Reflexivity in PHIR: Let's have a reflexive talk!

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ABSTRACT

In 2009, a group of researchers who gathered in the context of the Population Health Intervention Research Initiative for Canada (PHIRIC) agreed upon the need to define a specific set of competencies for population health intervention research (PHIR). Following this event, a consultative process allowed the definition of six domains of core competencies in PHIR, which were released for the first time last summer. In this comment, we would like to respond to this set of competencies and, more specifically, to the “reflective researcher” domain of the competencies. We believe that propositions in this domain are rooted in a narrow and oversimplified definition of reflexivity. Furthermore, we are concerned that disseminating such propositions is not only misleading but could also encourage a false practice of reflexivity, impeding the evolution of the PHIR field and its capacity to improve population health. In order to illustrate our point, we build on commonly accepted definitions of reflexivity to critically examine the initial propositions of the group and suggest new ones. As researchers in the population health intervention field, we believe that a more accurate definition of what is a reflective researcher is crucial in order to foster the continuous development of the field and its capacity to improve population health.

KEY WORDS: Reflexivity; reflective researcher; population health intervention research

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In this commentary, we would like to react to last summer's release of a set of core competencies for population health intervention research (PHIR) that has been developed by the Canadian PHIR community.¹ More specifically, it is the “reflective researcher” domain that is the focus of our commentary.

Since 2006, an alliance of individuals and organizations, called the Population Health Intervention Research Initiative for Canada (PHIRIC), has gathered to explore strategies to improve the quality, quantity and use of PHIR in Canada. The strategies that PHIRIC identified included the need to guide and support capacity development in this field. Following a workshop organized in June 2009 by PHIRIC, a working group was given the mandate to define a set of core competencies for PHIR through an interactive and participatory process, in order to take advantage of the expertise and experience of the PHIR network in Canada. This lengthy process involved interviews with directors of PHIR training programs across Canada, a document analysis, Delphi groups with Canadian PHIR experts, and a focus group with international PHIR experts. This process allowed six domains of core competencies in PHIR to be developed. According to the working group, the population health intervention researcher should be able to 1) demonstrate foundational knowledge relevant to PHIR; 2) manage PHIR projects; 3) plan PHIR; 4) integrate knowledge translation and exchange within the PHIR process; 5) carry out PHIR; and 6) be a reflective researcher.¹ It is this last point that is the focus of our commentary. From the PHIRIC working group standpoint, being a reflective researcher means to carry out the following:

1. Adhere to a relevant set of professional standards of practice.
2. Apply a relevant set of ethical principles to the research process.
3. Develop professional networks within and outside one's field.
4. Seek out learning opportunities within and outside one's field.
5. Reflect on one's own strengths and limitations as a researcher.

6. Reflect on one's role in improving population health and health equity.¹

We believe these propositions reflect a narrow and oversimplified definition of reflexivity* and what it means to be a reflective researcher in the context of PHIR. Furthermore, we are concerned that disseminating such propositions is not only misleading but could also encourage a false practice of reflexivity, impeding the evolution of the PHIR field and its capacity to improve population health. In order to illustrate our point, we will build on commonly accepted definitions of reflexivity to critically examine the initial propositions of the group and suggest new ones.

First, the PHIRIC working group's propositions on reflexivity are ambiguous and unrepresentative of the literature on this theme over the past few years. In accordance with a large number of authors, we believe that reflexivity is an intended and conscious intellectual activity in which individuals (or groups) explore or examine their experiences to develop new understandings that ultimately shape their actions.²⁻⁶ In a professional context, “reflexivity challenges the practices, roles, beliefs, and values of practitioners and promotes learning and redevelopment of practice”⁷ (p. 2). In research, reflexivity is often considered an epistemological investigation, in which researchers question their relation to the object of research and the processes by which the research is conducted.⁸⁻¹⁰ Reflexivity

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* In this paper, the term “reflexivity” is used with a comprehensive representation of the reflexivity concept, which also includes reflective practice and reflectivity.

implies the acknowledgement that research (and knowledge production) is modelled by researchers' social identity, as well as by the interplay of personal, professional and political dynamics.^{10,11} In this respect, researchers' social identity should also be interpreted as their position in the research field (e.g., young researcher, well established expert), and researchers should explore how this position influences and shapes their research.¹² Being able to "objectify" their social identity allows researchers to become deeply aware of their role in shaping the research process.¹² Reflexivity also implies the acknowledgement of the necessary partiality of individual representations and the possibility of numerous perspectives. As such, reflexivity promotes the engagement of multiple actors in the research process, whether they are researchers or participants, given their ability to produce knowledge built from their individual conscience and their own way of being in the world.¹³ In the propositions of the PHIRIC working group, reflexivity as an epistemological investigation of the research process and the researcher's role is minimized and underrepresented. Some of the propositions barely reach our expectations about what should be a reflective researcher (i.e., propositions 5 and 6), and others appear to totally miss the point. We cannot see, for instance, how proposition 3, "Develop professional networks within and outside one's field", is related to some kind of inquiry into the practice of research or experience as a researcher.

More important, the PHIRIC working group's propositions foster only a "light" application of reflexivity, in which the true benefits of being reflexive are minimized. In fact, authors interested in reflexivity have often opposed various ideal-types of this concept, each emphasizing a specific function of the activity. Often, these types of reflexivity are opposed in the way they question the experiences and practices of research: one type may "improve best practice within currently accepted boundaries",¹⁴ whereas the other may question and challenge the research practices of the whole system by raising the researcher's awareness and critical conscience from a broad social perspective.^{7,14} This latter exercise, as a process for assessing the impact of research on social dynamics, can potentially transform the researcher into an engaged and invested social actor who is able to promote true social change.^{7,14,15} We believe that a sound contribution of PHIR to society can only come with this kind of reflexivity, where assumptions, power dynamics and moral issues underlying research practices are questioned. There is almost nothing in the six propositions of the reflective researcher domain that allows us to think that a reflective researcher should question the system of practice within which he or she is embedded. On the contrary, the guidelines provided encourage researchers to comply with standards of practice and accepted ethical principles (propositions 1 and 2). Complying with standards and guidelines ensures a high-quality practice. However, we believe that being reflexive also means examining, exploring and questioning these standards and principles, which should never be regarded as unproblematic assumptions.

We believe that being a reflective researcher in PHIR means the following:

1. Acknowledging our role as actors in the research process and knowledge production;
2. Acknowledging that our research and its results are necessarily situated in a context and are partially modelled by our own social identity as researchers;
3. Examining our own research practice in order to question its underlying assumptions, values and moral issues;
4. Examining the practice of PHIR in order to question its underlying assumptions, values and moral issues;
5. Questioning the impact of our research on the reproduction of power dynamics and hierarchies, and identifying possible unintended negative effects of our research;
6. Reinvesting the product of our reflections in our actions.

In addition, in accordance with most of the authors in the field, we believe that reflexivity is a transversal skill and, as such, should be conceived of as being an integral part of all other types of PHIR skills (i.e., managing, planning and implementing research, and translating knowledge from that research).

We are concerned that disseminating the PHIRIC working group's propositions about reflexivity could encourage a false practice of reflexivity, impeding the evolution of the PHIR field and its capacity to improve population health. In fact, unlike descriptive or analytic research in population health that aims to understand health, PHIR is concerned with "testing those understandings by the act of intervention in the causal mechanisms under investigation" and "learning from the actions implemented to address those phenomena in order to improve our practice".¹⁶ As such, this kind of research has a social action agenda (not only a descriptive one), which implies particular responsibilities – such as improving population health – that cannot be dissociated from certain risks. Without engaging in a true and genuine practice of reflexivity, PHIR could not only fail to improve the health of populations but could also have the unintended effects of increasing health inequalities or negatively affecting health, for instance, by stigmatizing people and communities, perpetuating undesirable social norms, building knowledge from invalid assumptions, or reproducing power and social dynamics that negatively affect health. We believe in the utility of defining a set of core competencies to state the practice standards of the field, to facilitate the development of training and continuing education programs in PHIR, and to consolidate PHIR as a specific field of practice. Because these competencies lay down some benchmarks for the field, we also believe that they have to be regularly questioned and reviewed, in order to allow the field to evolve. As researchers in PHIR, we think that a more accurate definition of what is a reflective researcher is crucial in order to foster the continuous improvement of the field and its sound contribution to society.

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RÉSUMÉ

En 2009, un groupe de chercheurs réunis dans le cadre de l'Initiative de recherche interventionnelle en santé des populations du Canada (IRISPC) a identifié le besoin de définir un ensemble de compétences pour la recherche interventionnelle en santé des populations (RISP). À la suite de cet événement, un processus consultatif a permis de définir six domaines de compétences essentielles en RISP, qui furent rendus publics pour la première fois l'été dernier (2013). Dans ce commentaire, nous aimerions réagir à cet ensemble de compétences, plus spécifiquement à la catégorie « Être un chercheur réflexif ». Nous croyons en effet que les propositions présentées dans cette catégorie sont ancrées dans une définition simpliste et étroite de la réflexivité. Nous sommes non seulement préoccupées par le fait que ces propositions puissent être inexactes, mais également qu'elles puissent encourager une fausse pratique de réflexivité, entravant l'évolution du champ de la RISP et sa capacité à améliorer la santé des populations. De façon à construire notre argumentaire, nous nous appuyons sur des définitions traditionnelles de la réflexivité pour examiner de façon critique les propositions initiales du groupe et en suggérer de nouvelles. En tant que chercheuses dans le domaine de la recherche interventionnelle en santé des populations, nous croyons fermement qu'une définition plus exacte de ce que représente un chercheur réflexif est cruciale en vue de promouvoir le développement du champ et sa capacité à améliorer la santé des populations.

MOTS CLÉS : réflexivité; chercheur réflexif; recherche interventionnelle en santé des populations