Reflexive Discussion Of Qualitative Research

Being conscious and aware of how we see the world in respect to others is an important component of qualitative research (Kaufman, 2013). Through self-reflection, I have been able to come to acknowledge my own interpretivism, during field observations and interactions with others (Juando-Prats, 2019a). When I feel uncomfortable and/ or uneasy, I wonder if it is it something I did, or something I saw? It is important for me to dissect my feelings during my time as a student, as it will impact my how I interact with groups of people who seek my professional nutrition guidance in the future.

In qualitative inquiries, research is a reciprocal process meaning the behavior of the researcher will inevitably affect participants' responses depending on the social setting (Ellis and Berger, 2003). The process is co-constituted and requires 'reflexivity', or the being able to understand ourselves as part of the process of understanding others (Ellis and Berger, 2003). As it is written by Finlay, 2002, 'to be reflexive is to have an ongoing conversation about the experience while simultaneously living in the moment. Personally, I think the essence of this grows from being able to engage in open-ended conversations with others while concurrently challenging our own preconceptions and beliefs. Qualitative studies are exploratory by nature, and the research process is continuous and ongoing (Juando-Prats, 2019b). Often times the analysis occurs at the same time as data collection, and the researcher is continuously reformulating his or her research question to match the reality of the participants (Juando-Prats, 2019b). The outcome of this type of research may revolve around generating a theory, reinforcing a policy, or eliciting change/ action (Juando-Prats, 2019b).

Public Health TopicThe public health issue that will be investigated through a qualitative analysis is the impact of physician burnout on emotional well-being and patient-centered care. Even though the prevalence of this epidemic is growing, many doctors do not seek help in fear that their medical career will be in jeopardy (Kumar, 2016). This is problematic as burnout is linked to mental health problems and destructive behaviors such as, increased rates of depression, substance abuse, interpersonal conflicts, shattered relationships, and reduced quality of life (Lacy and Chan, 2018). Epistemologically speaking, from an interpretive or constructivist paradigm knowledge is produced through the interactions facilitated between the researcher and participant (Gastaldo, 2017). In this sense, knowledge is a social construct and what we know as being true is arbitrated through interpretation (Gastaldo, 2017).

Burnout is a term that first surfaced in the late 1970s by American-born psychologist Herbert Freudenberg (Lacy and Chan, 2018). Burnout and related phenomena is characterized by a syndrome of both emotional and physical exhaustion and cynicism that occurs among those who work in high-stress situations and with high standards of care (Brown, 2018). In a 2017 study on physician burnout and well-being, it was found that over 50% of medical students, physicians in training, and practicing physicians were at a disproportionality higher risk of experiencing burnout than other professionals (Rothenberger, 2017). As work performance deteriorates, potentially harmful medical errors are more likely to occur, the public reputation of the organization may decline, and patient satisfaction may fall (Lemaire et al., 2018). Importantly, those who felt as though they had made a medical oversight were 3x more likely to contemplate suicide (Rothenberger, 2017).

Qualitative Problem Statement Physician burnout is a serious problem that places a burden on everyone involved. Studies have shown that burnt-out physicians tend to exude the same symptoms to those who are diagnosed as depressed, in addition to withdrawal, turnover, suicide ideation, and suicide (Polachek et al., 2016). In addition, suicide rates are 1.5 to 4.5 times higher rates of that of the general population (Schernhammer and Colditz, 2004). The good news is physician burnout is a systemic issue and can be treated or prevented at early stages (Collier, 2017). Burnout is not the sole responsibility of the practicing physician, however, many a lot of institutions operate under this notion (Shanafelt and Noseworthy, 2017). Qualitative inquiry can be used to uncover the roots of burnout, in order to come up with solutions that support healthy work-life balance.

Qualitative Research Purpose The purpose of studying physician burnout is to come up with upstream approaches that could be implemented at the organizational level. The qualitative inquiry could be used to determine what kinds of interventions and/ or policies are needed to help reduce the prevalence of burnout and come up with treatment for those who are. Individual in-depth interviews and focus groups may be conducted in order to collect data, and grounded theory can be used to uncover the lived experiences of subjects. In-depth interviews can be used to probe the participant to reflect and explain how they are feeling. This would be an appropriate research method to study burnout as it operates inductively, meaning the creation of knowledge is fluid and changes based on the data that is generated. Moreover, results could help highlight the importance to educate medical students early in their career, so they are equipped with the strategies they need to be resilient in stressful situations. Lastly, research can be used to uphold confidentiality which is imperative as doctors may fear punishment depending on what they disclose.

Qualitative Research Question To understand the extent of physician burnout among medical residents and physicians, and to learn how it impacts care provided to patients and quality of life. Through conducting qualitative research with those in their medical career, organizations can inquire what it is that needs to be done in order to maintain quality of life, patient satisfaction, and self-efficacy.

Role of the Researcher As a graduate student, I have suffered from major burnout/ emotional exhaustion. In fact, this past year I experienced my first panic attack while studying for an exam. I remember feeling I chose to study this public health issue mainly because I will be completing placements at University Health Network hospitals, and will be working alongside physicians and patients. Since I do not have that much clinical experience yet, it may take me longer to understand/ grasp the extent of burnout in general. Through studying it using qualitative analysis I may better understand how prevalent it is in an institutional setting, and be aware of its signs/ symptoms. In addition, I may be able to provide support to my colleagues who are suffering, and show empathy for those around me.