**Using critical reflection method in public health research: identifying and mitigating emotional harms**

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Malu Mohan has described the distress faced by the researchers who attempted to study the practice preparedness of recent graduates of a stream of clinical practice, through critically reflective diary entries. The graduates realized that they were grossly underprepared for competent and independent clinical practice. The researcher’s distress was whether she has precipitated a sense of “incompetence” and “hopelessness” among the fresh graduates, thus causing unintentional harm. I would like to comment on the specific ethical conflict faced by the researcher in this case and potential mitigative measures that could have been undertaken to avoid this conflict. I will also try to derive broader inferences from this case study, on the use of critical reflection method in public health research.

The researcher has embarked on the research study with a very specific objective. This study is conducted in the background of intense commercialization of the branch of medical education and a burgeoning of graduates and private practices in the field. It is also well known that in private medical institutions, the numbers of patients are much lesser than in public institutions and therefore the opportunities to learn skills and procedures are also lower. So, the researcher as well as the ethics committee which reviewed this research proposal, must have considered the fact that at least some of the recent graduates are likely to find themselves to be incompetent and under-prepared for independent practice. Given the intense competition in the market, it is also natural to expect these graduates who perceive themselves as underprepared to face substantial distress.

The benefit-risk assessment in qualitative research studies is often ignored or performed in a perfunctory manner. It is not uncommon to find the statement, “this qualitative study lacks any major risks for the participant” in many qualitative research proposals. Some of the benefits of qualitative research are, enhanced understanding of the self through reflections, self-expression and sharing of one’s opinions, acquisition of new knowledge and skills through participation in the study. Some of the common risks of qualitative research are, breach of confidentiality, emotional and social distress because of reliving some sensitive or traumatic experiences, risk of misunderstandings and misinterpretations. (1-4) Therefore a more thorough ethical reflection on the proposed research could have helped the researcher as well as the ethics committee identify and anticipate this important ethical conflict.

Once identified, the researcher could have instituted mitigative measures to protect against the distress that the reflective diary elicited in the participants. She could have involved a career counsellor, a senior practitioner-mentor in the field, or a psychologist, to provide emotional and psychological support for the participants. She could have read early signs of such distress in the reflective diaries and encouraged the participants to seek help. Moreover, she could have channelized this distress among the young graduates into a motivation to enrol in some clinical training, or capacity building courses to improve themselves.

Another important ethical dimension of this type of research is identification whether such a critical reflection exercise is research or non-research educational activity. Reflective practice of medicine is defined as the process where the practitioner studies and reflects on their own experiences to learn from them and to improve their responses to specific situations. In the medical profession, where there is a need for constant reflection in order to be a life-long learner, reflective practice is essential. (5) Therefore, one could view this research as being in the interface of research and practice. In such situations, it is important to provide opportunities to the research participants to complete their learning cycle using the reflective writing exercise.

One more ethical conflict which the researcher is facing here is her intimate knowledge of low preparedness and professional insecurity among some of the practitioners. The researcher must also think about what her role in this situation is. Should she let these under-prepared young graduates be, or should she organize a refresher course for them with more hands-on training? Does this researcher have a responsibility to the community which is served by the under-prepared practitioners? Such a reflection must have taken place at the stage of designing of the study as well as at the stage of ethics review. The researcher must have put in place follow-up action for participants who find themselves to be un-prepared. On a related note, the researcher may also incidentally find out lack of competence among the practitioners, outside of the purview of her research. In other words, rather than from self-reflection in the diary, the knowledge of poor competence may emerge from some other observation, or casual discussion. Such a finding is referred to as ancillary finding. What is the responsibility of the researcher in such situations? All these ideas must have been discussed in detail before beginning the study.

I think the idea that the researcher must stop the practitioners from performing any further reflections is unhealthy. Rather than stopping them from proceeding with the reflections, she must now involve a professional career counsellor or senior mentor as mentioned earlier and help those whom she thinks are in imminent danger of quitting the profession. Though in this case, the distress caused by the self-reflection is research induced harm, it is important to remember that reflective practice also can be distressing, but that distress is the first step in changing oneself for the better. The only problem in this research study was that this reflection induced distress was not anticipated and supports were not put in place. If proper supports are in place, such a reflection will result in positive outcomes for the participants.

Critical reflection has been used for improvement of quality of work of health care professionals including community health workers and other health care providers. Reflective writing has been used as an integral part of qualitative research. It is sometimes used as primary data source when participants write reflective journals as in this case study. At other times the researchers themselves maintain reflective journals of their experiences of conducting the study. (6) It is likely that such reflective writing can induce similar emotional responses in the writer. Therefore, any qualitative research that employs reflective writing, must keep in mind the risk of causing emotional distress in the writer and proper mitigative measures must be put in place before starting the study.

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