in turn, lead to the research findings being more focused and better able to inform practice.

Reflective activities, however, cannot be disconnected from, and are influenced by, wider society and social processes, and the researcher must also acknowledge social influences that may become apparent in the analysis (Giddens, 1987). In further relation to this, Finlay (2003:8) discusses five 'variants' of reflexivity, as detailed in Table 1 below.

That said, reflexivity should, nevertheless, not be used to imply greater authority of the findings, or to shift attention away from the concepts being studied; reflexive strategies as a whole merely give evidence of the thought processes of the researcher, or other participants, thereby giving additional background information (Finlay, 2003). As such, reflexivity does form part of the audit trail, and in this respect the process can be seen as enhancing the rigor of the research. Self-reflection and self-critique can therefore help to contextualize a study, and provide important supplementary information that may guide the research process (Hammond, 2010).

In this article, reflections regarding the challenges of conducting a study involving patients with palliative care needs in an acute hospital in the East of Scotland are discussed with a view to informing appropriate strategies and approaches that may assist the rigor and conduct of future research.

2. The dignity research project

A mixed methods pilot study was carried out during 2013–2014 using the Patient Dignity Question (PDQ) "What do I need to know about you as a person to take the best care of you that I can?" as a brief intervention to foster a more person-centered climate by promoting a therapeutic relationship between healthcare professionals and their patients (Johnston et al., 2015). This pilot study sought to build on the PDQ work developed by Chochinov et al. (2005) as part of a program to help deliver dignity conserving care to people at end-of-life. The unique aspect of the study being discussed here is the exploration of the use of the PDQ for patients in the acute care setting.

The acute hospital setting is acknowledged as presenting challenges for researchers (Baillie, 2009), and within palliative care, even more so. This reflective account aimed to assist the overall pilot study evaluation, and to provide information on the challenges of conducting such research, as guidance for future research work.

Thirty patients and 17 healthcare professionals took part in the original study. The reflective perspectives being detailed here relate to the researchers, patients taking part in the study, HCPs, and the acute hospital environment in which the study was conducted. While the researchers made reflective notes as part of the study process, patient and professional participants also gave input when asked to reflect on the conduct of the study in post-study feedback. This ensured that the research incorporated, and was shaped by, the views of patient–participants (Wright, Hopkinson, Corner, & Foster, 2006).

Ethical approval for the study was granted by the East of Scotland Research Ethics Committee, (13/ES/0033) and NHS Tayside R&D (2013ON09). The main study findings are reported elsewhere (Johnston et al., 2015).

Table 1
Variants of reflexivity (summarized from Finlay, 2003).

Variant	Detail
Introspection	Knowledge of self as a springboard for interpretations
Inter-subjective reflection	Looking inward for personal meaning, and outward for shared meaning
Mutual collaboration	Researchers recognize participants as having the capacity to be reflexive
Reflexivity as social critique	Examining tensions of power, culture, class, gender, or race within the research
Ironic deconstruction	Attention is paid to the ambiguity or multiple meanings within language used by participants

3. Challenges and reflections

Challenges that emerged related to four main areas: timing and recruitment, the nature of palliative care illness, attitudes to research, and the research environment. Each of these issues has a bearing on the conduct of research involving participants with palliative care needs, particularly within the acute hospital setting, as will be discussed further below.

3.1. Timing and recruitment

As with many research projects, there were challenges of recruitment in relation to time; these included giving time for patient participants to consider the study prior to consent/participation, and trying to capture the views of busy HCPs, who also had the same rights as patient participants in terms of time for consideration and consent. In addition, shift patterns of staff participants had to be taken into account. HCPs may have limited time to engage in research, and may not see it as a priority if they also have little time for clinical care. However, although there may be a tendency to attribute the challenges of recruiting HCPs to their busy workloads, the reasons for HCPs' non-participation in research may be many, varied, and more complex than initially apparent (Rendell, Merritt, & Geddes, 2007). Lack of time might be one factor, but gaining feedback from professionals during the early stages of a study may identify other dis/incentives to taking part which could help ascertain modifiable aspects to facilitate recruitment at later points (Fischer, Burgener, Kavanaugh, Ryan, & Keenan, 2011; Rendell et al., 2007).

By reflecting on responses from HCPs and patients gathered during an initial feasibility study (Johnston, Gaffney, Pringle, & Buchanan, 2015), the research team were able to amend their approaches to better suit how and when they made contact, to encourage increased participation. Such strategies, incorporating a step-wise approach to research progression and enhancement, are endorsed by the Medical Research Council guidelines for the conduct of research (MRC, 2008).

Inherent in funded, time-limited research projects is the dilemma of trying to meet research targets (e.g. numbers of participants needing to be recruited) against respecting participants' other needs. This relates to the tensions researchers sometimes experience in terms of their clinical and research roles (Blythe, 2013). Such tensions also arise in relation to the health conditions of research participants, as will be discussed next.

3.2. The nature of palliative care illness

Due to the focus of the research, the patient participants all had palliative care needs, and were sometimes too ill or tired to participate; the researchers also noted a lack of concentration ability either as a result of this, or due to other psychological concerns. However, when they were able to be included, comments from the participants were generally very favorable with regard to taking part in the research. This indicates that even at end-of-life patients may have altruistic views about helping others, although the researchers reflected on, and acknowledged, their own frequent hesitancy to approach ill participants.

In addition to this, within palliative care research there may need to be caution with regard to selecting participants who already have an awareness of the palliative nature of their condition prior to being approached about a study. There may be concerns that the research